

Date: 10/7/2024 1:14:50 PM

Bill Of Lading

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SHIP FROM		Bill of Lading Number: 06757163000941391
Name:	E & E COMPANY LTD	 (402)06757163000941391
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:		
PHONE:		
VENDOR:	000074879	FOB: <input type="checkbox"/>

SHIP TO		CARRIER NAME: ABF Freight
Name:	Kohls Dist. Center - #00810	Location #: 00810
Address:	7855 County Road 140	
City/State/Zip:	Findlay D.C., 00810	
CID#:	892013168	FOB: <input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Name:		
Address:		
City/State/Zip:		
SPECIAL INSTRUCTIONS:		Prepaid: Collect: X 3rd Party:
Load #: 892013168		<input type="checkbox"/> Master Bill of Lading: with attached
Packing List is Attached		(check box) underlying Bills of Lading

CUSTOMER ORDER INFORMATION			
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP
15086142	9	206.10	Y N
Grand Total		9	206.10

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		9	ctns	206.10		Shower curtain	49385	77.5
1		9		256.10		Grand Total		

ABF
Freight
A World of Service

155 203 055

Driver signature only acknowledges receipt of freight. Shipment is subject to applicable terms and conditions of Uniform Freight Bill of Lading and ABF's tariffs.

Total Pages: 3

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 _____"

COU 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 described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. _____ 10-7-24	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> 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. _____ 10-7-24 Appt Time: In: Out: Driver Signature:
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Bill Of Lading

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SHIP FROM Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879 FOB: <input type="checkbox"/>		Bill of Lading Number: 06757163000941315  (402)06757163000941315 CARRIER NAME: ABF Freight Responsible Acct.No: _____ Trailer number: 430006 Seal number(s): _____ SCAC: ABFS Pro Number: 155203062
SHIP TO Name: Kohls Dist. Center - #00810 Location #: 00810 Address: 7855 County Road 140 Findlay D.C., 00810 City/State/Zip: Findlay, OH 45840 CID#: 892013172 FOB: <input type="checkbox"/>		THIRD PARTY FREIGHT CHARGES BILL TO: Name: _____ Address: _____ City/State/Zip: _____ SPECIAL INSTRUCTIONS: Load #: 892013172 Packing List is Attached
		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
15093732	Dept#: 115	13	169.70	Y	N
Grand Total		13	169.70		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stacking must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		13	ctns	169.70		Bath Towel, Beach Towel	49260 Sub 4	175
1		13		219.70		Grand Total		


Total Pages:
155 203 062
Driver signature only acknowledges receipt of freight. Shipment is subject to applicable terms and conditions of LiveWire Orange Bill of Lading and ABF's tariffs.



When 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: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> 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 required response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. _____ 10-7-24 Appt Time: In: Out: Driver Signature:
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