

### Consolidated Bill of Lading Recap

PICKUP DATE: \_\_\_\_\_

CARRIER LOAD/PRO#  
DIL1873372

**SHIP FROM**

NAME: **E & E COMPANY LTD**  
 ADDRESS: **311 International Trade Pkwy**  
 CITY/ST/ZIP: **Port Wentworth, GA 31407**

Dillard's Load ID (REQUIRED):  
**DIL** \_\_\_\_\_  
 Master Bill of Lading# (OPTIONAL); If BOL# Not Listed  
 Then Use Load ID:  
**BOL#:** **06757168001419009**

**CONSOLIDATION SHIP TO**

NAME: **Dillard's Salisbury D.C.**  
 ADDRESS: **1315 Peach Orchard Road**  
**000000000000021**  
 CITY/ST/ZIP: **Salisbury, NC 28146**

Carrier Name: **Swift Transportation**  
 Carrier SCAC: **SWFT**  
 Carrier Trailer: **11**  
 Seal Number: **11983669**

**The individual bills of ladings must be attached to this manifest and presented to driver at time of pickup.**

Destination	BOL Number(s)	Dillard's Shipment ID#	Cartons	Weight
Salisbury, NC, DC#0021	06757168001418958	800141895	10	84.18
Salisbury, NC, DC#0021	06757168001418927	800141892	189	2594.59
Valdosta, GA, DC#0022	06757168001418941	800141894	12	119.25
Valdosta, GA, DC#0022	06757168001418965	800141896	166	2283.06
Olathe, KS, DC#0023	<b>06757168001418972</b>	800141897	118	1620.38
Olathe, KS, DC#0023	06757168001418934	800141893	4	38.98
<b>TOTALS</b>			<b>499</b>	<b>6740.44</b>

**Please Note: This Recap is for reference only as driver MUST sign ALL attached bills of lading**

Date: 3/10/2025 1:16:02 PM

**BILL OF LADING**

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**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: 06757168001418972



**SHIP TO**  
 Name: Dillard's Olathe D.C. Location #: 0023  
 Address: 700 E. 151st Street  
 City/State/Zip: Olathe, KS 66062  
 CID#: DIL1873372 FOB:

**CARRIER NAME:** Swift Transportation  
**Trailer number:** 11  
**Seal number(s):** 11983669  
**SCAC:** SWFT  
**Pro Number:**

**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  
 (check box) underlying Bills of Lading

**SPECIAL INSTRUCTIONS:** Load #. DIL1873372  
 DIL1873372

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
2:00 AM	11:25 AM	1:16 PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
3109185503	118	1620.38	Y	N	
<b>Grand Total</b>	<b>118</b>	<b>1620.38</b>			

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(c) of NMFC Item 200</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
6	Pallet			300.00		Pallet		
		118	ctns	1620.38		Comforters, Bedspreads	49017	200
6		118		1920.38		<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.  
 O.G. 3/10/25

**Trailer Loaded:**  By Shipper  By Driver  
**Freight Counted:**  By Shipper  By Driver/pallets sold 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.  
 \_\_\_\_\_

**\*\*\*PACKING LIST\*\*\***  
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**Order No.:** 71293163   **Order Date:** 08/11/2024   **Customer:** DILLARD'S OLATHE D.C.   **Customer PO No.:** 3109185503

<b>SHIP FROM:</b> E & E COMPANY LTD 311 INTERNATIONAL TRADE PKWY PORT WENTWORTH, GA 31407	<b>BILL TO:</b> DILLARD'S INC. 111 WHS P.O. BOX 8037 ATTN: INVOICE OFFICE LITTLE ROCK, AR 72203 US	<b>SHIP TO:</b> DILLARD'S OLATHE D.C. 700 E. 151ST STREET OLATHE, KS 66062 US	<b>Shipping Date:</b> 03/10/2025  <b>Shipment No.:</b> 800141897
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
1928904	DL10-1204	022164482935	F/Q Ambrosia Comforter Mini Se	EA	1	2	2	2	2
1928905	DL10-1205	022164482942	K Ambrosia Comforter Mini Set	EA	1	2	2	2	2

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<b>Total Weight:</b>	<b>55.04</b>
<b>Total Quantity Ordered:</b>	<b>4</b>
<b>Total Cartons Ordered:</b>	<b>4</b>
<b>Total Quantity Shipped:</b>	<b>4</b>
<b>Total Cartons Shipped:</b>	<b>4</b>