

NOTE TO SHIPPER

FREIGHT CHARGES ARE PREPAID UNLESS OTHERWISE INDICATED BY MARKS COLLECT

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE



P.O. BOX 10048
FORT SMITH, AR 72917
800-610-5544
or visit: arcb.com/abf



087 641 469



Driver signature only acknowledges receipt of freight. Shipper is subject to applicable terms and conditions of Uniform Straight Bill of Lading and ABF's tariffs.

1476413

Shipper's Bill of Lading No.
(See below)
Consignee's Reference / PO No.
05-27-2022
Bill of Lading Date

SHIP FROM		SHIP TO	
Shipper Name JLA SAVANNAH SV3 SD3		Consignee Name NEBRASKA FURNITURE MART NE	
Origin Street Address 311 INTERNATIONAL TRADE PARKWAY		Destination Street Address DROP LOT 402 ROSE BLUMKIN DR	
Origin City PORT WENTWORTH	State GA	Destination City OMAHA	State NE
Zip Code 31407		Zip Code 68114	
Phone Number(s)		<input type="checkbox"/> Check box, if delivery appointment required. Consignee telephone ▶	
BILL CHARGES TO		C.O.D.	
Name NEBRASKA FURNITURE MART		<input type="checkbox"/> Collect On Delivery \$ — To be paid by — Shipper <input type="checkbox"/> Consignee <input type="checkbox"/>	
Street Address 700 S 72ND STREET		Remit to	
City OMAHA	State NE	Street Address	
Zip Code 68114		City	
Phone Number(s)	Attn:	State	
Special Instructions USD		Zip Code	
Signed		Signed	
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:		Consignor must collect such money order, bank cashier's check, or bank certified check unless shipper signs here to exempt company check.	
Freight charges are PREPAID unless marked collect <input checked="" type="checkbox"/> CHECK BOX IF COLLECT			

HDLG UNITS NO./TYPE	PACKAGES NO./TYPE	* HM	Kind of Package, Description or Articles, Special Marks and Exceptions (subject to correction)	WEIGHT/ LBS (Duty, to Correction)	CLASS/RATE REF (For Info. Only)	CUBE FT (Optional)
	1/		Bill of Lading Numbers: 1476413 Customer Reference Numbers: MADBE6 NFM WHJONE WHJONE 1476413 1476413 Notes: *** EDI Information *** 568854TM Load ID NumberCONTACT INFORMATION -DonCONTACT INFORMATION -DonEM sv3.ship@jlahome.comCONTACT INFORMATION -NO CONTACT	281		
TOTAL HANDLING PIECES: 1			INDIVIDUAL PIECES:	WEIGHT: 281	LBS	CUBE: 65 FT ³

* Mark "X" to designate Hazardous Material as defined in DOT regulations.
Notify if problem en route or delivery (for informational purposes only):
Name _____
Tel No. _____ Fax No. _____
NOTE (1) 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 _____"
NOTE (2) Liability Limitation for loss or damage on this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A)(ii).
NOTE (3) 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 Sec. (2) of NIMFC item 360.


ADDITIONAL SERVICES REQUESTED	<input type="checkbox"/> SECURED SHIPMENT DIVIDERS <input type="checkbox"/> CURBSIDE <input type="checkbox"/> THRESHOLD <input type="checkbox"/> ROOM OF CHOICE <input type="checkbox"/> WHITE GLOVE <input type="checkbox"/> ASSEMBLY/INSTALL
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. Every service to be performed hereunder shall be subject to all terms and conditions of the uniform bill of lading set forth in the National Motor Freight Classification. The shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns. See Item 7B(1) ABF 111 rules for general liability limitations and for additional coverage available at additional expense.	
This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation. Additionally, by signature on this bill of lading, Shipper authorizes consent to the Transportation Security Administration (TSA) to screen the shipment when transportation of the shipment requires movement via an air carrier.	
TRAILER NUMBER	SHIPPER LOAD & COUNT (SLC) <input type="checkbox"/>
CARRIER ABF FREIGHT	
PER <i>JL</i>	DATE <i>5/24/22</i>

SHIPPER
JLA SAVANNAH SV3 SD3
AUTHORIZED SIGNATURE (REQUIRED) *JL* 5/24/22

Date: 5/24/2022 12:42:25 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000718356	
Name:	E & E COMPANY LTD	 (402)06757168000718356	
Address:	311 International Trade Pkwy		
City/State/Zip:	Port Wentworth, GA 31407	CARRIER NAME: ABF Freight	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 525957	
VENDOR:	JLAHO	Seal number(s):	
	FOB: <input type="checkbox"/>	SCAC: ABFS	
SHIP TO		Pro Number: 087641469	
Name:	NFM Omaha Distribution Center	Location #: 0078750	
Address:	7415 Harney Street	40JORE	
City/State/Zip:	Omaha, NE 68114		
CID#:			
Dept:		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	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 1476413		AM	AM
Packing List is Attached		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9396921	3	231.21	Y N	
Grand Total	3	231.21		

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 206 of NMFC Item 305.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	231.21		Furniture (Seating, Storage, Outdoor)	80580	150
1		3		281.21		Grand Total		

Where this 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 in 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 sold 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.

Pro Number: **087641469**

Status: **Transit Exception**

YOUR SHIPMENT HAS BEEN DELAYED. WE ARE WORKING TO PROVIDE AN UPDATED ETA AS QUICKLY AS POSSIBLE. PLEASE CALL YOUR SERVICE CENTER FOR ADDITIONAL DETAILS AT 402-331-5700 .

Picked Up
Tue 05/24/2022

Projected Delivery
Fri 05/27/2022

Origin 087 | Email Station

Destination 100 | Email Station

Freight Information

Pieces:

1

Weight:

281

Other

[Share this shipment](#)



Order No.: 63721239 Order Date: 04/26/2022 Customer: **NFM OMAHA**
DISTRIBUTION CENTER Customer PO No.: **9396921**

Carrier: ABF Freight Pro Number: 087641469 Trailer Number: 525957 Seal Number:

Load Number: 1476413

SHIP FROM: E & E COMPANY LTD 311 INTERNATIONAL TRADE PKWY PORT WENTWORTH, GA 31407	BILL TO: NEBRASKA FURNITURE MART WHOLESALE 700 S. 7TH ST. OMAHA, NE 68114 US	SHIP TO: NFM OMAHA DISTRIBUTION CENTER 7415 HARNEY STREET OMAHA, NE 68114 US	Shipping Date: 05/27/2022
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Cust. SKU No.	Item No.	UPC	Description	UOM	Tracking#	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
51447514	MP103-0602	086569981738	Augustine Swivel Glider Chair	EA		1	3	3	3	3

Total Weight:	231.21
Total Quantity Ordered:	3
Total Cartons Ordered:	3
Total Quantity Shipped:	3
Total Cartons Shipped:	3