

Date: 2025-01-13		BILL OF LADING	
SHIP FROM		Bill of Lading Number: FBA18RXD7Z20	
David Hammons		Amazon PO Id: 1KZ3TLHN	
40828 FM149 RD		5 a U n c b ' F Y Z f Y b W ' B i a V Y f 34005356691	
MAGNOLIA, TX, 77354-1225		CARRIER NAME: ESTES EXPRESS LINES	
SHIP TO		SCAC: EXLA	
Amazon.com Services, Inc.		Pro number: _____	
16920 W Commerce Drive		THIRD PARTY FREIGHT CHARGES BILL TO:	
Goodyear, AZ, 85338-3620		Name:	
		Address:	
		City/State/Zip: AA	
		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid _____ Collect ___✓___ 3 rd Party _____	
Shipment Details			
Total Cartons		108	
Num. Stackable Pallets		0	
Num. Unstackable Pallets		3	
Total Shipment Weight		2094 pounds	
Total Shipment Volume		153.333 cubic feet	
Freight Class		70.0	
Shipment Type		FTL/LTL	
Total Units		148	
Declared (Insurable) Value		1080.00 USD	
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 checked="" type="checkbox"/> Prepaid: <input type="checkbox"/> Cust omer 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).			
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.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE		Shipper Signature	
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.		Carrier Signature / PICKUP DATE	
Trailer Loaded:		Freight Counted:	
<input type="checkbox"/> By Shipper		<input type="checkbox"/> By Shipper	
<input type="checkbox"/> By Driver		<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 DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.	