

Date: 10/03/2024

**BILL OF LADING**

SHIP FROM				Bill of Lading Number : <u>226710176</u> Carrier Name: <u>AVERITT EXPRESS</u> SCAC: <u>AVRT</u> Pro number:						
Name: Veratex/Cherryville Public Warehouse Address: 600 West Academy  City/State/Zip: CHERRYVILLE, NC 28021 Ph: 704-435-5465 Contact: Scott				FOB: <input type="checkbox"/>						
SHIP TO										
Name: Greenwood DBA Restorative Medical Address: 332 E Broadway				Location#						
City/State/Zip: BRANDENBURG, KY 40108 Ph: 2704227904 Contact: Lanette				FOB: <input type="checkbox"/>						
FREIGHT CHARGES BILL TO				Freight Charge Terms: (freight charges are prepaid by Worldwide Express unless indicated otherwise)  <input type="checkbox"/> Master Bill of Lading: with attached underlying Bill Of Lading						
Name: Worldwide Express Address: 2323 Victory Avenue Ste 1600 City/State/Zip: Dallas, TX 75219				WWE Number: W311788893						
SPECIAL INSTRUCTIONS: For assistance, please Email <a href="mailto:detroitfreight@wwex.com">detroitfreight@wwex.com</a>										
Handling Instructions: CASE 06473299 Pickup Instructions: Delivery Instructions: dock hours for Greenwood DBA Restorative Monday-Friday 8-4										
REFERENCE NUMBER INFORMATION										
REFERENCE		# PKGS		REFERENCE		# PKGS		Total # of Pkgs 0		
ZZ:										
PO:										
CARRIER INFORMATION										
HANDLING UNITS		PIECES		WEIGHT LBS	H.M. X	COMMODITY DESCRIPTION		LTL ONLY		
						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				
QTY	TYPE	QTY	TYPE					NMFC#	CLASS	
1	PLT	7	ROL	399		FABRIC, 42(L) x 79(W) x 20(H) DO NOT STACK			175	
1		7		399		<b>Grand Total</b>				
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: <u>\$</u> 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)										
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carried and Worldwide Express Operations, LLC. a registered motor carried broker, pursuant to 49 USC 14101(b) and all applicable state and federal regulations.						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.				
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)				(Signature)		(Date)		