

Date: 5/13/2019 1:24:57 PM

Master Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 400 Longfellow Ct
 City/State/Zip: Livermore, CA 94550
 SID#: _____

Master Bill of Lading Number: 06757161150970988

SHIP TO
 Name: Kohl's
 DC#: XDSFS
 Div. _____
 Address: X-DOCK PERFORMANCE TEAM BLDG 6
 12816 SHOEMAKER AVE, XDSFS
 City/State/Zip: SANTA FE SPRINGS, CA 90670
 SID#: _____

CARRIER NAME: Performance Team

Trailer number: 537332
 Seal number(s): 9146559

SCAC: GLTN
 Pro Number: _____

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

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
12:30 AM	12:30 AM	1:42 AM

SPECIAL INSTRUCTIONS:

ME# 787009558
 ME# 787009558

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
12224434 Dept#: 211	58	799.76	Y N	06757161150934249	00890	
12357509 Dept#: 011	67	501.84	Y N	06757161150934164	00836	
12344241 Dept#: 011	136	1014.81	Y N	06757161150934201	00870	
12378176 Dept#: 104	2	18.50	Y N	06757161150934270	00870	
12378176 Dept#: 104	1	9.25	Y N	06757161150934263	00836	
12224434 Dept#: 211	19	262.07	Y N	06757161150934140	00810	
12224438 Dept#: 211	71	961.72	Y N	06757161150934249	00890	
12224438 Dept#: 211	49	666.48	Y N	06757161150934140	00810	
12224434 Dept#: 211	5	68.52	Y N	06757161150934171	00855	
12224438 Dept#: 211	23	318.36	Y N	06757161150934171	00855	
12357509 Dept#: 011	44	329.71	Y N	06757161150934157	00826	
12224434 Dept#: 211	9	125.03	Y N	06757161150934232	00885	
12357509 Dept#: 011	69	512.98	Y N	06757161150934201	00870	

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 property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.
[Signature] 5-13-19

Trailer Loaded:
 By Shipper
 By Driver
Freight Counted:
 By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

SHIPPER SIGNATURE
[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.
[Signature] 5/13/19

Date: 5/13/2019 1:24:57 PM

Master Bill Of Lading

SHIP FROM
Name: E & E COMPANY LTD
Address: 400 Longfellow Ct
City/State/Zip: Livermore, CA 94550
SID#: _____ **FOB:**

Master Bill of Lading Number: 06757161150970988

SHIP TO
Name: Kohl's **DC#:** XDSFS
Address: X-DOCK PERFORMANCE TEAM BLDG 6
 12816 SHOEMAKER AVE, XDSFS
City/State/Zip: SANTA FE SPRINGS, CA 90670
SID#: _____ **FOB:**

CARRIER NAME: Performance Team
Trailer number: 537332
Seal number(s): 9146559

SCAC: GLTN
Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:
Name: _____
Address: _____
City/State/Zip: _____
SPECIAL INSTRUCTIONS:
 ME# 787009558
 ME# 787009558

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	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
			BOL#	DC#	Supplier#		
12344241 Dept#: 011	150	1123.06	Y	N	06757161150934164	00836	
12357509 Dept#: 011	50	377.02	Y	N	06757161150934133	00806	
12224434 Dept#: 211	6	85.15	Y	N	06757161150934188	00860	
12224438 Dept#: 211	16	222.52	Y	N	06757161150934188	00860	
12224438 Dept#: 211	20	274.30	Y	N	06757161150934232	00885	
12344241 Dept#: 011	100	749.74	Y	N	06757161150934157	00826	
12224438 Dept#: 211	37	502.34	Y	N	06757161150934195	00865	
12344241 Dept#: 011	103	772.47	Y	N	06757161150934133	00806	
12224434 Dept#: 211	15	207.87	Y	N	06757161150934195	00865	
Grand Total	1050	9903.50					

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.

SHIP FROM		Master Bill of Lading Number: 06757161150970988	
Name:	E & E COMPANY LTD		
Address:	400 Longfellow Ct		
City/State/Zip:	Livermore, CA 94550		
SID#:		FOB: <input type="checkbox"/>	
SHIP TO		CARRIER NAME: Performance Team	
Name:	Kohl's	DC#:	XDSFS
		Div.:	
Address:	X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS		
City/State/Zip:	SANTA FE SPRINGS, CA 90670		
SID#:		FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
ME# 787009558		Appointment Time	Actual Driver Arrival Time
ME# 787009558		AM PM	AM PM
		Driver Departure Time	
		AM PM	


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 369</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
328	ctns			4494.12		Comforters, Bedspreads	49017	200
719	ctns			5381.63		Pillows, Valance, Towels	49390	100
3	ctns			27.75		Sleepwear, Underwear	49880	100
1050				9903.50		Grand Total		

<p>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 _____</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>
<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>	
<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 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.</p>	<p>Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>
<p style="text-align: right;">Shipper Signature</p> <p>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.</p>	

Date: 5/13/2019 1:25:21 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00806 Location #: 00806
Address:	400 Longfellow Ct	Address:	825 East Central Avenue
City/State/Zip:	Livermore, CA 94550	City/State/Zip:	San Bernardino - DC, 00806
SID#:		CID#:	787009558
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757161150934133		Trailer number: 537332	
		Seal number(s): 9146559	
(402)06757161150934133		SCAC: GLTN	
CARRIER NAME: Performance Team		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
		3rd Party:	
<input type="checkbox"/> (check box)		Master Bill of Lading: with attached underlying Bills of Lading	
THIRD PARTY FREIGHT CHARGES BILL TO:		SPECIAL INSTRUCTIONS:	
Name:		ME# 787009558	
Address:		Packing List is Attached	
City/State/Zip:			

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	Dept#:	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12344241	011	1	772.47	Y N	EFC Master Pack	
12357509	011	1	377.02	Y N	EFC Master Pack	
Grand Total		2	1149.49			

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	ctns			1149.49		Pillows,Valance,Towels	49390	100
2				1149.49		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 properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		Trailer Loaded: - - Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input 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.	
		Appt Time: In: Out: Driver Signature:	

Date: 5/13/2019 1:25:48 PM

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 400 Longfellow Ct
 City/State/Zip: Livermore, CA 94550
 SID#:
 PHONE:
 VENDOR: 000074879

Bill of Lading Number: 06757161150934157



CARRIER NAME: Performance Team

Responsible Acct.No:

Trailer number: 537332

Seal number(s): 9146559

SCAC: GLTN

Pro Number:

SHIP TO

Name: Kohl's Dist. Center - #00826 Location #: 00826
 Address: Desoto-EC
 2019 N. I-35 E, 00826
 City/State/Zip: Desoto, TX 75115
 CID#: 787009558

FOB:

FOB:

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:
 ME# 787009558
 Packing List is Attached

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	Dept#:	# PKGS	WEIGHT	PALLET/SLIP	Y	N	ADDITIONAL SHIPPER INFO
12357509	011	1	329.71	Y			EFC Master Pack
12344241	011	1	749.74	Y			EFC Master Pack
Grand Total		2	1079.45				

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	ctns			1079.45		Pillows, Valance, Towels	49390	100
2				1079.45				
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.

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.

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


Appt Time:
 In:
 Out:
 Driver Signature:

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 400 Longfellow Ct
 City/State/Zip: Livermore, CA 94550
 SID#: _____
 PHONE: _____
 VENDOR: 000074879 FOB:

Bill of Lading Number: 06757161150934188



(402)06757161150934188

SHIP TO

Name: Kohl's Dist. Center - #00860 Location #: 00860
 Address: 1600 North Business 45
 Corsicana D.C., 00860
 City/State/Zip: Corsicana, TX 75110
 CID#: 787009558 FOB:

CARRIER NAME: Performance Team
 Responsible Acct.No: _____
 Trailer number: 537332
 Seal number(s): 9146559
SCAC: GLTN
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: 3rd Party: _____

SPECIAL INSTRUCTIONS:
 ME# 787009558
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	Dept#:	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12224434	211	1	85.15	Y	N	EFC Master Pack
12224438	211	1	222.52	Y	N	EFC Master Pack
Grand Total		2	307.67			

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	
2	ctns			307.67		Comforters, Bedspreads	49017	200	
2				307.67		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.

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

 Date: _____

 Date: _____

Appt Time:
 In:
 Out:
 Driver Signature: _____

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 400 Longfellow Ct
 City/State/Zip: Livermore, CA 94550
 SID#: _____
 PHONE: _____
 VENDOR: 000074879 FOB:

Bill of Lading Number: 06757161150934140

 (402)06757161150934140

SHIP TO
 Name: Kohl's Dist. Center - #00810 Location #: 00810
 Address: 7855 County Road 140
 Findlay D.C., 00810
 City/State/Zip: Findlay, OH 45840
 CID#: 787009558 FOB:

CARRIER NAME: Performance Team
 Responsible Acct.No: _____
 Trailer number: 537332
 Seal number(s): 9146559

SCAC: GLTN
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: 3rd Party: _____

SPECIAL INSTRUCTIONS:
 ME# 787009558
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12224438	Dept#: 211	4	666.48	Y	N	EFC Master Pack
12224434	Dept#: 211	3	262.07	Y	N	EFC Master Pack
Grand Total		7	928.55			

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 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
7	ctns			928.55		Comforters, Bedspreads	49017	200
7				928.55		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.

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

Appt Time:
 In: _____
 Out: _____
 Driver Signature: _____

Date: 5/13/2019 1:28:30 PM

Bill Of Lading


Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Fulfillment Ctr 870 Location #: 00870
Address:	400 Longfellow Ct	Address:	3500 Salzman Road
City/State/Zip:	Livermore, CA 94550	City/State/Zip:	Monroe (Middletown) F.C., 00870
SID#:		CID#:	787009558
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 08757161150934201		Trailer number: 537332	
		Seal number(s): 9146559	
(402)06757161150934201		SCAC: GLTN	
CARRIER NAME: Performance Team		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	3rd Party:
SPECIAL INSTRUCTIONS: ME# 787009558 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	Dept#	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12344241	011	1	1014.81	Y	N	EFC Master Pack
12357509	011	1	512.98	Y	N	EFC Master Pack
Grand Total		2	1527.79			

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	ctns			1527.79		Pillows,Valance,Towels	49390	100
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.	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: <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
	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>Property described above is received in good order, except as noted.</i> Appt Time: In: Out: Driver Signature:

SHIP FROM		Bill of Lading Number: 06757161150934171	
Name: E & E COMPANY LTD Address: 400 Longfellow Ct City/State/Zip: Livermore, CA 94550 SID#: _____ PHONE: _____ VENDOR: 000074879 FOB: <input type="checkbox"/>		 (402)06757161150934171	
SHIP TO		CARRIER NAME: Performance Team	
Name: Kohl's Dist. Center - #00855 Location #: 00855 Address: 890 East Mill Street San Bernardino D.C., 00855 City/State/Zip: San Bernardino, CA 92408-1614 CID#: 787009558 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: 537332 Seal number(s): 9146559 SCAC: GLTN Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: Collect: X 3rd Party: _____	
SPECIAL INSTRUCTIONS: ME# 787009558 Packing List Is Attached		<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
12224434	Dept#: 211	1	68.52	Y	N	EFC Master Pack
12224438	Dept#: 211	2	318.36	Y	N	EFC Master Pack
Grand Total		3	386.88			


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	ctns			386.88		Comforters, Bedspreads	49017	200
3				386.88		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"/>
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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. <div style="text-align: right;"> _____ Shipper Signature </div>
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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: Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <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>Property described above is received in good order, except as noted.</i>
		Appt Time: In: Out: Driver Signature:

SHIP FROM		Bill of Lading Number: 06757161150934270	
Name: E & E COMPANY LTD		 (402)06757161150934270	
Address: 400 Longfellow Ct			
City/State/Zip: Livermore, CA 94550		CARRIER NAME: Performance Team	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 537332	
VENDOR: 000074879		Seal number(s): 9146559	
SHIP TO		SCAC: GLTN	
Name: Kohl's Fulfillment Center - #00870 Location #: 00870		Pro Number:	
Address: 3500 Salzman Road		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
00870			
City/State/Zip: Middletown, OH 45044-9401		Prepaid: Collect: X 3rd Party:	
CID#: 787009558		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		SPECIAL INSTRUCTIONS: ME# 787009558 Packing List is Attached	
Address:			
City/State/Zip:			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12378176 Dept#: 104	1	18.50	Y	N	EFC Master Pack
Grand Total	1	18.50			

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		
		1	ctns	18.50		Sleepwear, Underwear	49880	100
1		1		68.50		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"/>
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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. <div style="text-align: right;">_____ Shipper Signature</div>
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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: <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	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>Property described above is received in good order, except as noted.</i>
			Appt Time: In: Out: Driver Signature:

