

# Bill Of Lading

**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: 06757163000970667



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

CARRIER NAME: OA Express  
 Responsible Acct.No:  
 Trailer number: U98180  
 Seal number(s): 63589196  
 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					ADDITIONAL SHIPPER INFO
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		
HL-120924	2747	17915.23	Y	N	
<b>Grand Total</b>	<b>2747</b>	<b>17915.23</b>			

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
1	Pallet			50.00		Pallet		
		110	ctns	328.26		Bath Accessories	49470	100
		179	ctns	886.05		Bath Towel, Beach Towel	49260-4	175
		688	ctns	6138.49		Comforters, Bedspreads	49017	200
		368	ctns	3228.49		Framed Goods	76580-5	125
		1316	ctns	6805.03		Panels, Valances	49260-4	175
		80	ctns	509.50		Rugs	70970-5	125
		6	ctns	19.41		Shower curtain	49385	77.5

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.  
*Christopher Johnson* 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.  
*Christina* 12/23/24

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.  
*Rec. [Signature]* 12-23-24

ARRIVE 10:25AM DEPT 1:35PM

SHIP FROM			
Name: E & E COMPANY LTD	Bill of Lading Number: 06757163000970667		
Address: 221 Hanson Way	 (402)06757163000970667		
City/State/Zip: Woodland, CA 95776			
PHONE: 530-669-5991			
VENDOR:			
SHIP TO			
Name: HORIZON LOGISTICS LLC	CARRIER NAME: OA Express		
Address: 31800 Hayman St	Responsible Acct.No:		
City/State/Zip: Hayward, CA 94544	Trailer number: U98180		
CID#:	Seal number(s): 63589196		
Dept:	SCAC: OAEI		
FOB: <input type="checkbox"/>	Pro Number:		
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Address:	Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>		
City/State/Zip:	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
SPECIAL INSTRUCTIONS:	Appointment Time	Actual Driver Arrival Time	Driver Departure Time
	AM	AM	AM
	PM	PM	PM
1	2747	17965.23	<b>Grand Total</b>

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 "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:

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**Shipper Signature**

**SHIPPER SIGNATURE / DATE**  
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<b>Trailer Loaded:</b>	<b>Freight Counted:</b>
<input checked="" type="checkbox"/> By Shipper	<input checked="" 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 SIGNATURE / PICKUP DATE**  
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