


BILL OF LADING NUMBER: 18635456

Bill of Lading
(NOT NEGOTIABLE)

CARRIER: BACKHAUL
Requested Pickup Date/Time: 07/29/2022 01:01 - 08/05/2022 22:59
Delivery Date/Time: 07/30/2022 01:01 - 08/06/2022 22:59

SHIPPER (ORIGIN)		BILL OF LADING NUMBER: 18635456	
NAME: OA LOGISTICS		Order Release Number(s): 4994290509550-004	
ADDRESS: 311 INTERNATIONAL TRADE PKWY		Shipment Numbers(s): 18635456	
ADDRESS:		PO Number(s): 4994290509550	
CITY, STATE, ZIP: PORT WENTWORTH, GA 31407		PRO(s):	
CONTACT: HALIE 9127377778		Loading Method: PALLET	
LOCATION REMARKS:			
ADDITIONAL SERVICES REQUESTED		PICKUP REMARKS	
		FD.4994290509550-004 - Warehouse Contact : SV3.SHIP@JLAHOME.COM	

CONSIGNEE (DESTINATION)		BILL TO (MAILING ADDRESS)	
NAME: FAMILY DOLLAR MARIANNA FL DC		NAME: Dollar Tree Stores, Inc.	
ADDRESS: 3949 FAMILY DOLLAR PARKWAY		ADDRESS: 500 Volvo Parkway	
ADDRESS:		ADDRESS:	
CITY, STATE, ZIP: MARIANNA, FL 32448 USA		CITY, STATE, ZIP: Chesapeake, VA 23320 USA	
CONTACT: DOLLAR		CONTACT:	
DELIVERY INSTRUCTIONS:			

CARTONS	TYPE OF PKG	HAZ MAT	NMFC	GLASS	PO NUMBER	ITEM NUMBER	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	WEIGHT LBS (Subject to Correction)
749	Cartons		200.0	200.0	4994290509550	FDS_599513	IBD MATILDA COMFORTER SET QUEEN 4PC	
51	Cartons		200.0	200.0	4994290509550	FDS_599531	IBD MATILDA COMFORTER SET KING 4PC	
TOTAL CTS: 800 Cartons			MARK "X" IN COLUMN FOR HAZARDOUS MATERIALS					TOTAL WT 11286

Pallets: 60 Positions: 30		FREIGHT CHARGES	
C.O.D. AMT. PAYMENT METHOLD	REMIT C.O.D. TO: NAME:	Collect	
C.O.D. FEE IS	ADDRESS:		
DECLARED VALUE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. If the value is omitted, the shipment will be subject to a maximum declared value of \$25 per lb.	CITY, STATE, ZIP:		
	FOR FREIGHT COLLECT SHIPMENTS: If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement: The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.		
	(Signature of Consignor)		

CARRIER LIABILITY: Shipper and Carrier acknowledge that Dollar Tree (and all subsidiaries) is not a carrier, and its role is limited to arranging for service by a third party carrier. Any services provided are exclusively pursuant to the terms and conditions set forth in the contract between Dollar Tree and the service provider.

RECEIVED subject to individually determined rates, rules and contracts that have been agreed upon in writing between Dollar Tree, and the carrier, if applicable, otherwise subject to all terms and conditions set forth in the National Motor Freight Classification documentation in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of packages unknown), marked consigned and destined as indicated above which said carrier (the word carrier being understood as meaning any person or corporation in possession of the property under the contract) agrees to carry to its place of delivery at said destination, if on its route, or otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property, over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the Bill of Lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he and all his assigns are familiar with all the Bill of Lading terms and conditions in the governing classification and the said terms and conditions.

This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation. It is the shipper's responsibility to appropriately block and brace all contents for safe transport to destination to avoid shifting during transit.	SHIPPER	OA Logistics	CARRIER	ATS
	PER	LC	DRIVER	Hevon Cox
	COLLECTED AT PICKUP	\$	DATE	8/2/22
		CASH	CHECK	CCTYPE

Date: 8/2/2022 10:51:36 AM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757168000764759	
Name:	E & E COMPANY LTD		
Address:	311 International Trade Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:		FOB:	<input type="checkbox"/>
SHIP TO		CARRIER NAME: ATS inc	
Customer Code:	FAMDOLLAR	Trailer number:	95089
Name:	Florida Distribution Center #9550	Seal number(s):	40350906
Address:	3949 Family Dollar Parkway 9550	SCAC:	ATSK
City/State/Zip:	Marianna, FL 32448	Pro Number:	
SID#:		FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
Load #: 18635456		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO BOL#	DC#
49942905	60	677.10	Y	N	06757168000764735	9550
49942905	800	9785.76	Y	N	06757168000762311	9550
Grand Total	860	10462.86				


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	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
30	Pallet			1500.00		Pallet		70
		860	ctns	10462.86		Comforters, Bedspreads	49017	200
30				11962.86		Grand Total		

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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>

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.
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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.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> 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.
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SHIP FROM		Bill of Lading Number: 06757168000764735	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: 912-373-7778 VENDOR: 117256		 (402)06757168000764735	
SHIP TO		CARRIER NAME: ATS inc	
Name: Florida Distribution Center #9550 Address: 3949 Family Dollar Parkway 9550 City/State/Zip: Marianna, FL 32448 CID#: _____ FOB: <input type="checkbox"/>		Responsible Acct.No: Trailer number: 95089 Seal number(s): 40350906	
Dept: 5		SCAC: ATSK	
		Pro Number:	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: Address: City/State/Zip:		Prepaid: Collect: X 3rd Party:	
SPECIAL INSTRUCTIONS: Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	


CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
49942905	60	677.10	Y N	
Grand Total	60	677.10		

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		
2	Pallet			100.00		Pallet				
		60	ctns	677.10		Comforters, Bedspreads	49017	200		
2		60		777.10		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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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).

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. <div style="text-align: right;">Shipper Signature</div>		
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.	<table style="width:100%;"> <tr> <td style="width: 50%;"> Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width: 50%;"> Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces </td> </tr> </table>	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> 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		Bill of Lading Number: 06757168000762311	
Name: E & E COMPANY LTD		 (402)06757168000762311	
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407			
PHONE: 912-373-7778			
VENDOR: 117256			
SHIP TO		CARRIER NAME: ATS inc	
Name: Florida Distribution Center #9550		Responsible Acct.No:	
Address: 3949 Family Dollar Parkway		Trailer number: 95089	
City/State/Zip: Marianna, FL 32448		Seal number(s): 40350906	
CID#: _____		SCAC: ATSK	
Dept: 5		Pro Number:	
		FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		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:		<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
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AM	AM	AM										
PM	PM	PM										
SPECIAL INSTRUCTIONS: Load #: 18635456 Packing List is Attached												

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
49942905	800	9785.76	Y N	
Grand Total	800	9785.76		

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 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
28	Pallet			1400.00		Pallet		
		800	ctns	9785.76		Comforters, Bedspreads	49017	200
28		800		11185.76		Grand Total		

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