



Pro Number
148-2595410-1

Ship Date
2019-06-21

Reference Number
114K5HGSV

Org DC
314 770

Freight Terms
Freight Charges Are Collect

P.O. Number
1HD2NZ9Z

SCAC:

Consignee:

AMAZON FC HOU3
31555 HWY 90 E
BROOKSHIRE, TX 77423

Shipper:

OA LOGISTICS - SV3
311 INTERNATIONAL TRADE PKWY
PORT WENTWORTH, GA 31407

Special Instructions

ABT

Date: 6/21/2019 12:30:00 PM

Master Bill Of Lading Page 1 of 2

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

SHIP FROM

Name: **Amazon.com.kydc, LLC-HOU3** DC#: **HOU3**
Address: **31555 Highway 90E**
HOU3
City/State/Zip: **Brookshire, TX 77423**
SID#: _____

SHIP TO

Carrier Name: **Central Transport**
Trailer number: **1800242**
Seal number(s): _____
SCAC: **CTII**
Pro Number: **1482594101**

Freight Charge Terms:
Prepaid: Collect: 3rd Party:

SPECIAL INSTRUCTIONS:
Load #: 6791611053:6798532893

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

Appointment Time: _____ AM/PM
Actual Driver Arrival Time: _____ AM/PM
Driver Departure Time: _____ AM/PM

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)	BOL#	ADDITIONAL SHIPPER INFO	Supplier#
1HD2NZ9Z	246	2308.56	Y N	06757166000416708	HOU3	
3BBBBZSJ	386	3971.54	Y N	06757166000416180	HOU3	
Grand Total	632	6280.10				

HANDLING UNIT	PACKAGE	WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY
20 Pallet	57 ctns	1050.00		Pallet	NMFC # CLASS
	1 ctns	273.28		Mattress Pads	149265 70
	6 ctns	5.04		Framed Goods	76580 Sub 5 125
	515 ctns	5710.12		Rugs	70970-5 125
	20 ctns	86.13		Comforters, Bedspreads	49017 200
20	33 ctns	158.22		Pillows, Valance, Towels	49390 100
				Throws, Blankets	49040 150

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

SHIPPER SIGNATURE / DATE: *[Signature]* 6-21-19

SHIPPER: By Shipper By Driver

TRAILER LOADED: By Shipper By Driver

FREIGHT COUNTED: By Shipper By Driver

SHIPPER SIGNATURE: *[Signature]* 6/21/19

TRAILER NUMBER: 1800242

SEAL NUMBER(S): 20542 S

Central Transport Delivery Receipt

Firm: AMAZON FC HOU3

By: _____
Shipment received in good order

HUs Received: 20

Driver: CT-770371 (53-8742) Date: 6/29/2019

Arrive Time: 8:16 AM Depart Time: 8:17 AM

Pro Number 148-2595410-1

Additional Delivery Services Requested

Inside Delivery Sort - Segregate Driver Delay

Residential Delivery Liftgate Redelivery

By signing below, Consignee acknowledges that additional delivery service was performed and agrees to pay any and all additional delivery service fees at the rate(s) listed above.

Customer Signature: _____ Date: _____


Date	# And Type of Container	# And Type of PCS	Exception Type
<u>6/29/2019</u>			
Total			
Exceptions			

All claims for loss or damage must be reported immediately. By ruling of the Interstate Commerce Commission extension of credit is limited to seven (7) days. A reduction, allowance may be made to this bill as permitted by 49 CFR 1051(2)(ii).

Date: 6/21/2019 12:30:00 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757166000420620	
Name:	E & E COMPANY LTD		
Address:	550 Northport Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: Central Transport	
Name:	Amazon.com.kydc, LLC-HOU3	DC#:	HOU3
		Div.	
Address:	31555 Highway 90E HOU3	Trailer number:	1800242
		Seal number(s):	
City/State/Zip:	Brookshire, TX 77423	SCAC:	CTII
SID#:		Pro Number:	1482594101
		WWW.CENTRALTRANSPORT.COM Driver's Signature Only Acknowledges Receipt of Freight 148-2595410-1	
		 SHIPPER LABEL <small>Subject to: NMFC 100 CT 100CT 101 Rules Tariff, 49 USC 14706 and 49 CFR 370</small>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
Load #:	6791611053;6786532993	Appointment Time	Actual Driver Arrival Time
		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
1HD2NZ9Z	246	2308.56	Y	N	06757166000416708	HOU3	
3BBBBZSJ	386	3971.54	Y	N	06757166000416180	HOU3	
Grand Total	632	6280.10					

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	
21	Pallet			1050.00		Pallet			70
		57	ctns	273.28		Mattress Pads	149265		100
		1	ctns	5.04		Framed Goods	76580 Sub 5		125
		6	ctns	47.31		Rugs	70970-5		125
		515	ctns	5710.12		Comforters, Bedspreads	49017		200
		20	ctns	86.13		Pillows, Valance, Towels	49390		100
		33	ctns	158.22		Throws, Blankets	49040		150

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.

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>Ched 6-21-19.</i>	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>Quaidy 6/21/19</i>
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Date: 6/21/2019 12:30:00 PM

Master Bill Of Lading

Page 2 of 2

SHIP FROM

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

Master Bill of Lading Number: 06757166000420620

SHIP TO

Name: **Amazon.com.kydc, LLC-HOU3** DC#: **HOU3**
 Div. _____
 Address: **31555 Highway 90E**
HOU3
 City/State/Zip: **Brookshire, TX 77423**
 SID#: _____ FOB:

CARRIER NAME: Central Transport

Trailer number: 1800242

Seal number(s):

SCAC: CTII

Pro Number: 1482594101

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
SPECIAL INSTRUCTIONS:

Load #: 6791611053;6786532993

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

7330.10

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.

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	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: 06757166000416180  (402)06757166000416180
[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:	Carrier Name: Central Transport Trailer number: 1800242 ARN: 6876532993 Seal number: 000000 Serial number(s): SCAC: CTII Pro Number: 1482594101
SHIP TO	
[Name] Amazon.com.kydc, LLC-HOU3 [Street Address] 31555 Highway 90E [City,ST ZIPCODE] Brookshire, TX 77423 CID No.:	
FREIGHT CHARGE TERMS (FREIGHT CHARGES ARE PREPAID UNLESS MARKED OTHERWISE):	
Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	

CUSTOMER ORDER INFORMATION							
Customer Order No.	ARN (WEPAY)	Unit Qty	# of Packages	Weight	Pallet/Slip (circle one)		Additional Shipper Information
3BBBBZSJ	6876532993	396	386	3971.54	Y	N	
Grand Total		396	386	3971.54			

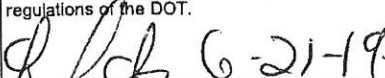
CARRIER INFORMATION										
# of Pallets		Carton Count								LTL Only
Qty	Type	Qty	Type	WEIGHT	HM (X)	Commodity Description	NMFC No.	Class		
	Pallet			600.00		Pallet				
		319	ctns	3640.68		Comforters, Bedspreads	49017	200		
		48	ctns	226.51		Mattress Pads	149265	100		
		6	ctns	24.51		Pillows,Valance,Towels	49390	100		
		5	ctns	42.20		Rugs	70970-5	125		


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: 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 _____			
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.  6-21-19	<table style="width:100%;"> <tr> <td style="width:33%;"> Trailer Loaded: <input checked="" type="checkbox"/> By shipper <input type="checkbox"/> By driver </td> <td style="width:33%;"> Freight Counted: <input checked="" type="checkbox"/> By shipper <input type="checkbox"/> By driver/pallets said to contain <input type="checkbox"/> By driver/pieces </td> <td style="width:33%;"> 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. </td> </tr> </table>	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. Property described above is received in good order, except as noted.
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SHIP TO	
[Name] Amazon.com.kydc, LLC-HOU3 [Street Address] 31555 Highway 90E [City,ST ZIPCODE] Brookshire, TX 77423 CID No.:	
FREIGHT CHARGE TERMS (FREIGHT CHARGES ARE PREPAID UNLESS MARKED OTHERWISE):	
Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	

CARRIER INFORMATION

# of Pallets		Carton Count					LTL Only	
Qty	Type	Qty	Type	WEIGHT	HM (X)	Commodity Description	NMFC No.	Class
		8	ctns	37.64		Throws,Blankets	49040	150
		386		4571.54		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 _____"

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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.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"> Trailer Loaded: <input type="checkbox"/> By shipper <input type="checkbox"/> By driver </td> <td style="width:33%;"> Freight Counted: <input type="checkbox"/> By shipper <input type="checkbox"/> By driver/pallets said to contain <input type="checkbox"/> By driver/pieces </td> <td style="width:33%;"> 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. </td> </tr> </table>	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. Property described above is received in good order, except as noted.
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