

BILL OF LADING

SHIP FROM

Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 SID#: _____ FOB:

Bill of Lading Number: 06757168001274967



SHIP TO

Name: Dillard's Gilbert D.C. Location #: 0029
 Address: 396 N. William Dillard Drive
 City/State/Zip: Gilbert, AZ 85233
 CID#: DIL1850982 FOB:

CARRIER NAME: EOS INC
 Trailer number: 210001
 Seal number(s): 11983644
 SCAC: EOSA
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

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

SPECIAL INSTRUCTIONS: Load #: DIL1850982
 DIL1850982

Prepaid: _____ Collect: 3rd Party: _____
 Master Bill of Lading: with attached
 (check box) underlying Bills of Lading

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
7:00 AM (PM)	1:23 AM (PM)	2:20 AM (PM)

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
3072498106	103	1461.97	Y	N	
Grand Total	103	1461.97			

CARRIER INFORMATION							LTL ONLY	
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(c) of NMFC Item 100</small>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
6	Pallet			300.00		Pallet		
		103	ctns	1461.97		Comforters, Bedspreads	49017	200
6		103		1761.97		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: 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.
 _____ 9/24/24

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 for carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
 _____ 9-24-24

Routing Sheet (R202409160435046)



Routing No.:	R202409160435046	Customer:	DLSWHS	Location:	SD3
Ship To:	0029	Shipping Date:	09/02/2024	Cancel After Date/In DC Date:	09/20/2024
Total Cube:	362.89	Adjusted Precent(%):	5.00	Adjusted Cube:	381.03
Total Ctns/Units:	103/103	Total Weight:	1461.97	Actual Ship Date:	09/25/2024
Estimated Pallet Count:	5	Estimated Pallet Weight(LB):	250.00	Routing:	SEE ROUTING GUIDE
Carrier:		Freight Term:	Collect	Ship Method:	
Batch No.:	B20240819010447	Lane:		Customer PO No:	3072498106
Instruction:	/0029 /SEE MTX FOR LEGAL NOTICE				



Cust. PO No.	E&E SO No.	Shipping Date	Cancel After Date	In DC Date	Mark for	Item No.	Item Info.	Class	Qty To Ship	Case Pack	Total Ctns	Ctn Weight (LB)	Total Weight (LB)	Ctn Cube	Total Cube
3072498106	71104193	9/2/2024	9/20/2024		0902	DL10-1155	022164382815 F/Q Abbott Comforter Set	200	2	1	2	13.19	26.38	3.40	6.80