Date: 3/1/2023 2:41:56 PM

Master Bill Of Lading

SHIP FROM

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

Master Bill of Lading Number: 06757163000777792

SHIP TO

Name: Kohls Dist. Center - #00855
DC#: 00855
Div.

Address: 890 East Mill Street
San Bernardino D.C., 00855

City/State/Zip: San Bernardino, CA 92408-1614
SID#:
FOB: ☐

CARRIER NAME: ABF Freight

Trailer number: 84188
Seal number(s): na

SCAC: ABFS
Pro Number: 155131722

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

Freight Charge Terms:

Prepaid: ☐ Collect: ☒ 3rd Party: ☐

(chec ABF Freight An Arcbest Company 155 131 722

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.

:D

Appointm e Time AM PM

5

SPECIAL INSTRUCTIONS:

ME# 853815642

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER		# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO BOL#	DC#	Supplier#
14178081	Dept#: 115	15	228.60	Y	N	06757163000777495	00855	
14275076	Dept#: 115	19	294.38	Y	N	06757163000777617	00855	
14026101	Dept#: 115	26	416.08	Y	N	06757163000777402	00855	
Grand Total		60	939.06					

CARRIER INFORMATION

HANDLING UNIT QTY	HANDLING UNIT TYPE	PACKAGE QTY	PACKAGE TYPE	WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION (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)	LTL ONLY NMFC #	LTL ONLY CLASS
35	ctns	2		432.35		Bath Towel, Beach Towel	49390 Sub 4	175
25	ctns			506.71		Shower curtain	49385	77.5
60		2		939.06		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.

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.

ABF JAVIER ORTIZ
3.1.23 2PT

Date: 3/1/2023 2:41:51 PM

Bill Of Lading

SHIP FROM

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

SHIP TO

Name: Kohls Dist. Center - #00855 Location #: 00855
Address: 890 East Mill Street
San Bernardino D.C., 00855
City/State/Zip: San Bernardino, CA 92408-1614
CID#: 853815642 FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

Bill of Lading Number: 06757163000777617

CARRIER NAME: ABF Freight
Responsible Acct.No:
Trailer number: 84188
Seal number(s): na

SCAC: ABFS
Pro Number: 155131722

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid: **Collect: X** **3rd Party:**

SPECIAL INSTRUCTIONS:
Load #: 853815642

Packing List is Attached

☐ (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
14275076 Dept#: 115	19	294.38	Y	N	
Grand Total	19	294.38			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
13	ctns			191.97		Bath Towel, Beach Towel	49390 Sub 4	175
6	ctns			102.41		Shower curtain	49385	77.5
19				294.38		**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: 3/1/2023 2:41:47 PM

Bill Of Lading

SHIP FROM

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

SHIP TO

Name: Kohls Dist. Center - #00855 Location #: 00855
Address: 890 East Mill Street
San Bernardino D.C., 00855
City/State/Zip: San Bernardino, CA 92408-1614
CID#: 853815642 FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

Bill of Lading Number: 06757163000777402

CARRIER NAME: ABF Freight
Responsible Acct.No:
Trailer number: 84188
Seal number(s): na

SCAC: ABFS
Pro Number: 155131722

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid: **Collect: X** **3rd Party:**

SPECIAL INSTRUCTIONS:
Load #: 853815642

Packing List is Attached

☐ (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
14026101 Dept#: 115	26	416.08	Y	N	
Grand Total	26	416.08			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
14	ctns			141.28		Bath Towel, Beach Towel	49390 Sub 4	175
12	ctns			274.80		Shower curtain	49385	77.5
26				416.08		**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: 3/1/2023 2:41:44 PM

Bill Of Lading

SHIP FROM

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

SHIP TO

Name: Kohls Dist. Center - #00855 Location #: 00855
Address: 890 East Mill Street
San Bernardino D.C., 00855
City/State/Zip: San Bernardino, CA 92408-1614
CID#: 853815642 FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 853815642

Packing List is Attached

Bill of Lading Number: 06757163000777495

(402)06757163000777495

CARRIER NAME: ABF Freight
Responsible Acct.No:
Trailer number: 84188
Seal number(s): na

SCAC: ABFS
Pro Number: 155131722

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
14178081 Dept#: 115	15	228.60	Y	N	
Grand Total	15	228.60			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
8	ctns			99.10		Bath Towel, Beach Towel	49390 Sub 4	175
7	ctns			129.50		Shower curtain	49385	77.5
15				228.60		**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: