



To: BALLEY

From: WOD

Date: 5-14-25


Container / Trailer # U98180

Chassis # \_\_\_\_\_

Chassis Brand \_\_\_\_\_

Driver: LU

Notes:  
  
# 63589690

Signature:   
John C

Date: 5-14-25

**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: 06757163001020316



**SHIP TO**  
 Name: Pet Food Distribution Center #09205  
 Address: 4100 WILBUR AVE  
 STE# 300,  
 City/State/Zip: OAKLEY, CA 94561  
 CID#: \_\_\_\_\_ FOB:   
 Dept: \_\_\_\_\_

CARRIER NAME: OA Express

Responsible Acct.No:  
 Trailer number: U98180  
 Seal number(s): 63589690

SCAC: OAEI  
 Pro Number:

**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name:  
 Address:  
 City/State/Zip:  
 SPECIAL INSTRUCTIONS:  
 Packing List is Attached

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

Prepaid:  Collect: \_\_\_\_\_ 3rd Party: \_\_\_\_\_  
 (check box) Master Bill of Lading: with attached underlying Bills of Lading

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

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP
378011	457	11170.49	Y N
<b>Grand Total</b>	<b>457</b>	<b>11170.49</b>	

**ADDITIONAL SHIPPER INFO**

**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 #	CLAS
25	Pallet			1250.00		Pallet		
		457	ctns	11170.49		Pet Accessories or Furniture	2071	300
25		457		12420.49		<b>Grand Total</b>		

*Seal in Back of Trailer*  
*John C*  
*5-14-25*

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.  
*5/13/22*

**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.

**SHIP FROM**

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

Bill of Lading Number: 06757163001020316



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