


SHIP FROM		Bill of Lading Number: 06757161353967112										
Name: E & E COMPANY LTD		 (402)06757161353967112										
Address: 550 Northport Parkway												
City/State/Zip: Port Wentworth, GA 31407		CARRIER NAME:										
SID#:												
PHONE:		Responsible Acct.No:										
VENDOR:		Trailer number:										
SHIP TO		Seal number(s):										
Name: Location #:		SCAC: UPSG										
Address:		Pro Number:										
City/State/Zip:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
CID#:												
Dept: FOB: <input type="checkbox"/>		Prepaid: <input type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: <input checked="" type="checkbox"/>										
THIRD PARTY FREIGHT CHARGES BILL TO:		Master Bill of Lading: with attached (check box) underlying Bills of Lading										
Name: JOANNE BIDWELL												
Address:		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time			Driver Departure Time								
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City/State/Zip: ,												
SPECIAL INSTRUCTIONS:												
Customer PO/Ref No:												

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	ctns			16.75		Bath Accessories	49470	100
81	ctns			411.14		Bath Towel, Beach Towel	49260 Sub 4	175
520	ctns			5819.26		Comforters, Bedspreads	49017	200
67	ctns			439.55		Mattress Pads	149265	100
52	ctns			253.95		Panels, Valances	49260 Sub 4	175
28	ctns			107.81		Pillows, Cushions	149269	250
29	ctns			183.35		Rugs	70970-5	125
423	ctns			1990.60		Sheet Set & Pillowcase	49260 Sub 3	250
15	ctns			27.07		Shower curtain	49385	77.5
6	ctns			3.30		Sleepwear,Underwear	49880	100
198	ctns			1095.10		Throws,Blankets	49260	175

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____

COD Amount: _____
Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>
Customer check acceptable: <input type="checkbox"/>


NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.		

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SPECIAL INSTRUCTIONS: Customer PO/Ref No: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: X <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)																	
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