

OA Logistics

Detention Waiver

Dear Carrier,

- You have arrived late and missed your scheduled appointment time. Every effort will be made to fit you into our schedule but please be advised that OA Logistics will NOT be responsible for any detention charges. If you wish you can make another appointment and reschedule if this is not acceptable.
- You have arrived early for your scheduled appointment. Please be advised that your loading time begins at your scheduled appointment time and OA Logistics will not be responsible for detention.

Date: 8/9/22

Carrier: ATS

B/L-Number: 18635457

Scheduled Appointment time: 3:00

Arrival Time: 1:55

Driver Signature: [Signature]

OA Logistics Signature: [Signature]

BILL OF LADING NUMBER: 18635457

Bill of Lading  
(NOT NEGOTIABLE)

CARRIER: ATS INC
Requested Pickup Date/Time: 07/28/2022 16:22 - 08/05/2022 22:59
Delivery Date/Time: 07/30/2022 01:01 - 08/06/2022 22:59

SHIPPER (ORIGIN)		BILL OF LADING NUMBER: 18635457	
NAME: OA LOGISTICS	ADDRESS: 311 INTERNATIONAL TRADE PKWY	Order Release Number(s): 4994290509550-001	Shipment Numbers(s): 18635457
CITY, STATE, ZIP: PORT WENTWORTH, GA 31407	CONTACT: HALIE 9127377778	PO Number(s): 4994290509550	PRO(s):
LOCATION REMARKS:		Loading Method: PALLET	
ADDITIONAL SERVICES REQUESTED		PICKUP REMARKS	
		FD.4994290509550-001 - Warehouse Contact : SV3.SHIP@JLAHOME.COM	

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

CARTONS	TYPE OF PKG	HAZ MAJ	NMFC	CLASS	PO NUMBER	ITEM NUMBER	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	WEIGHT LBS (Subject to Correction)
543	Cartons		200.0	200.0	4994290509550	FDS_599535	IBD CHEETAH KING COMFORTER 3PC SET	
TOTAL CTS 543 Cartons								TOTAL WT 7509

↑ MARK "X" IN COLUMN FOR HAZARDOUS MATERIALS

Pallets: 19 Positions: 19		COD	<b>FREIGHT CHARGES</b>
C.O.D. AMT. PAYMENT METHOLD	REMIT C.O.D. TO: NAME:		
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.	Collect
		(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	KMS
	PER	LC	DRIVER	PCS DATE 8-9-22
	COLLECTED AT PICKUP	\$	CASH	CHECK

Date: 8/9/2022 2:29:45 PM

## Master Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757168000771306	
Name:	E & E COMPANY LTD		
Address:	311 International Trade Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:	FOB: <input type="checkbox"/>		
<b>SHIP TO</b>		<b>CARRIER NAME:</b> ATS inc	
Customer Code:	FAMDOLLAR		
Name:	Florida Distribution Center #9550	Trailer number: 2270	
Address:	3949 Family Dollar Parkway 9550	Seal number(s): 5624041	
City/State/Zip:	Marianna, FL 32448	SCAC: ATSK	
SID#:	FOB: <input type="checkbox"/>	Pro Number: 00000	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:			
City/State/Zip:			
<b>SPECIAL INSTRUCTIONS:</b>		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
Load #: 18635457		Appointment Time AM PM	
		Actual Driver Arrival Time AM PM	
		Driver Departure Time AM PM	

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#
49942905	543	6559.44	Y	N	06757168000762403	9550
49942905	60	629.40	Y	N	06757168000770064	9550
49942905	16	222.08	Y	N	06757168000770804	9550
<b>Grand Total</b>	619	7410.92				

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 369</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
21	Pallet			1050.00		Pallet		70
		619	ctns	7410.92		Comforters, Bedspreads	49017	200
21				8460.92		<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.

**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.

<b>SHIP FROM</b>		Bill of Lading Number: 06757168000770064	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: 912-373-7778 VENDOR: 117256		 (402)06757168000770064	
<b>SHIP TO</b>		<b>CARRIER NAME:</b> ATS inc	
Name: Florida Distribution Center #9550 Address: 3949 Family Dollar Parkway 9550 City/State/Zip: Marianna, FL 32448 CID#: _____ FOB: <input type="checkbox"/> Dept: 5		Responsible Acct.No: Trailer number: 2270 Seal number(s): 5624041 SCAC: ATSK Pro Number: 00000	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>  Prepaid: _____ Collect: <b>X</b> 3rd Party: _____  <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
Name: Address:  City/State/Zip:			
SPECIAL INSTRUCTIONS: Packing List is Attached		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	629.40	Y N	
<b>Grand Total</b>	60	629.40		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360	NMFC #	CLASS
2	Pallet			100.00		Pallet		
		60	ctns	629.40		Comforters, Bedspreads	49017	200
2		60		729.40		<b>Grand Total</b>		

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 _____	<b>COD Amount:</b> _____ <b>Fee Terms:</b> 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.  <p style="text-align: right;"><b>Shipper Signature</b></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.	<table style="width:100%;"> <tr> <td style="width: 50%;"> <b>Trailer Loaded:</b>  <input type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver                 </td> <td style="width: 50%;"> <b>Freight Counted:</b>  <input type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver/pallets said to contain  <input type="checkbox"/> By Driver/Pieces                 </td> </tr> </table>	<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		
<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.			

<b>SHIP FROM</b>		Bill of Lading Number: 06757168000770804	
Name: E & E COMPANY LTD		 (402)06757168000770804	
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407			
PHONE: 912-373-7778			
VENDOR: 117256			
<b>SHIP TO</b>		CARRIER NAME: ATS inc	
Name: Florida Distribution Center #9550		Responsible Acct.No:	
Address: 3949 Family Dollar Parkway		Trailer number: 2270	
9550		Seal number(s): 5624041	
City/State/Zip: Marianna, FL 32448		SCAC: ATSK	
CID#: _____ FOB: <input type="checkbox"/>		Pro Number: 00000	
Dept: 5			

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		Master Bill of Lading: with attached	
City/State/Zip:		<input type="checkbox"/> (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Packing List is Attached		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
49942905	16	222.08	Y N	
<b>Grand Total</b>	16	222.08		


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
1	Pallet			50.00		Pallet		
		16	ctns	222.08		Comforters, Bedspreads	49017	200
1		16		272.08		<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>Customer check acceptable: <input type="checkbox"/></p>
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<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>
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<p><b>SHIPPER SIGNATURE / DATE</b></p> <p>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></p> <p>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>
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<b>SHIP FROM</b>		Bill of Lading Number: 06757168000762403	
Name: E & E COMPANY LTD		 (402)06757168000762403	
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407			
PHONE: 912-373-7778			
VENDOR: 117256			
<b>SHIP TO</b>		CARRIER NAME: ATS inc	
Name: Florida Distribution Center #9550		Responsible Acct.No:	
Address: 3949 Family Dollar Parkway		Trailer number: 2270	
9550		Seal number(s): 5624041	
City/State/Zip: Marianna, FL 32448		SCAC: ATSK	
CID#: _____		Pro Number: 00000	
Dept: 5		FOB: <input type="checkbox"/>	

<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:		Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		<input type="checkbox"/> (check box)	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	
Load #: 18635457		AM	
Packing List is Attached		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	543	6559.44	Y N	
<b>Grand Total</b>	543	6559.44		

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
18	Pallet			900.00		Pallet		
		543	ctns	6559.44		Comforters, Bedspreads	49017	200
18		543		7459.44		<b>Grand Total</b>		

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 _____	<b>COD Amount:</b> _____ <b>Fee Terms:</b> 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).**

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<b>Shipper Signature</b>	
<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.	<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver
<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<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.