

Debit Memo# 980112 Details

Debit Memo Information

Claim Number:	980112
Ref Claim Number:	N/A
Date:	N/A
Status:	P
R/A Number:	N/A
Authorized By:	N/A
PO Number:	851159
Department:	799
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 7/26 VIA CENTRAL TRANSPORT PRO 15074791805
- PO 851159 TMS163052323
- YOU WERE TO SHIP TO OUR CONSOLIDATION POINT IN TAMPA FL
- YOU SHIPPED DIRECTLY TO OUR DC
- YOU ALSO FAILED TO LIST THE CORRECT FREIGHT TERMS-SHOULD
- BE 3RD PARTY-THIRD PARTY FREIGHT CHARGES BILL TO
- BEALLS 2100 47TH TERRACE EAST BRADENTON FL
- CHARGING YOU HANDLING FEE
- BEALLS_DELIVERY_APPT@BEALLSINC.COM

From: nreply@beallsinc.com
To: MBE.WILSON@OALOGISTICS.COM; DISTRIBUTION@LAHOME.COM; SV3.SHP@LAHOME.COM
Cc:
Subject: Shipment Load Confirmation for E AND E CO LTD - Carrier CTI - LoadId 163052323

Sent: Tue 7/25/2023 10:39 AM

Message: LoadPlanData_PD0000208_2023-07-25.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. - CTI

Load ID : 163052323

Vendor Available Date: 2023-07-26

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: 7/26/2023 12:16:16 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000989282	
Name: E & E COMPANY LTD		 (402)06757168000989282	
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407		CARRIER NAME: Central Transport	
PHONE:		Responsible Acct.No:	
VENDOR:		Trailer number: 2360449	
SHIP TO		Seal number(s):	
Name: Bealls Outlet Stores #115		SCAC: CTII <small>www.centraltransport.com</small>	
Address: OUTLET DIST CENTER #115		Pro Number: 150-7479180-5	
City/State/Zip: Bradenton, FL 34203		 	
CID#: <input type="checkbox"/> FOB: <input type="checkbox"/>			
Dept:			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 163052323		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	
		AM AM AM	
		PM PM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
851159	393	740.15	Y N	Dept. 799
Grand Total	393	740.15		

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 so to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 309</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			120.00		Pallet		
		393	ctns	740.15		Assorted Products of Different Class and NMFC No.	49390 Sub 4	100
3		393		860.15		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: <small>*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding</small>	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 <small>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.</small>	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 <small>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.</small>
<i>[Signature]</i> 7/26/23			<i>[Signature]</i> / 7-26-23