


<b>SHIP FROM</b>		Bill of Lading Number: 06757168000777377										
Name: E & E COMPANY LTD		 (402)06757168000777377										
Address: 311 International Trade Pkwy												
City/State/Zip: Port Wentworth, GA 31407												
SID#:												
PHONE:		CARRIER NAME: Transplace Texas LP										
VENDOR: 0005840		Responsible Acct.No:										
<b>SHIP TO</b>		Trailer number: 53066										
Name: PSP Distribution LLC		Seal number(s): 5628510										
Address: 1510 E 4th St		SCAC: TXFV										
City/State/Zip: Seymour, IN 47274		Pro Number: 00000										
CID#:												
Dept:												
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>										
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)										
City/State/Zip:												
SPECIAL INSTRUCTIONS: Load #: 841976475		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
0020P50012203	120	12168.60	Y N		
<b>Grand Total</b>	120	12168.60			

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	
30	Pallet			1500.00		Pallet			
		120	ctns	12168.60		Assorted Products of Different Class and NMFC No.	49390 Sub 4	100	
30		120		13668.60		<b>Grand Total</b>			

<p>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 _____</p>	<p><b>COD Amount:</b> _____</p> <p><b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p style="text-align: center;">Customer check acceptable: <input type="checkbox"/></p>
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**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

<p>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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;"><b>Shipper Signature</b></p>	
<p><b>SHIPPER SIGNATURE / DATE</b>                  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.</p>	<p><b>Trailer Loaded:</b></p> <p><input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver</p>	<p><b>Freight Counted:</b></p> <p><input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver/Pieces</p>
<p><b>CARRIER SIGNATURE / PICKUP DATE</b>                  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.</p>		

**SHIP FROM**

Name: **PORT WENTWORTH\_SV3\_SD3**  
 Address: 311 INTERNATIONAL TRADE PKWY  
 City/State/Zip: PORT WENTWORTH, GA 31407  
 Ship Date: 08-17-2022 08:00

Bill of Lading Number: **841976475**



**SHIP TO**

Name: **PET SUPPLIES PLUS DC** Location #: SEYMOURDC  
 Address: 1510 E 4TH STREET RD  
 City/State/Zip: SEYMOUR, IN 47274  
 Delivery Date: 08-21-2022 19:00  
 Seal #: Seal Intact:

CARRIER NAME: **TRANSPLACE TEXAS LP (LOWELL DIVISION)**

Trailer number: **53066**

SCAC: **TXFV**

Pro number:

**THIRD PARTY FREIGHT AND ACCESSORIAL CHARGES BILL TO:**

Name: Pet Supplies Plus C/O Transplace  
 Address: P.O. Box 425  
 City/State/Zip: Lowell, AR 72745 USA

Freight Charge Terms:

Prepaid: Collect: 3rd Party:

SPECIAL INSTRUCTIONS: CARRIER MUST EMAIL FOR DELIVERY APPT:  
 ibapplseyc@petsuppliesplus.com  
 Only authorized carriers may drop trailers for delivery  
 Receiving closes at 2:30 p.m.. The last deliveries unloaded must be checked in with the Receiving Department no later than 1:00 p.m..

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

**CUSTOMER ORDER INFORMATION**

PRIMARY REFERENCE	#PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
0020P50012203	120 UN	13669 LBS	Y	PET SUPPLIES
<b>GRAND TOTAL</b>	120 UN	13669 LBS		

**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.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
	PLT	120	Unit	13669 LBS		assorted pet supplies	2070-8	85
		120		13669 LBS		<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.

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.

*JA* 8/19/22

**Trailer Loaded:**

By Shipper  
 By Driver

**Freight Counted:**

By Shipper  
 By Driver/pallets said to contain  
 By Driver/Pieces

**CARRIER SIGNATURE/PICKUP DATE**

08-17-2022

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.

Property described above is received in; od PO, except as noted.

*JA*  
08/19/22