

BILL OF LADING				BOL Number: 65729871			
SHIP FROM				Carrier: R and L Carriers			
Name: Dodenhoff Industrial Textiles				Pro #:			
Address: 40 Industrial Pkwy,,				BAR CODE SPACE			
City/State/Zip: SOMERVILLE, NJ, 08876				Pick up date: 1/9/2026			
Claude P: 9087223549 Ext.				Trailer #: Seal #:			
Stop Notes:							
SHIP TO				REFERENCE INFORMATION			
Name: Franklin Products				Reference Name		Value	
Address: 150 Hollar St				PO#		PO 24421	
City/State/Zip: HAW RIVER, NC, 27258							
Kevin Hicks P: 319-409-1516 Ext.							
Stop Notes:							
THIRD PARTY FREIGHT CHARGES BILL TO							
Echo Global Logistics 600 W. Chicago Avenue, Suite 725 Chicago, IL 60654							
Freight Charge Terms:				Shipper Instructions		Consignee Instructions	
Prepaid	<input checked="" type="checkbox"/>	Carrier Acct #:		Pickup #: PO 24421		Delivery #	
Collect	<input type="checkbox"/>	Quote ID:		Loc Type: Business		Loc Type: Business	
3rd Party	<input checked="" type="checkbox"/>			Special Services:		Special Services:	
Special Instructions:							
ECHO is not liable for any accessorial charges unless pre-approved by Echo or noted on this bill of lading.							
LTL or Partial Only:							
# of Pallets: 1 Pallet Type: Skid Spots: 0 Stackable: No							
Pallet Dimensions: L: W: H:							
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT	HM (X)	OD (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</small>
QTY	TYPE	QTY	TYPE				
1	Pallets	0		159 lb			74x 44 x 16 Synthetic Piece Goods, IOP
1		0		159 lb			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 contacts 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. (Section 7)			
SHIPPER SIGNATURE / DATE				SHIPPER SIGNATURE			
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.				Carrier Signature			
Shipper: _____ Date: _____				Date: 1/13			
Trailer Loaded:				Freight Counted:			
<input type="checkbox"/> By Shipper				<input type="checkbox"/> By Shipper			
<input type="checkbox"/> By Driver				<input type="checkbox"/> By Driver/pallets said to contain			
				<input type="checkbox"/> By Driver/Pieces			