

BILL OF LADING		BOL Number: 52930145								
SHIP FROM		Carrier: Ward Trucking, LLC								
Name:	Shawmut Perry A/C Veratex Inc.									
Address:	1808 CADIZ ST.,									
City/State/Zip:	BURLINGTON, NC, 27217									
Amy Watford	P: 3362635729 Ext.									
Stop Notes:										
SHIP TO		REFERENCE INFORMATION								
Name:	Cutting Edge Texstyles									
Address:	706 S 21ST ST									
City/State/Zip:	IRVINGTON, NJ, 07111									
Hala or Steve	P: (973)982-6419 Ext.									
Stop Notes:										
THIRD PARTY FREIGHT CHARGES BILL TO										
Echo Global Logistics 600 W. Chicago Avenue, Suite 725 Chicago, IL 60654										
Freight Charge Terms:		Carrier Acct #:								
Prepaid <input checked="" type="checkbox"/>	Quote ID:									
Collect <input type="checkbox"/>	SWS <input checked="" type="checkbox"/>									
3rd Party <input checked="" type="checkbox"/>	Total HU <input checked="" type="checkbox"/>		Pieces <input checked="" type="checkbox"/>							
Special Instructions:		Counted: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
Delivery Facility hours: 0730 - 1630 (Closed Fridays) For ?s please call Charlie @708 663 6441										
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: 2 Pallet Type:		Skid Spots: 0	Stackable: No							
Pallet Dimensions: L: W: H:										
CARRIER INFORMATION										
HANDLING UNIT		PACKAGE		WEIGHT	HM (X)	OD (X)	COMMODITY DESCRIPTION		LTL Only	
QTY	TYPE	QTY	TYPE				Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to prevent damage or loss.		NMFC#	CLASS
2	Pallets	0		1082 lb			Cloth or Fabric, Cotton or Synthetic		049260-05	125
2		0		1082 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).							The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. (Section 7)			
RECEIVED, subject to individually determined 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.				Shipper Signature _____						
SHIPPER SIGNATURE / DATE		Trailer Loaded:		Freight Counted:		CARRIER SIGNATURE / PICKUP 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.		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent documentation in the vehicle. Carrier: <u>D. R. W.</u> Date: <u>3/24/23</u>				
Shipper: _____ Date: _____										