

Date: 9/3/2024 12:22:18 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000927937	
Name:	E & E COMPANY LTD	Address:	221 Hanson Way
City/State/Zip:	Woodland, CA 95776	SID#:	FOB: <input type="checkbox"/>
SHIP TO		CARRIER NAME: ABF Freight	
Name:	Kohls Dist. Center - #00875	DC#:	00875
Address:	3030 Airport Road East Macon D.C., 00875	Div.:	
City/State/Zip:	Macon, GA 31216	Trailer number:	556362
SID#:	FOB: <input type="checkbox"/>	Seal number(s):	
THIRD PARTY 155 182 040 <small>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.</small>		SCAC: ABFS	
		Pro Number: 155182040	
Name:		Freight Charge Terms:	
Address:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
City/State/Zip:		3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: ME# 889765847		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM

CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
15093705	Dept#: 115	17	221.86	Y	N	06757163000927777	00875	
15089087	Dept#: 115	1	7.92	Y	N	06757163000927791	00875	
15086140	Dept#: 115	4	91.60	Y	N	06757163000927784	00875	
Grand Total		22	321.38					

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(e) of NMFC Item 360</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
3	Pallet			150.00		Pallet		70	
		18	ctns	229.78		Bath Towel, Beach Towel	49260 Sub 4	175	
		4	ctns	91.60		Shower curtain	49385	77.5	
3				471.38		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.
 9/3/24

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.
 9/3/24

Date: 9/3/2024 12:22:18 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000927777	
Name:	E & E COMPANY LTD	 (402)06757163000927777	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: ABF Freight	
VENDOR:	000074879	Responsible Acct.No:	
SHIP TO		Trailer number: 556362	
Name:	Kohls Dist. Center - #00875	Seal number(s):	
Address:	3030 Airport Road East	SCAC: ABFS	
	Macon D.C., 00875	Pro Number: 155182040	
City/State/Zip:	Macon, GA 31216		
CID#:	889765847		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:			
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS:			
Load #: 889765847			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
15093705 Dept#: 115	17	221.86	Y N	
Grand Total	17	221.86		

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		
		17	ctns	221.86		Bath Towel, Beach Towel	49260 Sub 4	175
1		17		271.86		Grand Total		

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 *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.

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.


Property described above is received in good order, except as noted.

Appt Time:
 In:
 Out:
 Driver Signature:

Date: 9/3/2024 12:22:16 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000927791	
Name:	E & E COMPANY LTD	 (402)06757163000927791	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: ABF Freight	
VENDOR: 000074879	FOB: <input type="checkbox"/>	Responsible Acct.No:	
SHIP TO		Trailer number: 556362	
Name:	Kohls Dist. Center - #00875 Location #: 00875	Seal number(s):	
Address:	3030 Airport Road East	SCAC: ABFS	
	Macon D.C., 00875	Pro Number: 155182040	
City/State/Zip:	Macon, GA 31216		
CID#: 889765847	FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Load #: 889765847			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
15089087 Dept#: 115	1	7.92	Y N	
Grand Total	1	7.92		

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		
		1	ctns	7.92		Bath Towel, Beach Towel	49260 Sub 4	175
1		1		57.92		Grand Total		

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_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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 Shipper Signature

SHIPPER SIGNATURE / DATE

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Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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Property described above is received in good order, except as noted.

Appt Time:
 In:
 Out:
 Driver Signature: