

Debit Memo# 968028 Details

Debit Memo Information

Claim Number:	968028
Ref Claim Number:	N/A
Date:	N/A
Status:	P
R/A Number:	N/A
Authorized By:	N/A
PO Number:	855631
Department:	797
Vendor Number:	2315
Vendor Name:	E AND E CO LTD
Debit Memo Type:	ROUTING ERRORS

Style Details

There are no styles associated with this Debit Memo.

Summary

Total Cost:	\$0.00
Terms Adjustment:	\$0.00
Discount Adjustment:	\$0.00
Excessive Shipping Charges:	\$0.00
Return Shipping Charges:	\$0.00
Handling Charges:	\$275.00
Total Claim:	\$275.00

Comments

- SHIPPED TO DC INSTEAD OF CONSOLIDATOR 800802
- SHIPPED 1/31 VIA CENTRAL TRANSPORT PRO 14952772912
- PO 855631 TMS 155373774
- YOU WERE TO SHIP TO THE CONSOLIDATION POINT: TAMPA FL
- YOU SHIPPED DIRECTLY TO THE DC
- YOU FAILED TO LIST THE CORRECT FREIGHT TERMS ON YOUR BOL
- SHOULD BE 3RD PARTY - THIRD-PARTY FREIGHT CHARGE BILL TO
- BEALLS 2100 47TH TERRACE EAST BRADENTON FL
- CHARGING YOU HANDLING FEE
- BEALLS_DELIVERY_APPT@BEALLSINC.COM

From: donotreply@beallinc.com
To: SV3.SHP@JLAKONE.COM
Cc:
Subject: Shipment Load Confirmation for E AND E CD LTD C/O OA LOGISTIC - Carrier CTII - LoadId 155373774

Sent: Mon 1/30/2023 3:03 PM

Message LoadPlanData_RD0000208_2023-01-30.xlsx (4 KB)

Good Day,

Please find attached the Purchase order(s) have been routed and tendered.

***** DO NOT SHIP ANY POs NOT CONTAINED IN THIS LOAD CONFIRMATION *****

Load Information

Carrier(SCAC) : CENTRAL TRANSPORT INTERNATIONAL, INC. - CTII

Load ID : 155373774

Vendor Available Date: 2023-01-31

Pickup Location Details

OA LOGISTICS
311 INTERNATIONAL TRADE PARKWAY
PORT WENTWORTH, GA 31407

Delivery Location Details

BEALLS OUTLET DC817 - STR115 C/O CENTRAL TRANSPORT
5414 HARTFORD
TAMPA, FL-33619

**** THE ABOVE DELIVERY LOCATION MUST BE SHOWN AS A DESTINATION ON THE BOL ****

Please Note:

.....
This notification is not a confirmation of a specific appointment date or time.
Pickup/Drop-off Appointments must be scheduled by the Vendor directly with the carrier.

Date: 1/31/2023 11:06:54 AM

Bill of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000877589	
Name:	E & E COMPANY LTD	 (402)06757168000877589	
Address:	311 International Trade Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
PHONE:		CARRIER NAME: Central Transport	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: 2100008	
Name:	Bealls Outlet Stores #115	Seal number(s):	
Address:	2100 47th Terrace Ave E.	SCAC: CTIL <small>www.centraltransport.com</small>	
City/State/Zip:	Bradenton, FL 34203	Driver's Signature Only Acknowledges Receipt of Freight	
CID#:		Pro Number: 149-5277291-2	
Dept:		 SHIPPER LABEL <small>Labels Not to be Used on Haz Mat, 49 CFR 173.33</small>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>										
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
City/State/Zip:		<table border="1"> <tr> <td>Appointment Time</td> <td>Actual Driver Arrival Time</td> <td>Driver Departure Time</td> </tr> <tr> <td>AM</td> <td>AM</td> <td>AM</td> </tr> <tr> <td>PM</td> <td>PM</td> <td>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										
SPECIAL INSTRUCTIONS: Load #: 155373774 Packing List is Attached												

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
855631	68	757.52	Y	N	Dept. 797
Grand Total	68	757.52			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing shall be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
8	Pallet			320.00		Pallet		
		68	ctns	757.52		Pet Accessories or Furniture	2071	300
8		68		1077.52		Grand Total		

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: <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. <i>[Signature]</i> 1/31/23		SHIPPER INFORMATION 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. <i>[Signature]</i>	