

146

Date: 6/6/2019 2:56:14 PM

BILL OF LADING - AMAZON SHIPMENTS

SHIP FROM

[Name] E & E COMPANY LTD
 [Street Address] 550 Northport Pkwy
 [City,ST ZIPCODE] Port Wentworth, GA 31407
 [DC Contact] N/A
 [Phone Number] 510-490-9788
 SID#:FOB:

Shipment subject to the Amazon.com Terms and Conditions in effect on the date of shipment and available at vendorcentral.amazon.com.

Bill of Lading Number: 06757166000411468



(402)06757166000411468

SHIP TO

[Name] Amazon.com.dcdc LLC-BOS7
 [Street Address] 1180 Innovation Way
 [City,ST ZIPCODE] Fall River, MA 02720
 CID No.:

Carrier Name: TRANSPACE FREIGHT SERVICES
 Trailer number: 286525 ARN: 6771350773
 Seal number: 2774457
 Serial number(s):

SCAC: TPQL
 Pro Number: 787849828

Amazon FULFILLMENT Delivery Type (select one)
 Prepaid Collect

Ctns Delivered: 372 # Ctns Damaged:
 # Ctns Short: # Ctns Received: 372
 Type of Damage Crushed Punctured Water Other
 Date: 6/8/19 FC. BOS7
 Comments: *Handwritten signature*
 Print Name: *Handwritten signature*
 Signature: *Handwritten signature*

FREIGHT CHARGE TERMS (FREIGHT CHARGES ARE PREPAID UNLESS MARKED OTHERWISE)

Prepaid: Collect: 3rd Party:

CUSTOMER ORDER INFORMATION

Customer Order No.	ARN (WEPAY)	Unit Qty	# of Packages	Weight	Y	N	Additional Shipper Information
2D4SBH8U	6771350773	381	372	3980.21	Y	N	
Grand Total		381	372	3980.21			

CARRIER INFORMATION

# of Pallets		Carton Count		WEIGHT		HM (X)	Commodity Description	NMFC No.	LTL Only	Class
13	Pallet			650.00			Pallet			
		348	ctns	3784.35			Comforters, Bedspreads	49017		200
		2	ctns	53.72			Flushmounts, Table Lamps, Floor Lamps, Sconces, Bath, Outdoor, Shades	109085		200
		2	ctns	13.28			Framed Goods	76580 Sub 5		125
		3	ctns	33.30			Mattress Pads	149265		100

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: No Limitation of carrier liability applies to this shipment, unless set forth in the Transportation Agreement between the parties.

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 charges and all other lawful fees. If a motor carrier, freight forwarder, broker or other transportation service provider accepts this shipment from anyone other than the shipper listed hereon, it agrees to seek payment of its charges exclusively from the entity from which it accepted the shipment (e.g. the broker) and expressly waives any other collection rights or remedies otherwise available to it, including any right to seek payment of the transportation charges from the consignor or consignee.

Shipper Signature: _____

<p>Shipper Signature/Date</p> <p>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><i>Handwritten signature</i> 6-6-19</p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By shipper</p> <p><input type="checkbox"/> By driver</p>	<p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By shipper</p> <p><input type="checkbox"/> By driver/pallets said to contain</p> <p><input type="checkbox"/> By driver/pieces</p>	<p>Carrier Signature/Pickup Date</p> <p>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.</p> <p><i>Handwritten signature</i> 6/6/19</p>
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[Name] E & E COMPANY LTD
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 [City,ST ZIPCODE] Port Wentworth, GA 31407
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Bill of Lading Number: 06757168000411468



KABIE (B)

SHIP TO

[Name] Amazon.com.dedc LLC-BOS7
 [Street Address] 1180 Innovation Way
 [City,ST ZIPCODE] Fall River, MA 02720
 CID No.:

Carrier Name: TRANSPACE FREIGHT SERVICES
 Trailer number: 266525 ARN: 6771350773
 Seal number: 2774457

Serial number(s):
 SCAC: TPQL
 Pro Number: 787849826

FREIGHT CHARGE TERMS (FREIGHT CHARGES ARE PREPAID UNLESS MARKED OTHERWISE)

Prepaid: Collect: 3rd Party:

CARRIER INFORMATION

# of Pallets		Carton Count						LTL Only
Qty	Type	Qty	Type	WEIGHT	HM (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>	NMFC No.	Class
		9	ctns	45.74		Pillows,Valance,Towels	49390	100
		2	ctns	20.49		Rugs	70870-5	125
		6	ctns	29.33		Throws,Blankets	49040	150
13		372		4630.21		Grand Total		

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