

SHIP FROM		Master Bill of Lading Number: 06757163000777730	
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:	84188
		Seal number(s):	na
City/State/Zip:	Pataskala, OH 43062	SCAC:	ABFS
SID#:		Pro Number:	155131731
		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) <b>ABF</b> <small>An Ardent Company</small>	
SPECIAL INSTRUCTIONS:		Appointment Time:	<b>155 131 731</b>
ME# 853729357		<small>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.</small>	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
14271602	Dept#: 115	20	263.92	Y	N	06757163000777556	00813
14275088	Dept#: 115	12	180.55	Y	N	06757163000777679	00813
<b>Grand Total</b>		<b>32</b>	<b>444.47</b>				

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
		20	ctns	230.88		Bath Towel, Beach Towel	49390 Sub 4	175
		12	ctns	213.59		Shower curtain	49385	77.5
2				544.47		<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.

\_\_\_\_\_  
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.


*[Signature]*  
3/1/23

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.

*ABIR JAVIER ORTA*  
3-1-23 IPT

<b>SHIP FROM</b>		Name: E & E COMPANY LTD		Bill of Lading Number: 06757163000777679	
Address: 221 Hanson Way		City/State/Zip: Woodland, CA 95776		 (402)06757163000777679	
SID#:		PHONE:			
VENDOR: 000074879		FOB: <input type="checkbox"/>		<b>CARRIER NAME:</b> ABF Freight	
<b>SHIP TO</b>		Name: Kohls Ecom DC-#00813		Responsible Acct.No:	
Address: 10201 Schuster Way		City/State/Zip: Pataskala, OH 43062		Trailer number: 84188	
CID#: 853729357		FOB: <input type="checkbox"/>		Seal number(s): na	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Name:		<b>SCAC:</b> ABFS	
Address:		City/State/Zip:		<b>Pro Number:</b> 155131731	
SPECIAL INSTRUCTIONS:		Load #: 853729357		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>  Prepaid:                      Collect: <b>X</b> 3rd Party:	
Packing List is Attached		<input type="checkbox"/> (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	
14275088      Dept#: 115	12	180.55	Y      N		
<b>Grand Total</b>	12	180.55			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
						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		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		4	ctns	58.56		Bath Towel, Beach Towel	49390 Sub 4	175
		8	ctns	121.99		Shower curtain	49385	77.5
1		12		230.55		<b>Grand Total</b>		

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 \_\_\_\_\_

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

<b>Trailer Loaded:</b>	<b>Freight Counted:</b>
<input type="checkbox"/> By Shipper	<input 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.  
*Property described above is received in good order, except as noted.*

Appt Time:  
 In:  
 Out:  
 Driver Signature:

<b>SHIP FROM</b>		Name: E & E COMPANY LTD		Bill of Lading Number: 06757163000777556	
Address: 221 Hanson Way		City/State/Zip: Woodland, CA 95776		 (402)06757163000777556	
SID#: _____		PHONE: _____			
VENDOR: 000074879		FOB: <input type="checkbox"/>		<b>CARRIER NAME:</b> ABF Freight	
<b>SHIP TO</b>		Name: Kohls Ecom DC-#00813		Responsible Acct.No: _____	
Address: 10201 Schuster Way		City/State/Zip: Pataskala, OH 43062		Trailer number: 84188	
CID#: 853729357		FOB: <input type="checkbox"/>		Seal number(s): na	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Name: _____		<b>SCAC:</b> ABFS	
Address: _____		City/State/Zip: _____		<b>Pro Number:</b> 155131731	
SPECIAL INSTRUCTIONS: Load #: 853729357		Packing List is Attached		<b>Freight Charge Terms:</b> (freight charges are prepaid unless marked otherwise)	
				Prepaid: _____ Collect: <b>X</b> 3rd Party: _____	
				<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14271602    Dept#: 115	20	263.92	Y	N	
<b>Grand Total</b>	20	263.92			

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		
		16	ctns	172.32		Bath Towel, Beach Towel	49390 Sub 4	175
		4	ctns	91.60		Shower curtain	49385	77.5
1		20		313.92		<b>Grand Total</b>		

<p>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 _____</p>	<p><b>COD Amount:</b> _____</p> <p><b>Fee Terms:</b>            Collect: <input type="checkbox"/>    Prepaid: <input type="checkbox"/></p> <p style="text-align: center;"><b>Customer check acceptable:</b> <input type="checkbox"/></p>
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**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

<p>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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right; margin-top: 20px;">_____ Shipper Signature</p>
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<p><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.</p>	<p><b>Trailer Loaded:</b></p> <p><input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver</p>	<p><b>Freight Counted:</b></p> <p><input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver/Pieces</p>	<p><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.  <i>Property described above is received in good order, except as noted.</i></p>
			<p>Appt Time: _____</p> <p>In: _____</p> <p>Out: _____</p> <p>Driver Signature: _____</p>