

Date: 6/23/2025 12:13:46 PM

BILL OF LADING

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SHIP FROM

Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 SID#: _____ FOB:

SHIP TO

Name: Dillard's Gilbert D.C. Location #: 0029
 Address: 396 N. William Dillard Drive
 City/State/Zip: Gilbert, AZ 85233
 CID#: DIL1888896 FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

SPECIAL INSTRUCTIONS: Load #: DIL1888896

 DIL1888896

Bill of Lading Number: 06757168001491708



CARRIER NAME: SAIA
 Trailer number: 536075
 Seal number(s): _____
 SCAC: SAIA
 Pro Number: 107850502806

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

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

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
3164111904	3	17.92	Y	N	
Grand Total	3	17.92			

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 350</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	17.92		Comforters, Bedspreads	49017	200
1		3		67.92		Grand Total		

10785050280 6



Where the declared value exceeds \$5000, the shipper must declare the value and agree to pay the applicable regulations of the DOT.

ARRIVAL _____ DEPART _____ H. UNITS (Excessive Length = X)

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.

SPD 6/23/25

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.

[Signature]
 6/23/25

[Signature]

Date: 6/23/2025 12:13:44 PM

BILL OF LADING

SHIP FROM

Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 SID#: _____ FOB:

Bill of Lading Number: 06757168001490251



SHIP TO

Name: Dillard's Gilbert D.C. Location #: 0029
 Address: 396 N. William Dillard Drive
 City/State/Zip: Gilbert, AZ 85233
 CID#: DIL1888896 FOB:

CARRIER NAME: SAIA
 Trailer number: 536075
 Seal number(s): _____

SCAC: SAIA
Pro Number: 107850502806

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
 (check box) underlying Bills of Lading

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

SPECIAL INSTRUCTIONS: Load #: DIL1888896
 DIL1888896

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
3109275306	272	1816.37	Y	N	
Grand Total	272	1816.37			

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
6	8		Pallet	400.00		Pallet		
		272	ctns	1816.37		Comforters, Bedspreads	49017	200
6	8	272		2216.37		Grand Total		

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.

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.
 SD 6/23/25

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.

 6-23-25

Handwritten signatures and dates at the bottom of the page.

CARRIER

Consolidated Bill of Lading Recap

PICKUP DATE: 06/23/25

CARRIER LOAD/PRO#
DIL:1888896/107850502806

SHIP FROM	
NAME:	E & E COMPANY LTD
ADDRESS:	311 International Trade Pkwy
CITY/ST/ZIP:	Port Wentworth, GA 31407

Dillard's Load ID (REQUIRED):	DIL _____
Master Bill of Lading# (OPTIONAL); If BOL# Not Listed Then Use Load ID:	
BOL#:	<u>06757168001491715</u>

CONSOLIDATION SHIP TO	
NAME:	Dillard's Salisbury D.C.
ADDRESS:	1315 Peach Orchard Road 000000000000021
CITY/ST/ZIP:	Salisbury, NC 28146

Carrier Name:	<u>SAIA</u>
Carrier SCAC:	<u>SAIA</u>
Carrier Trailer:	<u>536075</u>
Seal Number:	_____

The individual bills of ladings must be attached to this manifest and presented to driver at time of pickup.

Destination	BOL Number(s)	Dillard's Shipment ID#	Cartons	Weight
Gilbert, AZ, DC#0029	06757168001490251	800149025	272	1816.37
Gilbert, AZ, DC#0029	06757168001491708	800149170	3	17.92
TOTALS			275	1834.29

Shipper - J. Davis 6/23/25
 Carrier - Putres/SAIA
62325
7-SWP