


Date: 2/1/2023 1:03:05 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000769858	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: ABF Freight	
Name:	Kohls Ecom DC #00816	DC#:	00816
		Div.:	
Address:	1701 Trimble Avenue Edgewood-EC, 00816	Trailer number:	551689
		Seal number(s):	
City/State/Zip:	Edgewood, MD 21040	SCAC:	ABFS
SID#:		Pro Number:	155141744
		FOB:	<input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> (check box)	
SPECIAL INSTRUCTIONS:		Appointment Time:	155 141 744
ME# 852018756			Driver signature only acknowledges receipt of freight. Shipment is subject to applicable terms and conditions of Uniform Straight Bill of Lading and ABF's tariffs.



CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
14271600	Dept#: 115	10	124.14	Y	N	06757163000769346	00816
14275086	Dept#: 115	22	334.68	Y	N	06757163000769285	00816
Grand Total		32	458.82				

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 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		70
17	ctns			201.18		Bath Towel, Beach Towel	49390 Sub 4	175
15	ctns			257.64		Shower curtain	49385	77.5
Grand Total				558.82				

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: <input type="checkbox"/> Prepaid: <input type="checkbox"/>
Customer check acceptable: <input type="checkbox"/>	


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: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> 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. 
	Date: 2-1-23 IPT		

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000769346	
Name: E & E COMPANY LTD		 (402)06757163000769346	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: ABF Freight	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 551689	
VENDOR: 000074879		Seal number(s):	
SHIP TO		SCAC: ABFS	
Name: Kohls Ecom DC-#00816		Pro Number: 155141744	
Address: 1701 Trimble Avenue		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
City/State/Zip: Edgewood, MD 21040			
CID#: 852018756			
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: Collect: X 3rd Party:	
Name:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 852018756			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
14271600 Dept#: 115	10	124.14	Y N		
Grand Total	10	124.14			

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 stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360	NMFC #	CLASS
1	Pallet			50.00		Pallet		
		7	ctns	55.44		Bath Towel, Beach Towel	49390 Sub 4	175
		3	ctns	68.70		Shower curtain	49385	77.5
1		10		174.14		Grand Total		

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COD Amount: _____
Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>
Customer check acceptable: <input type="checkbox"/>

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: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> 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. <i>Property described above is received in good order, except as noted.</i>
			Appt Time: In: Out: Driver Signature:

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000769285	
Name: E & E COMPANY LTD		 (402)06757163000769285	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: ABF Freight	
VENDOR: 000074879		Responsible Acct.No:	
SHIP TO		Trailer number: 551689	
Name: Kohls Ecom DC-#00816		Seal number(s):	
Address: 1701 Trimble Avenue		SCAC: ABFS	
City/State/Zip: Edgewood-EC, 00816		Pro Number: 155141744	
CID#: 852018756			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Load #: 852018756			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14275086 Dept#: 115	22	334.68	Y	N	
Grand Total	22	334.68			

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 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		10	ctns	145.74		Bath Towel, Beach Towel	49390 Sub 4	175
		12	ctns	188.94		Shower curtain	49385	77.5
1		22		384.68		Grand Total		

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 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"

COD Amount: _____
Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>
Customer check acceptable: <input type="checkbox"/>

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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Shipper Signature

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			Appt Time: In: Out: Driver Signature: