




Date: 10/7/2024 1:22:16 PM

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000941353	
Name:	E & E COMPANY LTD	 (402)06757163000941353	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:	000074879	FOB: <input type="checkbox"/>	CARRIER NAME: ABF Freight
<b>SHIP TO</b>		Responsible Acct.No:	
Name:	Kohls Dist. Center - #00865	Location #:	00865
Address:	Mamakating (Wurtsboro) D.C.	Trailer number: 430006	
City/State/Zip:	3440 State Route 209, 00865	Seal number(s):	
CID#:	892013173	FOB: <input type="checkbox"/>	SCAC: ABFS
		Pro Number: 155203070	

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:			
City/State/Zip:			

<b>SPECIAL INSTRUCTIONS:</b>		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Load #. 892013173		(check box)	
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
15093732	Dept#: 115	15	195.42	Y N
<b>Grand Total</b>		15	195.42	

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(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		15	ctns	195.42		Bath Towel, Beach Towel	49260 Sub 4	175
1		15		245.42		<b>Grand Total</b>		



Total Pages

155 203 070



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.

\_\_\_\_\_  
10-7-24

**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.

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

Appt Time:  
In:  
Out:  
Driver Signature: \_\_\_\_\_