


<b>SHIP FROM</b>		<b>Bill of Lading Number:</b> 06757161393759654	
Name: E & E COMPANY LTD Address: 550 Northport Parkway City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06757161393759654	
<b>SHIP TO</b>		<b>CARRIER NAME:</b>	
Name: _____ Location #: _____ Address: _____ City/State/Zip: _____ CID#: _____ Dept: _____ FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: _____ Seal number(s): _____ <b>SCAC:</b> UPSG <b>Pro Number:</b> _____	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>	
Name: Sharon Sarver Address: 4320 Perro Ln City/State/Zip: Reno, NV 89502		Prepaid: <input type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: <input checked="" type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS:</b> Customer PO/Ref No: 999-8983-7487-9165-9126-7396-4559		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	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
6	ctns			25.57		Bath Accessories	49470	100
24	ctns			131.34		Bath Towel, Beach Towel	49260-4	175
280	ctns			3047.56		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250
41	ctns			199.33		Mattress Pads	149265	100
27	ctns			121.58		Panels, Valances	49260-4	175
5	ctns			43.85		Pet Accessories or Furniture	2071	300
13	ctns			52.56		Pillow Sub 3 - 2 but less than 4	49260-3	250
23	ctns			127.33		Rugs	70970-5	125
276	ctns			1531.45		Sheet Set & Pillowcase	49260-3	250
34	ctns			48.26		Shower curtain	49385	77.5
396	ctns			2404.66		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 \_\_\_\_\_

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

<b>SHIPPER SIGNATURE / DATE</b> 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.	<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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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**SHIP FROM**

Name: E & E COMPANY LTD  
 Address: 550 Northport Parkway  
 City/State/Zip: Port Wentworth, GA 31407  
 SID#: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 VENDOR: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757161393759654



**CARRIER NAME:**

Responsible Acct.No: \_\_\_\_\_

**SHIP TO**

Name: \_\_\_\_\_ Location #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 CID#: \_\_\_\_\_  
 Dept: \_\_\_\_\_ FOB:

Trailer number: \_\_\_\_\_

Seal number(s): \_\_\_\_\_

SCAC: UPSG

Pro Number: \_\_\_\_\_

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: Sharon Sarver  
 Address: 4320 Perro Ln  
 City/State/Zip: Reno, NV 89502

**Freight Charge Terms: (freight charges are prepaid unless marked otherwise)**

Prepaid:  Collect:  3rd Party: **X**

Master Bill of Lading: with attached  
 (check box) underlying Bills of Lading

SPECIAL INSTRUCTIONS:  
 Customer PO/Ref No: 999-8983-7487-9165-9126-7396-4559

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

1125			7733.49	
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**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:  Prepaid:

Customer check acceptable:

**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:**

By Shipper  
 By Driver

**Freight Counted:**

By Shipper  
 By Driver/pallets said to contain  
 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.