

# 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: 06757163000857746

### SHIP TO

Customer Code: BOSCOVAPLWHS  
 Name: BOSCOV'S DIST. CENTER 015  
 Address: 5 BIRCHMONT DR  
 00015  
 City/State/Zip: READING, PA 19606  
 SID#: \_\_\_\_\_ FOB:

CARRIER NAME: ABF Freight

Trailer number: 502236

Seal number(s): \_\_\_\_\_

SCAC: ABFS

Pro Number: 155 127 731



**155 127 731**

Total Pages

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.



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### THIRD PARTY FREIGHT CHARGES BILL TO:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

Freight Charge Terms:

Prepaid:  Collect:  3rd Party:

(check box) MASTER BILL OF LANDING: WITH ATTACHED  
 UNDERLYING BILLS OF LANDING

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
LTL AM	LTL AM	LTL AM
PM	PM	PM

### CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO	
					BOL#	DC#
152373	205	1198.80	Y	N	06757163000857739	00015
267898	90	527.00	Y	N	06757163000857722	00015
<b>Grand Total</b>	<b>295</b>	<b>1725.80</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(a) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		70
		295	ctns	1725.80		Sleepwear, Underwear	49880	100
3				1875.80				
<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.

*Thomas Q* 1/31/24

#### 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.

*Temil* 1/31/24

# Bill Of Lading

**SHIP FROM**

Name: E & E COMPANY LTD  
 Address: 221 Hanson Way  
 City/State/Zip: Woodland, CA 95776  
 PHONE: 530-669-5991  
 VENDOR:

Bill of Lading Number: 06757163000857722



**SHIP TO**

Name: BOSCOV'S DIST. CENTER 015  
 Address: 5 BIRCHMONT DR  
 00015  
 City/State/Zip: READING, PA 19606  
 CID#:  FOB:   
 Dept: 00391

CARRIER NAME: ABF Freight

Responsible Acct.No:  
 Trailer number: 502236  
 Seal number(s):  
 SCAC: ABFS  
 Pro Number: 155 127 731

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name:  
 Address:  
 City/State/Zip:

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

Prepaid:  Collect: X 3rd Party:  
 Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:  
 Load #: 24001286  
 Packing List is Attached

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
267898	90	527.00	Y N	
<b>Grand Total</b>	90	527.00		

**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		
		90	ctns	527.00		Sleepwear,Underwear	49880	100
1		90		577.00		<b>Grand Total</b>		

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\_\_\_\_\_ 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 documentz.ion in the vehicle.

# Bill Of Lading

**SHIP FROM**

Name: E & E COMPANY LTD  
 Address: 221 Hanson Way  
 City/State/Zip: Woodland, CA 95776  
 PHONE: 530-669-5991  
 VENDOR:

Bill of Lading Number: 06757163000857739



**SHIP TO**

Name: BOSCOV'S DIST. CENTER 015  
 Address: 5 BIRCHMONT DR  
 00015  
 City/State/Zip: READING, PA 19606  
 CID#:   
 Dept: 00391

FOB:

CARRIER NAME: ABF Freight

Responsible Acct.No:  
 Trailer number: 502236  
 Seal number(s):

SCAC: ABFS  
 Pro Number: 155 127 731

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name:  
 Address:

City/State/Zip:

**SPECIAL INSTRUCTIONS:**

Load #: 24001286

Packing List is Attached

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

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

Master Bill of Lading: with attached underlying Bills of Lading (check box)

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
152373	205	1198.80	Y N	
<b>Grand Total</b>	205	1198.80		

**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
2	Pallet			100.00		Pallet		
		205	ctns	1198.80		Sleepwear,Underwear	49880	100
2		205		1298.80		<b>Grand Total</b>		

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COD Amount: \_\_\_\_\_

Fee Terms: Collect:  Prepaid:

Customer check acceptable:

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Shipper Signature

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By Shipper  
 By Driver

Freight Counted:

By Shipper  
 By Driver/pallets said to contain  
 By Driver/Pieces

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