

Date: 09/17/2024

BILL OF LADING

SHIP FROM				Bill of Lading Number : <u>225654540</u> Carrier Name: <u>SOUTHEASTERN FREIGHT LINES</u> SCAC: <u>SEFL</u> Pro number:				
Name: Veratex Address: 600 West Academy City/State/Zip: CHERRYVILLE,NC 28021 Ph: 704-435-5465 Contact: Cherryville Public Warehouse FOB: <input type="checkbox"/>								
SHIP TO								
Name: Restorative Medical inc Location# Address: 332 E Broadway City/State/Zip: BRANDENBURG,KY 40108 Ph: (317) 308-1945 Contact: Receiver FOB: <input type="checkbox"/>				Freight Charge Terms: (freight charges are prepaid by Worldwide Express unless indicated otherwise)				
FREIGHT CHARGES BILL TO				<input type="checkbox"/> Master Bill of Lading: with attached underlying Bill Of Lading WWE Number: W311788893				
SPECIAL INSTRUCTIONS: For assistance, please call 833-6WE-SHIP Handling Instructions: case 06065417 Pickup Instructions: Delivery Instructions:								
REFERENCE NUMBER INFORMATION								
REFERENCE		# PKGS	REFERENCE		# PKGS	Total # of Pkgs 0		
ZZ3:								
PO:4992			:case 06065417					
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	5	ROL	250		DO NOT STACK		
1		5		250		175		
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 rd Party WWE Remit Address:	Acceptable Forms of Payment:	
							Bank Certified Check	
							Company Check	
							Personal Check	
							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 carrier 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:		Freight Counted:			
			<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallet said to contain <input type="checkbox"/> By Driver/Pieces			
(Signature) (Date)					(Signature) (Date)			