

Date: 2009-10-14-12.58.18

# BILL OF LADING

1 of 1

### SHIP FROM

Name: Lane Crawford C/O Rocket II Distribution  
 Address: 2521 Brunswick Ave  
 City/State/Zip: Linden , NJ 07036  
 SID#: \_\_\_\_\_ | FOB:

Order No : S06321



p/t #: 5774



### SHIP TO

Name: DEB E-COMMERCE  
 Address: C/O GSI COMMERCE , 307 HOLLIE DRIVE  
 City/State/Zip: MARTINSVILLE , VA 24112  
 Phone: \_\_\_\_\_ | FOB:

Carrier Name: UPS  
 Trailer Number:

Seal number(s):

SCAC:  
 PRO number:

### THIRD PARTY FREIGHT CHARGES BILL TO:

Name:  
 Address:  
 City/State/Zip: ,

**Freight Charge Terms: (freight charges are prepaid unless marked otherwise)**

Prepaid \_\_\_\_\_ Collect \_\_\_\_\_ 3<sup>rd</sup> Party \_\_\_\_\_

(check box)

Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:

### CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
13653	8	88.00	Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
<b>GRAND TOTAL</b>	<b>8</b>	<b>88.00</b>			

### CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (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 #	CLASS
1	SKID	8	CTN	88.00				
1		8		88.00		<b>GRAND TOTAL</b>		

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:  Prepaid:**   
**Customer check acceptable:**

**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.

Signature \_\_\_\_\_ Shipper

**SHIPPER 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 U.S. DOT.

**Trailer Loaded:**  
 By Shipper  
 By Driver

**Freight Counted:**  
 By Shipper  
 By Driver/pallets said to contain  
 By Driver/Pieces

**CARRIER SIGNATURE / PICKUP DATE**  
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  
*Property described above is received in good order, except as noted.*