

Date: 05/01/2024		BILL OF LADING			
SHIP FROM					Bill of Lading Number : <u>217515428</u>
Name: Mid-State Equipment Address: 9854 Hwy 49 South City/State/Zip: DENTON,NC 27239 Ph: 336-857-2564 Contact: Connie Wall					Carrier Name: <u>OLD DOMINION</u>
City/State/Zip: DENTON,NC 27239 Ph: 336-857-2564 Contact: Connie Wall					SCAC: ODFL Pro number:
FOB: <input type="checkbox"/>					Freight Charge Terms: (freight charges are prepaid by Worldwide Express unless indicated otherwise)
SHIP TO					
Name: John Glassman Location# Address: 3830 Gamber Rd City/State/Zip: FINKSBURG,MD 21048 Ph: 410-218-7579 Contact: John					
FOB: <input type="checkbox"/>					<input type="checkbox"/> Master Bill of Lading: with attached underlying Bill Of Lading
FREIGHT CHARGES BILL TO					WWE Number: W623999173
Name: Mid-State Equipment c/o Worldwide Express Address: 2323 Victory Ave. Suite 1600 City/State/Zip: Dallas,TX 75219					
SPECIAL INSTRUCTIONS: For assistance, please Email triadfreight@wwex.com Handling Instructions: 80" Rock Bucket W/Teeth Pickup Instructions: Delivery Instructions: Delivery Service(s): Residential Delivery					
REFERENCE NUMBER INFORMATION					
REFERENCE	# PKGS	REFERENCE	# PKGS	Total # of Pkgs	
CARRIER INFORMATION					
HANDLING UNITS		PIECES		WEIGHT LBS	H.M. X
QTY	TYPE	QTY	TYPE		COMMODITY DESCRIPTION <small>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</small>
1	LOO	1	PCS	660	Lift truck attachments; steel or steel/rubber, 48(L) x 48(W) x 48(H) DO NOT STACK
1		1		660	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:
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. _____ (Signature) _____ (Date)
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)					