

WJF

Date: 10/17/2018 2:28:30 PM **Master Bill Of Lading**

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 550 Northport Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 SID#: _____ FOB:

Master Bill of Lading Number: 06757166000288961
 1/2

SHIP TO
 Name: NFM TC Main Warehouse DC#: 00787504
 0TCRE
 Div. _____
 Address: 4001 Destination Dr
 City/State/Zip: The Colony, TX 75056
 SID#: _____ FOB:

CARRIER NAME: ABF Freight
 Trailer number: 202890
 Seal number(s): 9299869 **087 498 964**
 SCAC: ABFS
 Pro Number: 087498964
 Total Pages: _____
 Other signature only acknowledges receipt of freight. Shipment is subject to applicable terms and conditions of Uniform Straight Bill of Lading and ABF's tariffs.

SCANNED

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____

Freight Charge Terms: _____
 Prepaid: Collect: 3rd Party:
 MASTER BILL OF LANDING: WITH ATTACHED
 (check box) UNDERLYING BILLS OF LANDING

SPECIAL INSTRUCTIONS:
 Load #: 163970;163799

Appointment Time: *Preload* AM/PM
 Actual Driver Arrival Time: AM/PM
 Driver Departure Time: AM/PM

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#
7746317	1	38.62	Y	N	06757166000288398	007875040TC RE
7746333	1	50.70	Y	N	06757166000288398	007875040TC RE
7770698	2	101.40	Y	N	06757166000288381	007875040TC RE
8068091	1	13.88	Y	N	06757166000288749	007875040TC RE
7594857	1	12.41	Y	N	06757166000288794	007875040TC RE
8068000	1	8.81	Y	N	06757166000288749	007875040TC RE
FM597721	6	154.54	Y	N	06757166000288763	007875040TC RE
7978407	4	41.44	Y	N	06757166000288411	007875040TC RE

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.
LC 10/17/18

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.
Wandel Frisv
10/18/18 812

Date: 10/17/2018 2:28:30 PM

Master Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 550 Northport Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 SID#: _____ FOB:

Master Bill of Lading Number: 06757166000288961

087498964

SHIP TO

Name: NFM TC Main Warehouse DC#: 00787504
 0TCRE
 Div. _____
 Address: 4001 Destination Dr
 City/State/Zip: The Colony, TX 75056
 SID#: _____ FOB:

CARRIER NAME: ABF Freight
 Trailer number: 202890
 Seal number(s): 9299869
 SCAC: ABFS
 Pro Number: 087498964

THIRD PARTY FREIGHT CHARGES BILL TO:

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

Freight Charge Terms:

Prepaid: Collect: 3rd Party:

MASTER BILL OF LANDING: WITH ATTACHED
 (check box) UNDERLYING BILLS OF LANDING

SPECIAL INSTRUCTIONS:
 Load #: 163970;163799

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM PM	AM PM	AM PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
8048655	16	669.28	Y	N	06757166000288770	007875040TC RE	
8067895	3	81.33	Y	N	06757166000288749	007875040TC RE	
8067945	2	25.82	Y	N	06757166000288749	007875040TC RE	
7544662	8	308.96	Y	N	06757166000288374	007875040TC RE	
7548762	2	21.60	Y	N	06757166000288756	007875040TC RE	
4999225A	1	38.00	Y	N	06757166000288404	TC NFM	
7978365	20	595.69	Y	N	06757166000288411	007875040TC RE	
8013964	12	568.98	Y	N	06757166000288787	007875040TC RE	
M5907721	12	309.08	Y	N	06757166000288763	007875040TC RE	

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.

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.

Date: 10/17/2018 2:28:30 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757166000288961	
Name: E & E COMPANY LTD Address: 550 Northport Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: ABF Freight	
Name: NFM TC Main Warehouse DC#: 00787504 <div style="text-align: right;">OTCRE</div> Div.: _____ Address: 4001 Destination Dr City/State/Zip: The Colony, TX 75056 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 202890 Seal number(s): 9299869 SCAC: ABFS Pro Number: 087498964	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: 163970;163799		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM

Grand Total	93	3040.54					
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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
18	Pallet			900.00		Pallet		70
		51	ctns	1252.19		Comforters, Bedspreads	49017	200
		41	ctns	1775.94		Furniture (Seating, Storage, Outdoor)	80580	150
		1	ctns	12.41		Holiday Decor & Deco Accents	56290	70
18				3940.54		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/>
Customer check acceptable: <input type="checkbox"/>

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 / DATE This is to certify that the above named materials are property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	Shipper Signature
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.			

Date: 10/17/2018 2:28:22 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	NFM TC Main Warehouse
Address:	550 Northport Pkwy	Address:	4001 Destination Dr
City/State/Zip:	Port Wentworth, GA 31407	City/State/Zip:	The Colony, TX 75056
SID#:		CID#:	
PHONE:		Dept:	
VENDOR:	HAMHI	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757166000288763		Trailer number: 202890	
		Seal number(s): 9299869	
(402)06757166000288763		SCAC: ABFS	
CARRIER NAME: ABF Freight		Pro Number: 087498964	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
Master Bill of Lading: with attached underlying Bills of Lading		3rd Party: <input type="checkbox"/>	
Appointment Time		Actual Driver Arrival Time	
AM		AM	
PM		PM	
Driver Departure Time		AM	
		PM	

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:	
Address:	
City/State/Zip:	
SPECIAL INSTRUCTIONS:	
Load #: 163970	
Packing List is Attached	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
FM597721	6	154.54	Y	N	
M5907721	12	309.08	Y	N	
Grand Total	18	463.62			

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
2	Pallet			100.00		Pallet		
		18	ctns	463.62		Comforters, Bedspreads	49017	200
2		18		563.62		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

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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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.

Order No.: 4758268 **Order Date:** 09/05/2018 **Customer:** NFM TC MAIN WAREHOUSE **Customer PO No.:** FM597721
Carrier: ABF Freight **Pro Number:** 087498964 **Trailer Number:** 202890 **Seal Number:** 9299869
Load Number: 163970

SHIP FROM:	BILL TO:	SHIP TO:	Shipping Date:
E & E COMPANY LTD 550 NORTHPORT PKWY PORT WENTWORTH, GA 31407	NEBRASKA FURNITURE MART 700 S. 7TH ST. OMAHA, NE 68114 US	NFM TC MAIN WAREHOUSE 4001 DESTINATION DR THE COLONY, TX 75056 US	10/17/2018

Cust. SKU No.	Item No.	UPC	Description	UOM	Tracking#	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
53177135	MPS10-374	086569016348	Q Sophisticate Comforter Set	EA		1	1	1	1	1
53177317	MPS10-375	086569016355	K Sophisticate Comforter Set	EA		1	1	1	1	1
53177176	MPS10-388	086569052018	Q Willow Oak Comforter Set	EA		1	1	1	1	1
53177234	MPS10-389	086569052032	K Willow Oak Comforter Set	EA		1	1	1	1	1
53177200	MPS10-390	086569052063	K Willow Oak Comforter Set	EA		1	1	1	1	1
53177267	MPS10-391	086569052070	K Willow Oak Comforter Set	EA		1	1	1	1	1

Total Weight:	154.54
Total Quantity Ordered:	6
Total Cartons Ordered:	6
Total Quantity Shipped:	6
Total Cartons Shipped:	6