


SHIP FROM		Bill of Lading Number: 06757161405157201	
Name: E & E COMPANY LTD Address: 550 Northport Parkway City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757161405157201	
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: Christina Hunter Address: PO Box 1582 City/State/Zip: Mishawaka, IN 46546		Pro Number: _____	
SPECIAL INSTRUCTIONS:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Customer PO/Ref No: 999-9870-7378-5588-9126-4419-9916		Prepaid: <input type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: <input checked="" type="checkbox"/>	
		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
		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			2.95		Bath Towel, Beach Towel	49260-4	175
25	ctns			260.80		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250
1	ctns			3.77		Mattress Pads	149265	100
5	ctns			22.47		Panels, Valances	49260-4	175
1	ctns			9.60		Rugs	70970-5	125
4	ctns			23.44		Sheet Set & Pillowcase	49260-3	250
15	ctns			21.95		Shower curtain	49385	77.5
14	ctns			104.88		Throws, Blankets	49260	175
66				449.86		Grand Total		

Where the rate is dependent on value, shippers are required to state 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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