

Date: 09/10/2024		BILL OF LADING						
SHIP FROM					Bill of Lading Number : 225206044			
Name: Bias Binding Fabric Sol Address: 1808 Cadiz Streeet (Truck entrance) City/State/Zip: BURLINGTON, NC 27217 Ph: 9785350571 Contact: Valerie					Carrier Name: <u>Ward Trucking</u>			
FOB: <input type="checkbox"/>					SCAC: WARD Pro number:			
SHIP TO					Freight Charge Terms: (freight charges are prepaid by Worldwide Express unless indicated otherwise)			
Name: Pearl Trim Address: 721 West Grange Ave 2nd Floor City/State/Zip: PHILADELPHIA, PA 19120 Ph: 215-424-9030 Contact: Mark								
FOB: <input type="checkbox"/>					<input type="checkbox"/> Master Bill of Lading: with attached underlying Bill Of Lading			
FREIGHT CHARGES BILL TO								
Name: Worldwide Express Address: 2323 Victory Avenue Ste 1600 City/State/Zip: Dallas, TX 75219					WWE Number: W228499728			
SPECIAL INSTRUCTIONS: For assistance, please Email phillyfreight@wwex.com								
Handling Instructions:								
Pickup Instructions: Pick up @ Shawmut Park LLC								
Delivery Instructions:								
REFERENCE NUMBER INFORMATION								
REFERENCE		# PKGS	REFERENCE	# PKGS	Total # of Pkgs			
CARRIER INFORMATION								
HANDLING UNITS		PIECES		WEIGHT LBS	H.M. X	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged to ensure safe transportation with ordinary care. See section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC#	CLASS
2	PLT			1041		Fabric/Textiles, 65(L) x 44(W) x 44(H) DO NOT STACK	49260-05	125
2				1041		Grand Total		
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of 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: 3 rd Party WWE Remit Address:		Acceptable Forms of Payment: <input type="checkbox"/> Bank Certified Check <input type="checkbox"/> Company Check <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order
Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)						CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and /or carrier has DOT emergency response guidebook or equivalent documentation in vehicle. Property described above is received in good order, except as noted. _____ (Signature) _____ (Date)		
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and Worldwide Express Operations, LLC, a registered motor carrier broker, pursuant to 49 USC 14101(b) and all applicable state and federal regulations.								
SHIPPER'S SIGNATURE / DATE This is to certify that the above-named materials are properly classified, described, packaged marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.		Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallet said to contain <input type="checkbox"/> By Driver/Pieces				
_____ (Signature)		_____ (Date)						