Date: 7/23/2024 12:21:19 PM

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
Address: 221 Hanson Way
City/State/Zip: Woodland, CA 95776
SID#:
PHONE:
VENDOR: 6552100 FOB: ☐

SHIP TO

Name: COSTCO SUMNER DEPOT - DRY Location #: 0171
Address: 4000-B 142ND AVE E
City/State/Zip: NW, 0171 SUMNER, WA 98390
CID#:
Dept: 14 FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 001710718211
Packing List is Attached

Bill of Lading Number: 06757163000911011

(402)06757163000911011

CARRIER NAME: ALLEN LUND COMPANY
Responsible Acct.No:
Trailer number: 5400
Seal number(s): 35521863

SCAC: LUAC
Pro Number:

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

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
1:00 AM / PM	11:30 AM / PM	12:25 AM / PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
001710718211	60	39517.20	Y	N	
Grand Total	60	39517.20			

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
30	Pallet			1500.00		Pallet		
		60	ctns	39517.20		Pet Accessories or Furniture	2071	300
30		60		41017.20		**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.
7/23/24

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.
X