

meijer
Debit Memo
DM171157PA2F

Meijer
PO Box X
Grand Rapids, MI 49501

(616)791-3933
Generated: 5/1/2019 10:49:00 AM

WE HAVE CHARGED YOUR ACCOUNT FOR THE FOLLOWING - DO NOT SEND A CREDIT! PLEASE SHARE THIS WITH YOUR A/R AND CREDIT DEPARTMENTS.

Sold To: E E CO LTD
45875 NORTHPORT LOOP EAST
FREMONT, CA 94538-6414

[Create Claim](#)

Voucher #	Invoice Date	Debit Date	Invoice Number	PO #	AR #	Date Shipped	Receipt Date	Payto
286	4/23/2019	4/23/2019	DM171157PA2F	000000000			4/23/2019	211330-0

Quantity	MPack	UPC	Description	Price	Amount
			POST AUDIT 2		
			All POs shipping on the same day from one location to one Meijer destination must be on a master BOL. Failure to do so will result in a chargeback for the full freight costs of the shipments.		
			SEQ#		
			001 PO#:208307149 SCAC:EXLA Due:197.64		
			PRO Number: 401196937 PRO Date: 9/5/2017		
			002 PO#:208286576 SCAC:EXLA Due:130.26		
			PRO Number: 401229289 PRO Date: 8/25/2017		
			003 PO#:208286577 SCAC:EXLA Due:78.40		
			PRO Number: 401229290 PRO Date: 8/25/2017		
			004 PO#:208284472 SCAC:EXLA Due:195.03		
			PRO Number: 401229298 PRO Date: 8/25/2017		
			005 PO#:208284468 SCAC:EXLA Due:396.50		
			PRO Number: 401229299 PRO Date: 8/25/2017		
			006 PO#:208223460 SCAC:EXLA Due:82.10		
			PRO Number: 401262593 PRO Date: 8/10/2017		
			007 PO#:208152140 SCAC:EXLA Due:323.53		
			PRO Number: 401266967 PRO Date: 7/20/2017		
			008 PO#:208175040 SCAC:EXLA Due:77.70		
			PRO Number: 401266970 PRO Date: 7/20/2017		
			009 PO#:208240427 SCAC:EXLA Due:78.40		
			PRO Number: 401268149 PRO Date: 8/10/2017		
			010 PO#:208433887 SCAC:EXLA Due:111.99		
			PRO Number: 401277253 PRO Date: 10/18/2017		
			011 PO#:208433873 SCAC:EXLA Due:494.23		
			PRO Number: 401277255 PRO Date: 10/18/2017		
			012 PO#:208432231 SCAC:EXLA Due:128.29		
			PRO Number: 401277257 PRO Date: 10/18/2017		
			013 PO#:208307145 SCAC:EXLA Due:265.24		
			PRO Number: 401278777 PRO Date: 9/5/2017		
			014 TOTAL ALLOWANCE 2559.31		
			015 ADMIN FEE 25.00		
1.00			TOTAL CREDIT DUE 2584.31	2,584.31	2,584.31

400-013-066 2,584.31

Sub Total 2,584.31
Total 2,584.31

0.00 PA2DM 00

*** End of Documents ***

[Close Window](#)

#001 Valid

Date: 9/7/2017 1:45:58 PM

Bill Of Lading

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

Bill of Lading Number: 06757166000066651

 (402)06757166000066651

SHIP TO
 Name: MEIJER DF 802 Location #: 0069595
 Address: 4220 S COUNTY RD 25A 550802
 City/State/Zip: TIPP CITY, OH 45371-2950
 CID#: _____
 Dept: 663 FOB:

CARRIER NAME: Estes
 Responsible Acct.No: _____
 Trailer number: 525349
 Seal number(s): _____

SCAC: EXLA
Pro Number: 0401196937

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

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: _____ Collect: 3rd Party: _____

Master Bill of Lading: with attached underlying Bills of Lading (check box)
 Appointment Time: _____ Actual Driver Arrival Time: _____ Driver Departure Time: _____
 AM PM *Preload* AM PM

SPECIAL INSTRUCTIONS: _____

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
208307149	122	1085.52	Y	N	
Grand Total	122	1085.52			

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		
		122	ctns	1085.52		Pillows,Valance,Towels	49390	100
1		122		1135.52		Grand Total		

ESTES EXPRESS LINES www.estes-express.com Shipper's Copy

040 - 1196937
 Driver's signature ONLY acknowledges receipt of freight. Shipment is subject to applicable terms and conditions of the Uniform Straight Bill of Lading and the EXLA-105 series rules tariff.

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 / 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.
[Signature]
 9/7/17

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.
[Signature] 9/7/17 SEC

#602 DENIED

Date: 8/28/2017 1:06:38 PM

Bill Of Lading

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

Bill of Lading Number: 06757166000063988

 (402)06757166000063988

SHIP TO
 Name: MEIJER DF 92 Location #: 0069595 550092
 Address: 3301 S CREYTS RD
 City/State/Zip: LANSING, MI 48917-8508
 CID#: _____
 Dept: 663 FOB:

CARRIER NAME: Estes
 Responsible Acct.No: _____
 Trailer number: t901939
 Seal number(s): _____

SCAC: EXLA
Pro Number: 0401229289

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

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: Collect: 3rd Party:
 Master Bill of Lading: with attached underlying Bills of Lading (check box)

SPECIAL INSTRUCTIONS: _____

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM PM	3:50 AM PM	4:11 AM PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
208286576	202	436.32	Y N	
Grand Total	202	436.32		

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				NMFC #	CLASS
1	Pallet		50.00		Pallet		
		202	ctns	436.32	Pillows,Valance,Towels	49390	100
1		202		486.32	Grand Total		

ESTES EXPRESS LINES www.estes-express.com Shipper's Copy


 040-1229289
 Driver's signature ONLY acknowledges receipt of freight. Shipment is subject to applicable terms and conditions of the Uniform Straight Bill of Lading and the EXLA-105 series rules tariff.

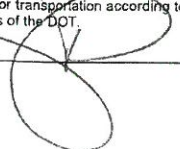
Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____

COD Amount: _____
Fee Terms: Collect: Prepaid:
 Customer check acceptable:

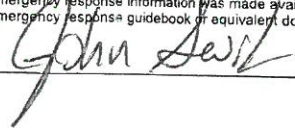
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

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.


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.
 8-28-17

#003

Denied

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

Bill of Lading Number: 06757166000063971
 [REDACTED]
 (402)06757166000063971

SHIP TO
 Name: MEIJER DF 802 Location #: 0069595
 Address: 4220 S COUNTY RD 25A 550802
 City/State/Zip: TIPP CITY, OH 45371-2950
 CID#: _____
 Dept: 663 FOB:

CARRIER NAME: Estes
 Responsible Acct.No: _____
 Trailer number: t901939
 Seal number(s): _____
 SCAC: EXLA
 Pro Number: 0401229290

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 underlying Bills of Lading (check box)

SPECIAL INSTRUCTIONS:

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM PM	3:50 AM PM	4:11 AM PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
208286577	84	181.44	Y N	
Grand Total	84	181.44		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing 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		
		84	ctns	181.44		Pillows,Valance,Towels	49390	100
1		84		231.44		Grand Total		

Estes Express Lines



040 - 1229290 - 0 YYYYY

Run #	Time Arrived	Time Departed	
050	1550	1045	
Driver #	# of Pallets	Origin Tri #	Cubic Ft.
40075	SLC	901939	

08/03 Estes Copy

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 / 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.
 [Signature]

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.
 [Signature] 8-28-17

#004

Dated

Date: 8/25/2017 7:31:45 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

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

Bill of Lading Number: 0675716600063322



Estes Express Lines



040 - 1229298 - 3

YYYYY

CARRIER NAME: Estes

Responsible Acct.No: _____

Trailer number: 525735

Seal number(s): _____

Run #	Time Arrived	Time Departed
050	1118	1145
Driver #	# of Pallets	Origin Tri #
40075	SLC	525735
06/03		Cubic Ft.
		Estes' Copy

SHIP TO

Name: MEIJER DF 802 Location #: 0069595
 Address: 4220 S COUNTY RD 25A 550802
 City/State/Zip: TIPP CITY, OH 45371-2950
 CID#: _____
 Dept: 663 FOB:

SCAC: EXLA

Pro Number: 0401229298

THIRD PARTY FREIGHT CHARGES BILL TO:

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

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid: Collect: 3rd Party:

Master Bill of Lading: with attached underlying Bills of Lading (check box)

SPECIAL INSTRUCTIONS: _____

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
208284472	125	1085.16	Y N	
Grand Total	125	1085.16		

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		
		125	ctns	1085.16		Pillows,Valance,Towels	49390	100
1		125		1135.16		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.

[Signature] 8/25/17

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.

[Signature] 8-25-17

#005

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

Master Bill of Lading N 00757166000063377
Estes Express Lines

040 - 1229299 - 1 YYYYY

Run # 050	Time Arrived 1118	Time Departed 1145
Driver # 40075	# of Pallets SLC	Origin Tri # 525735
Cubic Ft.		

Trailer number: 525
Seal number(s): 06/03
Estes' Copy

SHIP TO
Name: MEIJER DF 92 **DC#:** 00695955
50092
Address: 3301 S GREYTS RD
0069595550092
City/State/Zip: LANSING, MI 48917-8508
SID#: FOB:

CARRIER NAME: Estes
Trailer number: 525
Seal number(s): 06/03
SCAC: EXLA
Pro Number: 0401229299

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

Freight Charge Terms:
Prepaid: **Collect:** **3rd Party:**
 MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING
Appointment Time Actual Driver Arrival Time **Driver Departure Time**
 AM PM AM PM AM PM
Prepaid

SPECIAL INSTRUCTIONS:
Load #:

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#
208284468	17	235.72	Y	N	06757166000063353	006959555009 2
208284470	222	1889.57	Y	N	06757166000063360	006959555009 2
Grand Total	239	2125.29				

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
		17	ctns	235.72		Comforters, Bedspreads	49017	200
		222	ctns	1889.57		Pillows, Valance, Towels	49390	100
3				2275.29		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 _____ 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.
MM 8/25/17

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.
Chris Winter 8-25-17

006 Demed

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

Bill of Lading Number: 06757166000055945
 (402)06 _____
Estes Express Lines
 CARRIER NAME: _____
 Responsible Agent: _____
 040 - 1262593 - 5 YYYYY

SHIP TO
 Name: MEIJER DF 93 Location #: 0069595 550093
 Address: 2501 S CREYTS RD
 0069595550093
 City/State/Zip: LANSING, MI 48917-8544
 CID#: _____
 Dept: 664 FOB:

Trailer number: _____
 Seal number(s): _____
 SCAC: EXLA
 Pro Number: 01015 _____
 Run # 350 Time Arrived 13:20 Time Departed 13:55
 Driver # 40012 # of Pallets SLL Origin Trf # 525050 Cubic Ft. S.L.C.
 Estes Copy

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

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: Collect: 3rd Party: _____
 Master Bill of Lading: with attached Underlying Bills of Lading
 Appointment Time Actual Driver Arrival Time Driver Departure Time
 AM AM AM
 PM PM PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
208223460	69	230.65	Y N	
Grand Total	69	230.65		

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		
		69	ctns	230.65		Pillows,Valance,Towels	49390	100
1		69		280.65		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 / 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.
 _____ 8/11/17

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.
 _____ 8-10-17

#007 Valid

Date: 7/20/2017 1:26:42 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757166000046431																			
Name:	E & E COMPANY LTD	<div style="background-color: black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>(402)06757166000046431</p>																			
Address:	550 Northport Pkwy																				
City/State/Zip:	Port Wentworth, GA 31407																				
SID#:																					
PHONE:																					
VENDOR:		CARRIER NAME: Estes Responsible Acct.No: Trailer number: 538094 Seal number(s):																			
SHIP TO		Estes Express Lines 040 - 1266967 - 7 YYYYY																			
Name:	MEIJER DF 86	Location #:	0069595 550086																		
Address:	3405 S. Creyts Road																				
City/State/Zip:	Lansing, MI 48917-8508																				
CID#:																					
Dept:	664	FOB:	<input type="checkbox"/>																		
		SCAC: EXLA Pro Number: 0401266																			
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Run #</td> <td>Time Arrived</td> <td>Time Departed</td> </tr> <tr> <td>510</td> <td>16:18</td> <td>16:58</td> </tr> <tr> <td>Driver #</td> <td># of Pallets</td> <td>Origin Trl #</td> </tr> <tr> <td>40053</td> <td>2</td> <td>538094</td> </tr> <tr> <td>1015</td> <td></td> <td>Cubic Ft.</td> </tr> <tr> <td></td> <td></td> <td>80</td> </tr> </table>		Run #	Time Arrived	Time Departed	510	16:18	16:58	Driver #	# of Pallets	Origin Trl #	40053	2	538094	1015		Cubic Ft.			80
Run #	Time Arrived	Time Departed																			
510	16:18	16:58																			
Driver #	# of Pallets	Origin Trl #																			
40053	2	538094																			
1015		Cubic Ft.																			
		80																			

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name:		Prepaid:	Collect: <input checked="" type="checkbox"/> 3rd Party:									
Address:		<input type="checkbox"/> Master Bill of Lading with attached underlying Bills of Lading										
City/State/Zip:		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Appointment Time</td> <td>Actual Driver Arrival Time</td> <td>Driver Departure Time</td> </tr> <tr> <td>AM</td> <td>AM</td> <td>AM</td> </tr> <tr> <td>PM</td> <td>4:15 PM</td> <td>4:40 PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	4:15 PM	4:40 PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	4:15 PM	4:40 PM										
SPECIAL INSTRUCTIONS:												

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
208152140	492	1636.89	Y N	
Grand Total	492	1636.89		

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		
		492	ctns	1636.89		Shower curtain	49385	77.5
2		492		1736.89		Grand Total		

<p>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 _____</p>	<p>COD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
---	---

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

<p>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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p>
---	--

<p>SHIPPER SIGNATURE / DATE <small>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</small></p> <p><i>[Signature]</i> 7/20/17</p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>SHIPPER SIGNATURE</p> <p><i>[Signature]</i></p>
<p>SHIPPER SIGNATURE / PICKUP DATE <small>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.</small></p> <p><i>[Signature]</i> 7-20-17</p>		

#009 Valid

Date: 7/20/2017 1:36:39 PM

Bill Of Lading

Page 1 of 1

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

Bill of Lading Number: 06757166000046943
 (402)06757166000046943

SHIP TO
 Name: MEIJER DF 86 Location #: 0069595 550086
 Address: 3405 S. Creyts Road
 City/State/Zip: Lansing, MI 48917-8508
 CID#: _____
 Dept: 664 FOB:

CARRIER NAME: Estes
 Responsible Acct.No: _____
 Trailer number: 538094
 Seal number(s): _____

Estes Express Lines

040 - 1266970 - 1 YYYYY

Run #	Time Arrived	Time Departed
570	16:18	16:58
Driver #	# of Pallets	Origin Trk #
40053	1	538094
10/15		Cubic Ft. 30

Estes' Copy

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

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: Collect: 3rd Party: _____
 Master Bill of Lading: with attached underlying Bills of Lading
 Appointment Time: AM/PM
 Actual Driver Arrival Time: 4:15 PM
 Driver Departure Time: 4:40 PM

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
208175040	38	136.20	Y N	
Grand Total	38	136.20		

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		
		38	ctns	136.20		Shower curtain	49385	77.5
1		38		186.20		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.
 [Signature]

Trailer Loaded: Freight Counted:
 By Shipper By Shipper
 By Driver 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.
 [Signature] 7-20-17

#009 David

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

Bill of Lading Number: 06757166000057024
 (402)06757166000057024
CARRIER NAME: Estes
 Responsible Acct.No: _____
 Trailer number: 520550
 Seal number(s): _____

SHIP TO
 Name: MEIJER DF 93 Location #: 0069595 550093
 Address: 2501 S GREYTS RD
 City/State/Zip: LANSING, MI 48917-8544
 CID#: _____
 Dept: 664 FOB:

SCAC: EXLA
 Pro Number: 0401268149
 Run # 8001535 Time Arrived 10:00
 Driver # 4003 # of Pallets 520550 Origin Tri # 520550 Cubic Ft. 10/15
 Estes Copy

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

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: Collect: X 3rd Party: _____
 Master Bill of Lading: with attached underlying Bills of Lading
 Appointment Time Actual Driver Arrival Time Driver Departure Time
 AM AM AM
 PM PM PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
208240427	37	132.16	Y N	
Grand Total	37	132.16		

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		
		37	ctns	132.16		Pillows,Valance,Towels	49390	100
1		37		182.16		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.
 8/10/17

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.
 B STARKS

#10 Valid

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

Bill of Lading Number: 0675716600084402
 (402)0675716600084402

SHIP TO
 Name: MEIJER DF 92 Location #: 0069595
 3301 S CREYTS RD 550092
 Address: 006959550092
 City/State/Zip: LANSING, MI 48917-8508
 CID#: _____
 Dept: 663

CARRIER NAME: Estes
 Responsible A
 Trailer number
 Seal number(s)
 SCAC: EXL
 Pro Number:
 Run # 051 Time Arrived 1515 Time Departed 1535
 Driver # 40075 # of Pallets 52081 Origin Tri # 52081 Cubic Ft

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

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: Collect: 3rd Party:
 Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 Appointment Time Actual Driver Arrival Time Driver Departure Time
 PRELOAD

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
208433887	11	156.89	Y N	
Grand Total	11	156.89		

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 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		11	ctns	156.89		Comforters, Bedspreads	49017	200
1		11		206.89		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 _____ 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 / 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.
 [Signature] 10/18/17

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.
 [Signature] 10-18-17

#11 Valid

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

Bill of Lading Number: 06757166000084419
 (402)06757166000084419

SHIP TO
 Name: MEIJER DF 92 Location #: 0069595
 3301 S CREYTS RD 550092
 Address: 0069595550092
 City/State/Zip: LANSING, MI 48917-8508
 CID#: _____
 Dept: 663

CARRIER NAME: Estes
 Responsible Acct.No: _____
 Trailer number: _____
 Seal number(s): _____
 SCAC: EXLA
 Pro Number: 040-
 04/17 Run # 057 Time Arrived 1515 Time Departed 1555
 Driver # 40075 # of Pallets 520681 Origin Tri # 520681 Cubic Ft

Estes Copy **Estes Express Lines**

040 - 1277255 - 4

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

Freight Charge Term: _____
 unless marked otherwise)
 Prepaid: Collect: 3rd Party: _____
 Master Bill of Lading: with attached underlying Bills of Lading
 Appointment Time Actual Driver Arrival Time Driver Departure Time
 PRELOAD AM AM AM
 PM PM PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
208433873	329	2924.09	Y N	
Grand Total	329	2924.09		

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 366</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		329	ctns	2924.09		Pillows,Valance,Towels	49390	100
3		329		3074.09		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 _____ 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 / 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.
 [Signature] 10/18/17

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.
 [Signature] 10-18-17

#12 Valid

Date: 10/17/2017 8:40:17 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 0675716600084396	
Name:	E & E COMPANY LTD	[REDACTED]	
Address:	550 Northport Pkwy	(402)0675716600084396	
City/State/Zip:	Port Wentworth, GA 31407	CARRIER NAME: Estes	
SID#:		Responsible Acct. No.:	
PHONE:		Trailer number:	
VENDOR:	FCB: <input type="checkbox"/>	Seal number(s):	
SHIP TO		Estes' Copy Estes Express Lines	
Name:	MEIJER DF 92	04/17	
Address:	3301 S CREYTS RD	Run # 051 Time Arrived 1515 Time Departed 1525	
City/State/Zip:	LANSING, MI 48917-8508	Driver # 40075 # of Pallets SLC Origin Tr # 520681 Cubic Ft	
CID#:		SCAC: EXLA Pro Number: 04	
Dept:	664	FCB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		Appointment Time Actual Driver Arrival Time Driver Departure Time	
SPECIAL INSTRUCTIONS:		PRELOAD	

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
208432231	112	390.00	Y N	
Grand Total	112	390.00		

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 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		112	ctns	390.00		Shower curtain	49385	77.5
2		112		490.00		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 _____ 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.

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. <i>[Signature]</i> 10/18/17	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. <i>[Signature]</i> 10-18-17
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#13 Devised

Date: 9/1/2017 10:23:06 AM

Bill Of Lading

Page 1 of 1

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

Bill of Lading Number: 0675716600066668
 (402)06757166
 CARRIER NAME: E
 Responsible Acct.No: 04/17
 Trailer number: 5391
 Seal number(s):
 SCAC: EXLA
 Pro Number: 0401278777

Estes Express Lines
 040 - 1278777 - 6
 YYYYY

Run #	Time Arrived	Time Departed
2014	17:40	18:05
Driver #	# of Pallets	Origin Tri #
11117	512	539101
		Cubic Ft

SHIP TO
 Name: MEIJER DF 802 Location #: 0069595
 4220 S COUNTY RD 25A 550802
 Address: 0069595550802
 City/State/Zip: TIPP CITY, OH 45371-2950
 CID#: _____
 Dept: 663 FOB:

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

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: Collect: X 3rd Party:
 Master Bill of Lading: with attached underlying Bills of Lading
 Appointment Time Actual Driver Arrival Time Driver Departure Time
 AM AM AM
 PM PM PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
208307145	58	838.37	Y N	
Grand Total	58	838.37		

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
3	Pallet			150.00		Pallet		
		55	ctns	805.97		Comforters, Bedspreads	49017	200
		3	ctns	32.40		Pillows,Valance,Towels	49390	100
3		58		988.37		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 / 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.
 [Signature]

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.
 [Signature] 9/1/17