


SHIP FROM		Bill of Lading Number: 06757161403077556										
Name: E & E COMPANY LTD		 (402)06757161403077556										
Address: 311 International Trade Pkwy												
City/State/Zip: Port Wentworth, GA 31407		CARRIER NAME: UPS										
SID#:		Responsible Acct.No: 006E54										
PHONE:		Trailer number:										
VENDOR: FOB: <input type="checkbox"/>		Seal number(s):										
SHIP TO		SCAC: UPSG										
Name: Location #:		Pro Number:										
Address:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
City/State/Zip:												
CID#:		Prepaid: X Collect: 3rd Party:										
Dept: FOB: <input type="checkbox"/>		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading										
THIRD PARTY FREIGHT CHARGES BILL TO:		<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
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Name:												
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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
12	ctns			70.33		Bath Towel, Beach Towel	49260-4	175
12	ctns			96.99		Chandeliers, Pendants	109087	200
138	ctns			1636.38		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250
23	ctns			242.52		Flushmounts, Table Lamps, Floor Lamps, Sconces, Bath, Outdoor, Shades	109085	200
67	ctns			846.45		Framed Goods	76580-5	125
17	ctns			766.66		Furniture Sub 3 - 2 but less than 4 per cubic foot	79300-3	250
108	ctns			4125.85		Furniture Sub 4 - 4 but less than 6 per cubic foot	79300-4	175
29	ctns			1203.53		Furniture Sub 5 - 6 but less than 8 per cubic foot	79300-5	125
1	ctns			106.70		Furniture Sub 6 - 8 but less than 10 per cubic foot	79300-6	100
4	ctns			244.20		Furniture Sub 7 - 10 but less than 12 per cubic foot	79300-7	92.5
25	ctns			113.27		Pet Accessories or Furniture	2071	300

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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QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	ctns			9.24		Pillow Sub 3 - 2 but less than 4	49260-3	250
78	ctns			540.69		Sheet Set & Pillowcase	49260-3	250
52	ctns			352.96		Throws,Blankets	49260	175
6	ctns			26.40		Vases & Bowls	74390	150
575				10382.17		Grand Total		

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