Date: 7/28/2022 1:35:51 PM

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
Address: 602 Expansion Blvd
City/State/Zip: Port Wentworth, GA 31407
SID#:
PHONE:
VENDOR: 6552100 FOB: ☐

SHIP TO

Name: COSTCO WEST PALM BEACH DEPOT - DRY Location #: 0174
Address: 5851 45TH STREET
City/State/Zip: SE, 0174 WEST PALM BEACH, FL 33407
CID#:
Dept: 14 FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 001740624626
Packing List is Attached

Bill of Lading Number: 06757169000180679

(402)06757169000180679

CARRIER NAME: JB Hunt Transport
Responsible Acct.No:
Trailer number: 63170
Seal number(s): 1587115

SCAC: HJBT
Pro Number:

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

Prepaid: Collect: X 3rd Party:

☐ (check box) Master Bill of Lading: with attached 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		ADDITIONAL SHIPPER INFO
001740624626	60	19571.16	Y	N	
Grand Total	60	19571.16			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
30	Pallet			1500.00		Pallet		
		60	ctns	19571.16		Pet Accessories or Furniture	2071	300
30		60		21071.16		**Grand Total**		

560/19 119

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.

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.

7.27.2022

DOOR: 119 7/29/22
APP TIME: 5:00 ARR TIME: 4:06
IN TIME: 4:06 OUT TIME: 6:20
1740624626
7817-01
SEAL: BL/TRL:

RECVR: LOURDES IGLESIAS

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00174072922050019

DOOR: 119 WEST PALM BEACH DR
7/29/22
APP TIME: 5:00 ARR TIME: 4:06
IN TIME: 4:06 OUT TIME: 6:20
1740624626
7817-01
SEAL: BL/TRL:

RECVR: LOURDES IGLESIAS

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