

STRAIGHT BILL OF LADING # 121371035
(ORIGINAL NON-NEGOTIABLE)

PRO # **ABF**
An Abcam Company
087 501 461

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

Less-than-truckload: ABF Freight System



Ship from

OA Logistics-SD3
311 International Trade Pkwy
Port Wentworth GA 31407
Dashka Begon
912.875.2828

Ship to

WILLIAM B MOFFITT
120 Moffitt St.
Stratford CT 06615
JIM MYLES
860.787.1815

Appointment required

Pick up Tue Aug 27 '19

8:00 AM - 4:00 PM

Dock hours: 8:00 AM - 5:00 PM

Shipment information

Bill to

Prepaid 3rd party to Freightquote
901 West Carondelet Drive
Kansas City MO 64114

BOL #

121371035

Pickup reference #1

20336304SD3

Delivery reference #1

PO - 17208+17209+17210

Pickup reference #2

OX

Equipment type

LTL DryVan

Shipment Label

20336304SD3

Units	Hazmat	Package type	Description	Class	NMFC	Weight
2		Box	BOXED FURNITURE (22L x 15W x 5H in)	100(est.)		18 lbs
1		Box	BOXED FURNITURE (31L x 30W x 26H in)	250(est.)		45 lbs
2		Box	BOXED FURNITURE (36L x 30W x 32H in)	250(est.)		154 lbs
3		Box	BOXED FURNITURE (41L x 16W x 23H in)	175(est.)		125 lbs
1		Box	BOXED FURNITURE (24L x 9W x 14H in)	175(est.)		8 lbs
1		Box	BOXED FURNITURE (74L x 23W x 31H in)	175(est.)		169 lbs
1		Box	LIGHTING (18L x 16W x 16H in)	250(est.)		9 lbs
2		Box	WALL ART (45L x 5W x 23H in)	300	56165-1	17 lbs
total: 13 units, 545 lbs						

shipper sign here

X

LC

OA Logistics-SD3

Date:

9/10/19

carrier sign here

X

ABF Freight System

Date: *9-10-19*

Units received: *13*

SLC

RECEIVED at the point of origin on the date specified, from the consignor mentioned herein, the property herein described, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined, as indicated above, which the carrier agrees to carry and to deliver to the consignee at the said destination, if on his route or otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of the goods over all or any portion of the route to destination, and as to each party of any time interested in all or any of the goods, that every service to be performed hereunder shall be subject to all the conditions of this bill of lading not prohibited by law, whether printed or written, which are hereby agreed to by the shipper and accepted for himself and his assigns.


NOTICE: Freight moving under this Bill of Lading is subject to classifications and tariffs established by the carrier and are available to shipper upon request. This notice supersedes and negates any claimed oral or written contract, promise, representation, or understanding between parties, except to the extent of any written contract signed by both parties to the contract.

I HEREBY declare that the contents of this consignment are fully accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport according to applicable international and national government regulations. Any unauthorized alteration or use of this bill of lading or the tendering of this shipment to any carrier other than that designated by company, may VOID company's obligations to make any payments relating to this shipment and VOID all rate quotes.

All shippers, consignors, consignees, freight forwarders or freight brokers are jointly and severally liable for the freight charges relating to this shipment. CUSTOMER AGREES TO ENTERPRISE TMS SHIPPER TERMS AND CONDITIONS, WHICH CAN BE FOUND AT WWW.ENTERPRISETMS.COM.



888.921.3884
www.enterprisetms.com

SHIP FROM		Bill of Lading Number: 06757168000012812	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: 912-875-2828 VENDOR:		 (402)06757168000012812	
SHIP TO		CARRIER NAME: Freight Quote	
Name: JIM MYLES Address: 120 MOFFITT STREET City/State/Zip: STRATFORD, CT 06615 CID#: _____ FOB: <input type="checkbox"/> Dept: _____		Responsible Acct.No: Trailer number: 502868 Seal number(s): 0	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: FRQU	
Name: Address: City/State/Zip:		Pro Number: 087501461	
SPECIAL INSTRUCTIONS:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Packing List is Attached		Prepaid: <input checked="" type="checkbox"/> Collect: _____ 3rd Party: _____	
		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
20336304	13	545.26	Y N	17208+17209+17210
Grand Total	13	545.26		

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
4	Pallet			200.00		Pallet		
		1	ctns	7.50		Vases & Bowls	74390	150
		1	ctns	9.06		Flushmounts, Table Lamps, Floor Lamps, Sconces, Bath, Outdoor, Shades	109085	200
		4	ctns	34.74		Holiday Decor & Deco Accents	56290	70
		7	ctns	493.96		Furniture (Seating, Storage, Outdoor)	80580	150
4		13		745.26		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"/>
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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. <p style="text-align: right;">Shipper Signature</p>
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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.
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