

Date: 09/10/2024		BILL OF LADING							
<b>SHIP FROM</b>		Bill of Lading Number : <b>225206044</b>							
Name: Bias Binding Fabric Sol Address: 1808 Cadiz Street (Truck entrance)  City/State/Zip: BURLINGTON, NC 27217 Ph: 9785350571 Contact: Valerie		Carrier Name: <b>Ward Trucking</b>  <div style="text-align: center;">   <b>RDU-012-0709326</b>            Total HU _____ Pieces _____         </div>							
FOB: <input type="checkbox"/>		DRIVERS NO. _____  							
<b>SHIP TO</b>									
Name: Pearl Trim Address: 721 West Grange Ave 2nd Floor City/State/Zip: PHILADELPHIA, PA 19120 Ph: 215-424-9030 Contact: Mark		Location# _____  FOB: <input type="checkbox"/>							
<b>FREIGHT CHARGES BILL TO</b>		Freight Charge Terms: (freight charges are prepaid by Worldwide Express unless indicated otherwise)							
Name: Worldwide Express Address: 2323 Victory Avenue Ste 1600 City/State/Zip: Dallas, TX 75219		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bill Of Lading							
		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						
<b>CARRIER INFORMATION</b>									
HANDLING UNITS		PIECES		WEIGHT	H.M.	COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE	LBS	X	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		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 <sup>rd</sup> 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)						<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and for carrier has DOT emergency response guidebook or equivalent documentation in vehicle. Property described above is received in good order, except as noted.  <div style="display: flex; justify-content: space-between;"> <div>             (Signature)         </div> <div> <b>9-10-24</b>            (Date)         </div> </div>			
<b>SHIPPER'S SIGNATURE / DATE</b> 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.  <div style="display: flex; justify-content: space-between;"> <div>             (Signature)         </div> <div> <b>9/10/24</b>            (Date)         </div> </div>									
<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallet said to contain <input type="checkbox"/> By Driver/Pieces							