


SHIP FROM		Bill of Lading Number: 06757161378855050	
Name: E & E COMPANY LTD Address: 550 Northport Parkway City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757161378855050	
SHIP TO		CARRIER NAME:	
Name: _____ Location #: _____ Address: _____ City/State/Zip: _____ CID#: _____ Dept: _____		Responsible Acct.No: _____ Trailer number: _____ Seal number(s): _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: USPS	
Name: ANNETTE IODER Address: 642 BASELINE RD City/State/Zip: WALNUT, IL 61376		Pro Number: _____	
SPECIAL INSTRUCTIONS: Customer PO/Ref No: 999-9791-7487-6555-9126-3955-8754		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: <input checked="" type="checkbox"/>	
		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

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
1	ctns			4.41		Bath Accessories	49470	100
14	ctns			73.18		Bath Towel, Beach Towel	49260-4	175
60	ctns			623.74		Comforters, Bedspreads	49017	200
12	ctns			78.14		Mattress Pads	149265	100
9	ctns			76.73		Panels, Valances	49260-4	175
14	ctns			157.89		Rugs	70970-5	125
17	ctns			117.74		Sheet Set & Pillowcase	49260-3	250
19	ctns			106.01		Throws, Blankets	49260	175
146				1237.84		Grand Total		

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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