

**BILL OF LADING – SHORT FORM – NOT NEGOTIABLE**

<b>SHIP FROM</b>	<b>Bill of Lading Number:</b>
EDWARDS VACUUM 2414 BLACK GOLD CT HOUSTON, TX 77073	<b>BAR CODE SPACE</b>
<b>DELIVER TO</b>	<b>Carrier Name:</b>
THIELE KAOLIN CO. 520 KAOLIN RD. SANDERSVILLE, GA 31082	Trailer number: Serial number(s):
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>	<b>SCAC:</b>
	Pro Number:  <b>BAR CODE SPACE</b>
<b>Special Instructions:</b>	<b>Freight Charge Terms (Freight charges are prepaid unless marked otherwise):</b>
Allen Kitchens 478-521-2035	Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>
	<input type="checkbox"/> Master bill of lading with attached underlying bills of lading.

CUSTOMER ORDER INFORMATION				
Customer Order No.	# of Packages	Weight	Pallet/Slip (circle one)	Additional Shipper Information
PO# 236302			Y   N	
EDWARDS PO # 6000905489			Y   N	
<b>Grand Total</b>				

CARRIER INFORMATION								
Handling Unit		Package		Weight	HM (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. See Section 2(e) of NMFC item 360</small>	LTL Only	
Qty	Type	Qty	Type				NMFC No.	Class
1	PC					CL3003 VACUUM PUMP		85

<p><small>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 _____."</small></p>	<p><b>COD Amount:</b> \$ _____</p> <p>Fee terms: Collect <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer check acceptable <input type="checkbox"/></p>
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**Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC § 14706(c)(1)(A) and (B).**

<p><small>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.</small></p>	<p align="center"><b>Received by:</b></p> <div style="border: 1px solid black; background-color: yellow; padding: 5px; text-align: center;"> </div>
<p><b>Shipper Signature/Date</b></p> <p><small>This is to certify that the above named materials are properly classified, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small></p>	<p><b>Trailer Loaded:</b></p> <p><input type="checkbox"/> By shipper <input type="checkbox"/> By driver</p> <p><b>Freight Counted:</b></p> <p><input type="checkbox"/> By shipper <input type="checkbox"/> By driver/pallets said to contain <input type="checkbox"/> By driver/pieces</p>
	<p><b>Carrier Signature/Pickup Date</b></p> <p align="center"><i>Stan Wlk</i>    6-6-24</p> <p><small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.</small></p>