

Sally Yendrek

From: podrequests@costco.com
Sent: Friday, September 30, 2022 7:37 PM
To: sally.yendrek@allenlund.com
Subject: 002620615547

sally.yendrek@allenlund.com
Reprint Depot Signature Label

ATLANTA DRY
RECVD: 2022-07-13 REPRINT: 2022-09-30
CHEP: 0 BROWN: 0
APP TIME: 10:00 ARR TIME: 10:02
IN TIME: 11:54 OUT TIME: 14:20
SEAL: BL/TRL:


RECEIVER: GLORIA CARRERA
APP DATE: 2022-07-13 NO: 59 DOOR: 316

002620615547 LL: 11948-02
Comments: Item# 1567728: Ordered: 754 - Received: 702 | Item# 1569901: Ordered: 930 -
Received: 990

Date 7/11/2022 9:25:37 PM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: E02 Expansion Blvd
 City/State/Zip: Port Wentworth, GA 31407
 SID#: _____
 PHONE: _____
 VENDOR: 6552100

Bill of Lading Number: 06757159000180264

 (402)06757159000180204

SHIP TO
 Name: COSTCO COLLEGE PARK DEPOT - DRY Location # 0262
 Address: 4250 S. FULTON PARKWAY
 City/State/Zip: SE, 0262 UNION CITY, GA 30349
 CID#: _____
 Dept: 14

CARRIER NAME: ALLEN LUND COMPANY
 Responsible Acct No: _____ # 17R
 Trailer number: 53745
 Seal number(s): 8314726
SCAC: LUAC
 Pro Number: 0
 1000 / 059

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____
 SPECIAL INSTRUCTIONS:
 Load #: 002620615547
 Packing List is Attached

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: _____ Collect: X 3rd Party: _____
 Master Bill of Lading with attached underlying Bills of Lading (check box)
 Appointment Time: _____ Actual Driver Arrival Time: _____ Driver Departure Time: _____
 AM PM AM PM AM PM

CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	Y	N
002620615547	60	19490.82			
Grand Total	60	19490.82			

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 21a of NACV Item 283.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				MMFC #	CLASS
31	Pallet			1550.00		Pallet		
		60	cls	19490.82		Pet Accessories or Furniture	2071	300
31		60		21040.82		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or applied value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____

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. 14705(c)(1)(A) and (B).
 RECEIVED subject to individually assumed rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, conditions and rules that have been established by the carrier and are available to the shipper, on request, and in 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 / 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/Carrier's bill in contain By Carrier/Shipper

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.