



To: Pet Food - Oakley

From: wed

Date: 05-03-24

Container / Trailer # 498180

Chassis # N/A

Chassis Brand N/A

Driver: om/d

Notes:

Signature: DAVID WRIGHT Date: 5/3/24

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 PHONE: 530-669-5991
 VENDOR:

Bill of Lading Number: 06757163000882182



(402)06757163000882182

SHIP TO
 Name: HORIZON LOGISTICS LLC
 Address: 31800 Hayman St
 City/State/Zip: Hayward, CA 94544
 CID#: FOB:
 Dept:

CARRIER NAME: OA Express

Responsible Acct.No:

Trailer number: 098180
 Seal number(s): 28789050

SCAC: OAEI

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: X 3rd Party:

Master Bill of Lading: with attached underlying Bills of Lading

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

SPECIAL INSTRUCTIONS:

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
HL-240430	637	5035.67	Y N	
Grand Total	637	5035.67		

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>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
73	ctns			113.25		Bath Accessories	49470	100
129	ctns			1688.50		Comforters, Bedspreads	49017	200
70	ctns			599.75		Framed Goods	76580 Sub 5	125
105	ctns			348.28		Panels, Valances	49260 Sub 4	175
13	ctns			1553.21		Pet Accessories or Furniture	2071	300
5	ctns			34.10		Pillows, Cushions	149269	250
4	ctns			52.00		Sheet Set & Pillowcase	49260 Sub 3	250
219	ctns			360.71		Shower curtain	49385	77.5

Where the rate is dependent on value, shippers are required to stated 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.

Shipper Signature

SHIPPER SIGNATURE / DATE
 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.
 _____ 5-7-24

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 DOT emergency response guidebook or equivalent documentation in the vehicle.
 _____ 5/7/24

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 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 PHONE: 530-669-5991
 VENDOR:

Bill of Lading Number: 06757163000882182



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Name:
 Address:
 City/State/Zip:

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Prepaid: Collect: X 3rd Party:

Master Bill of Lading: with attached underlying Bills of Lading (check box)

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
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