

Date: 2/1/2023 11:40:39 AM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000770243	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: Alliance Shippers	
Name:	Kohls	DC#:	XDSFS
		Div.:	
Address:	X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS	Trailer number:	1713
		Seal number(s):	8096717
City/State/Zip:	SANTA FE SPRINGS, CA 90670	SCAC:	ANSH
SID#:		Pro Number:	NA
		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"/>	MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING
ME# 852017493		Appointment Time	Actual Driver Arrival Time
		10:00 AM	10:00 AM
			Driver Departure Time
			12:00 PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	DC#	Supplier#
14024932	Dept#: 115	4	58.56	Y N	06757163000768431	00830	
14024932	Dept#: 115	20	312.78	Y N	06757163000768448	00855	
14024932	Dept#: 115	11	169.65	Y N	06757163000768455	00860	
14024932	Dept#: 115	34	528.78	Y N	06757163000768462	00875	
14024932	Dept#: 115	6	91.26	Y N	06757163000768479	00885	
14026105	Dept#: 115	58	939.60	Y N	06757163000768202	00810	
14026105	Dept#: 115	54	728.38	Y N	06757163000768219	00830	
14026105	Dept#: 115	28	492.06	Y N	06757163000768226	00840	
14026105	Dept#: 115	35	622.40	Y N	06757163000768233	00855	
14026105	Dept#: 115	31	605.70	Y N	06757163000768240	00860	
14026105	Dept#: 115	60	910.72	Y N	06757163000768257	00865	
14026105	Dept#: 115	41	700.32	Y N	06757163000768264	00875	
14026105	Dept#: 115	27	483.92	Y N	06757163000768271	00885	

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 / 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:	Freight Counted:
<input type="checkbox"/> By Shipper	<input checked="" type="checkbox"/> By Shipper
<input type="checkbox"/> By Driver	<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.

[Handwritten Signature]
 2/1/23

[Handwritten Signature] 2/1/23

SHIP FROM		Master Bill of Lading Number: 06757163000770243
Name:	E & E COMPANY LTD	
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Alliance Shippers
Name:	Kohls	
DC#:	XDSFS	
Div.:		
Address:	X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS	Trailer number: 1713
City/State/Zip:	SANTA FE SPRINGS, CA 90670	Seal number(s): 8096717
SID#:	FOB: <input type="checkbox"/>	SCAC: ANSH
		Pro Number: NA

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:		
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>	3rd Party: <input type="checkbox"/>
Address:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING		
City/State/Zip:		Appointment Time AM PM	Actual Driver Arrival Time AM PM	Driver Departure Time AM PM
SPECIAL INSTRUCTIONS:				
ME# 852017493				

CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	ADDITIONAL SHIPPER INFO				
				BOL#	DC#	Supplier#		
14026105	Dept#: 115	75	1149.36	Y	N	06757163000768288	00890	
14178076	Dept#: 115	3	55.50	Y	N	06757163000768363	00810	
14178076	Dept#: 115	8	113.86	Y	N	06757163000768370	00830	
14178076	Dept#: 115	1	23.12	Y	N	06757163000768387	00840	
14178076	Dept#: 115	23	333.22	Y	N	06757163000768394	00855	
14178076	Dept#: 115	12	178.17	Y	N	06757163000768400	00860	
14178076	Dept#: 115	56	773.92	Y	N	06757163000768417	00875	
14178076	Dept#: 115	3	36.12	Y	N	06757163000768424	00885	
14226021	Dept#: 115	7	105.05	Y	N	06757163000768295	00810	
14226021	Dept#: 115	6	81.93	Y	N	06757163000768301	00830	
14226021	Dept#: 115	2	37.00	Y	N	06757163000768318	00840	
14226021	Dept#: 115	14	171.79	Y	N	06757163000768325	00855	
14226021	Dept#: 115	6	91.62	Y	N	06757163000768332	00860	

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

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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.
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SHIP FROM		Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>	Master Bill of Lading Number: 06757163000770243
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SHIP TO		Name: Kohls DC#: XDSFS Div. _____ Address: X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS City/State/Zip: SANTA FE SPRINGS, CA 90670 SID#: _____ FOB: <input type="checkbox"/>	CARRIER NAME: Alliance Shippers Trailer number: 1713 Seal number(s): 8096717 SCAC: ANSH Pro Number: NA
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THIRD PARTY FREIGHT CHARGES BILL TO:		Name: _____ Address: _____ City/State/Zip: _____ SPECIAL INSTRUCTIONS: ME# 852017493	Freight Charge Terms: Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Appointment Time</td> <td style="width: 33%;">Actual Driver Arrival Time</td> <td style="width: 33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>			Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time												
AM	AM	AM												
PM	PM	PM												

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER		# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO				
				BOL#	DC#	Supplier#				
14226021	Dept#: 115	31	461.39	Y	N	06757163000768349	00875			
14226021	Dept#: 115	2	27.31	Y	N	06757163000768356	00885			
14275074	Dept#: 115	3	43.04	Y	N	06757163000768486	00830			
14275074	Dept#: 115	1	14.97	Y	N	06757163000768493	00840			
14275074	Dept#: 115	11	165.68	Y	N	06757163000768509	00855			
14275074	Dept#: 115	5	76.29	Y	N	06757163000768516	00860			
14275074	Dept#: 115	21	318.05	Y	N	06757163000768523	00875			
14275074	Dept#: 115	1	14.31	Y	N	06757163000768530	00885			
Grand Total		700	10915.83							

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	
389	ctns			4373.47		Bath Towel, Beach Towel	49390 Sub 4	175	

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

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Shipper Signature

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SPECIAL INSTRUCTIONS:	ME# 852017493	Appointment Time AM/PM Actual Driver Arrival Time AM/PM Driver Departure Time AM/PM

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QTY	TYPE	QTY	TYPE				NMFC #	CLASS
311	ctns			6542.36		Shower curtain	49385	77.5
700				10915.83		Grand Total		

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