

SHIP FROM		Master Bill of Lading Number: 06757163000769865	
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 Dist. Center - #00813	DC#:	00813
		Div.:	
Address:	10201 Schuster Way 00813	Trailer number:	551689
		Seal number(s):	
City/State/Zip:	Pataskala, OH 43062	SCAC:	ABFS
SID#:		Pro Number:	155141746
		FOB:	<input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> (check box) ABF Freight An Ardent Company Appointment T 155 141 746	
ME# 852018759		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						ADDITIONAL SHIPPER INFO		
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	DC#	Supplier#	
14271600	Dept#: 115	19	271.20	Y	N	06757163000769339	00813	
14275086	Dept#: 115	26	386.62	Y	N	06757163000769278	00813	
Grand Total		45	657.82					

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	
		29	ctns	385.22		Bath Towel, Beach Towel	49390 Sub 4	175	
		16	ctns	272.60		Shower curtain	49385	77.5	
2				757.82		Grand Total			

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 / 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. 
	ZPT 2-1-23		

Date: 2/1/2023 1:03:45 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879

FOB:

Bill of Lading Number: 06757163000769278



CARRIER NAME: ABF Freight

Responsible Acct.No:

Trailer number: 551689

Seal number(s):

SCAC: ABFS

Pro Number: 155141746

SHIP TO

Name: Kohls Ecom DC-#00813 Location #: 00813
 Address: 10201 Schuster Way
 00813
 City/State/Zip: Pataskala, OH 43062
 CID#: 852018759

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 852018759

Packing List is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14275086 Dept#: 115	26	386.62	Y	N	
Grand Total	26	386.62			

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		
		14	ctns	205.62		Bath Towel, Beach Towel	49390 Sub 4	175
		12	ctns	181.00		Shower curtain	49385	77.5
1		26		436.62		Grand Total		

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.

Property described above is received in good order, except as noted.

Appt Time:

In:


Out:

Driver Signature:

Date: 2/1/2023 1:03:41 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Ecom DC-#00813
Address:	221 Hanson Way	Address:	10201 Schuster Way
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Pataskala, OH 43062
SID#:		CID#:	852018759
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000769339		Trailer number: 551689	
		Seal number(s):	
(402)06757163000769339		SCAC: ABFS	
CARRIER NAME: ABF Freight		Pro Number: 155141746	
Responsible Acct.No:		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	
THIRD PARTY FREIGHT CHARGES BILL TO:		<input type="checkbox"/> (check box)	
Name:		SPECIAL INSTRUCTIONS:	
Address:		Load #: 852018759	
City/State/Zip:		Packing List is Attached	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14271600 Dept#: 115	19	271.20	Y N	
Grand Total	19	271.20		

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		
		15	ctns	179.60		Bath Towel, Beach Towel	49390 Sub 4	175
		4	ctns	91.60		Shower curtain	49385	77.5
1		19		321.20		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: 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).

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Shipper Signature

SHIPPER SIGNATURE / DATE

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By Shipper
 By Driver

Freight Counted:

By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

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Property described above is received in good order, except as noted.

Appt Time:
In:
Out:
Driver Signature: