

BILL OF LADING

BILL OF LADING #

188469

SHIP TO:
PEARL TRIM
721 WEST GRANGE AVE
2ND FL.
PHILADELPHIA PA
19120

SHIP FROM:
Bias Binding and Fabric
40 INDUSTRIAL PKWY
SOMERVILLE, NJ 08876

FOR THE ACCOUNT OF:

Bias Binding and Fabric

DESCRIPTION:
SYNTHETIC KNITTED PIECE GOODS

# OF PIECES	WORK ORDER#	CUSTOMER ORDER# COLOR	CARTON #	STYLE	WEIGHT
3	583206 ROLL (S)	20300 LIME		V239P	
4	583289 ROLL (S)	20302 BLACK		V239P	
TOTALS		7			568

of Pallets 1

of Stakkers 3

CARRIER: Ward Trucking

DATE: 01/24/25
195088

ADDITIONAL INFORMATION:

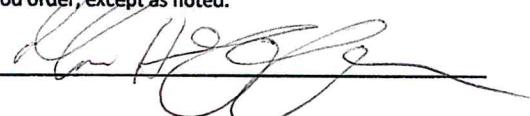
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C - 14706©(1)(A) and (B).

RECEIVED, subject to individually determine 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.

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. Property described above is received in good order, except as noted.



Subject to Section 7 of conditions of applicable bill of lading, if the shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.



Date: 01/27/2025

BILL OF LADING

SHIP FROM		Bill of Lading Number : 232780825	
Name: AARON MARK Address: 40 INDUSTRIAL PARKWAY		Carrier Name: Ward Trucking	
City/State/Zip: NORTH BRANCH,NJ 08876 Ph: 9087223549 Contact: CAROL		SCAC: WARD	
FOB: <input type="checkbox"/>			
SHIP TO		DRIVERS NO.	
Name: Bias Binding Fabric Solutions Location# Address: 721 West Grange Ave		Total HU _____ Pieces _____	
City/State/Zip: PHILADELPHIA,PA 19120 Ph: 978-223-8956 Contact: Valerie		Freight Charge Terms: (freight charges are prepaid by Worldwide Express unless indicated otherwise)	
FOB: <input type="checkbox"/>		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bill Of Lading	
FREIGHT CHARGES BILL TO		WWE Number: W228499728	
Name: Worldwide Express Address: 2323 Victory Avenue Ste 1600 City/State/Zip: Dallas, TX 75219			

SPECIAL INSTRUCTIONS: For assistance, please Email phillyfreight@wwex.com

Handling Instructions:

Pickup Instructions:

Delivery Instructions:

REFERENCE NUMBER INFORMATION

REFERENCE		# PKGS	REFERENCE		# PKGS	Total # of Pkgs

CARRIER INFORMATION

HANDLING UNITS		PIECES		WEIGHT LBS	H.M. X	COMMODITY DESCRIPTION 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	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC#	CLASS
1	PLT			568		Fabric/Textiles , 66(L) x 44(W) x 43(H) DO NOT STACK	49260-05	125
1				568		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

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 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.

(Signature)

(Date)

Trailer Loaded:

Freight Counted:

By Shipper
 By Driver

By Shipper
 By Driver/pallet said to contain
 By Driver/Pieces

COD Amount: \$ _____
Fee Terms: 3rd Party WWE
Remit Address:

Acceptable Forms of Payment:
 Bank Certified Check
 Company Check
 Personal Check
 Money Order

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)

1/27/25
(Date)