


Date: 10/14/2022 8:06:03 AM

**Bill of Lading**

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<b>SHIP FROM</b>		Bill of Lading Number: 06757169000181256	
Name: E & E COMPANY LTD Address: 602 Expansion Blvd City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: 6552100      FOB: <input type="checkbox"/>		 (402)06757169000181256	
<b>SHIP TO</b>		CARRIER NAME: Coyote Logistics	
Name: COSTCO SUMNER DEPOT - DRY      Location #: 0171 Address: 4000-B 142ND AVE E City/State/Zip: NW, 0171      SUMNER, WA 98390 CID#: _____ Dept: 14      FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: 886023 Seal number(s): 36585051	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		SCAC: CLLQ	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: Load #: 001710909441,001710909442 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid:      Collect: <input checked="" type="checkbox"/> 3rd Party: _____	
		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM      PM	AM      PM
		Driver Departure Time	AM      PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
001710909441	51	16400.58	Y    N	
001710909442	9	2894.22	Y    N	
<b>Grand Total</b>	<b>60</b>	<b>19294.80</b>		

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(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
30	Pallet			1500.00		Pallet		
		60	ctns	19294.80		Pet Accessories or Furniture	2071	300
30		60		20794.80		<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 \_\_\_\_\_

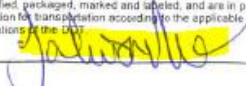
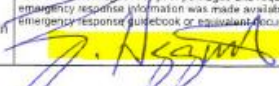
**COD Amount:** \_\_\_\_\_

**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.

<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.  14 OCT 22
	<b>Shipper Signature</b>		

