

Date: 09/17/2024		BILL OF LADING	
SHIP FROM		Bill of Lading Number : <u>225654540</u>	
Name: Veratex Address: 600 West Academy City/State/Zip: CHERRYVILLE,NC 28021 Ph: 704-435-5465 Contact: Cherryville Public Warehouse FOB: <input type="checkbox"/>		Carrier Name: <u>SOUTHEASTERN FREIGHT LINES</u> SCAC: SEFL Pro number:	
SHIP TO		Freight Charge Terms: (<i>freight charges are prepaid by Worldwide Express unless indicated otherwise</i>)	
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 CHARGES BILL TO		<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 call 833-6WE-SHIP Handling Instructions: case 06065417 Pickup Instructions: Delivery Instructions:			
REFERENCE NUMBER INFORMATION			
REFERENCE	# PKGS	REFERENCE	# PKGS
ZZ3:			
PO:4992		:case 06065417	
CARRIER INFORMATION			
HANDLING UNITS		PIECES	
QTY	TYPE	QTY	TYPE
1	PLT	5	ROL
1		5	
WEIGHT LBS		H.M. X	
250		250	
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			
fabric , 47(L) x 79(W) x 25(H) DO NOT STACK			
Grand Total			
LTL ONLY		NMFC# CLASS	
175			
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:	
Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)		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	
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.		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)	