

SHIP FROM
 Name: E & E COMPANY LTD - 011604,028372,048769,069089
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06757163000328017

 (402)06757163000328017

SHIP TO
 Name: Bed Bath & Beyond #0657 Location #: 0657
 Address: 860 John B Brooks Road
 BBB0657
 City/State/Zip: Pendergrass, GA 30567
 CID#: RRBBBY-5516198 FOB:
 Dept: _____

CARRIER NAME: Central Transport
 Responsible Acct.No:
 Trailer number: TL53-6451
 Seal number(s):
SCAC: CTII
 Pro Number: 777-5882070-6


THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Bed Bath & Beyond c/o
 Address: Berman Blake Associates
 PO Box 9202
 City/State/Zip: Old Bethpage, NY 11804-9002

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:
 BB & B Vendor # : 011604,028372,048769,069089
 RRBBBY-5516198

Appointment Time: 10-2 AM
 Actual Driver Arrival Time: 8:50 AM
 Driver Departure Time: 9:00 AM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	Y	N	ADDITIONAL SHIPPER INFO
EB9P4WT	20	257.33	Y		N	 777-5882070-6 B/L <small>Subject to: NMFC 100; CY 100/CY 101 Rules Tariffs; 48 USC 14705 and 49 CFR 370 Drivers signature only acknowledges receipt of freight</small>
EC8Q9MR	4	14.08	Y		N	
ED7C6NQ	7	57.19	Y		N	
EE5T2SL	16	16.80	Y		N	
EF4E7AS	48	788.16	Y		N	
EF4E7ND	675	2660.94	Y		N	
EF4F2LC	154	1093.80	Y		N	
EF4F4CS	29	145.15	Y		N	
EF7H6JM	9	18.15	Y		N	
Grand Total	962	5051.60				

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 U.S. DOT.
Alto 5-30-19

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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.
John 5-30-19 (7HU)
 53-6451

Date: 5/30/2019 9:00:59 AM		Bill Of Lading		Page 2 of 2	
SHIP FROM			Bill of Lading Number: 06757163000328017		
Name: E & E COMPANY LTD - 011604,028372,048769,069089			 (402)06757163000328017		
Address: 221 Hanson Way					
City/State/Zip: Woodland, CA 95776					
SID#: _____ FOB: <input type="checkbox"/>					
SHIP TO			CARRIER NAME: Central Transport		
Name: Bed Bath & Beyond #0657 Location #: 0657			Responsible Acct.No:		
Address: 860 John B Brooks Road			Trailer number: TL53-6451		
BBB0657			Seal number(s): _____		
City/State/Zip: Pendergrass, GA 30567			 777-5882070-6 BL Pg 2		
CID#: RRBBBY-5516198			SCAC: CTII		
Dept: _____			Pro Number: 777-5882070-6		
THIRD PARTY FREIGHT CHARGES BILL TO:			Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name: Bed Bath & Beyond c/o					
Address: Berman Blake Associates PO Box 9202					
City/State/Zip: Old Bethpage, NY 11804-9002			Prepaid: _____ Collect: X 3rd Party: _____		
SPECIAL INSTRUCTIONS: BB & B Vendor # : 011604,028372,048769,069089 RRBBBY-5516198			<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading		
Appointment Time		Actual Driver Arrival Time		Driver Departure Time	
AM		AM		AM	
PM		PM		PM	

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	CUBE	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
7	Pallet			350.00		Pallet	150390.4	70
		50	ctns	557.51		Comforters, Bedspreads	49017	200
		48	ctns	788.16		Framed Goods	76580 Sub 5	125
		758	ctns	3267.88		Pillows,Valance,Towels	49390	100
		106	ctns	438.05		Shower curtain	49385	77.5
7		962		5401.60		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		Trailer Loaded:		Freight Counted:		SHIPPER SIGNATURE	
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 U.S. DOT.		<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.	



Central Transport Delivery Receipt

Pro Number 777-5882070-6

Ship Date 2019-05-30

Reference Number RRBBBY-5516198

Org DC 958 301

Freight Terms Freight Charges Are Collect

P.O. Number EB9P4WT

SCAC:

Consignee: BED BATH AND BEYOND INC 657 860 JOHN B BROOKS RD PENDERGRASS, GA 30567

Shipper: E-E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776

Special Instructions

Bill of Lading form containing shipper/consignee details, freight terms, and a table of commodity descriptions including items like Comforters, Bedspreads, Framed Goods, Pillows, Valance, Towels, and Shower curtain.

Additional form section with COD Amount, Fee Terms, and signature lines for Shipper and Carrier.


Delivery receipt summary box with fields for Firm, By, Shipment received in good order, HUs Received (7), Driver, Arrive Time (7:26 AM), and Depart Time (7:26 AM).

Additional Delivery Services Requested section with checkboxes for Inside Delivery, Residential Delivery, Sort - Segregate, Liftgate, Driver Delay, and Redelivery, plus signature and date fields.

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).

Bill Of Lading Page 1 of 2

SHIP FROM
 Name: E & E COMPANY LTD - 011604,028372,048769,069089
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06757163000327997

 (402)06757163000327997

SHIP TO
 Name: Bed Bath & Beyond #0653 Location #: 0653
 Address: 1001 W. Middlesex Avenue
 BBB0653
 City/State/Zip: Port Reading, NJ 07064
 CID#: RRBBBY-5516196 FOB:
 Dept: _____

CARRIER NAME: Central Transport
 Responsible Acct.No:
 Trailer number: TL53-6451
 Seal number(s):
SCAC: CTII
Pro Number: 777-5882069-8


THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Bed Bath & Beyond c/o
 Address: Berman Blake Associates
 PO Box 9202
 City/State/Zip: Old Bethpage, NY 11804-9002

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:
 BB & B Vendor # : 011604,028372,048769,069089
 RRBBBY-5516196

Appointment Time: 12-2 AM
 Actual Driver Arrival Time: 8:37 AM
 Driver Departure Time: 8:45 AM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
EB9P4WT	2	29.44	Y N	 777-5882069-8 B/L <small>Subject to: NMFC 100; CT 100/CT 101 Rules Tariffs; 49 USC 14706 and 49 CFR 370 Drivers signature only acknowledges receipt of freight</small>
ED7C4JN	8	68.51	Y N	
EE5T2SK	9	9.45	Y N	
EF4E7AQ	38	623.96	Y N	
EF4E7NA	490	1861.61	Y N	
EF4F2LA	89	577.61	Y N	
EF4F4CP	12	54.40	Y N	
EF7H6JM	9	18.15	Y N	
Grand Total	657	3243.13		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	CUBE	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
6	Pallet			300.00		Pallet	150390.4	70

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 <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 U.S. DOT.</small> <i>also on 5/30/19</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 <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.</small> <i>Jared Kinard 5/30/19 GHW</i>
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53-6461

SHIP FROM
 Name: E & E COMPANY LTD - 011604,028372,048769,069089
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06757163000327997

 (402)06757163000327997

SHIP TO
 Name: Bed Bath & Beyond #0653 Location #: 0653
 Address: 1001 W. Middlesex Avenue
 BBB0653
 City/State/Zip: Port Reading, NJ 07064
 CID#: RRB BBY-5516196 FOB:
 Dept: _____

CARRIER NAME: Central Transport
 Responsible Acct.No:
 Trailer number: TL53-6451
 Seal number(s): _____

 SCAC: CTII **777-5882069-8** BL Pg 2
 Pro Number: 777-5882069-8

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Bed Bath & Beyond c/o
 Address: Berman Blake Associates
 PO Box 9202
 City/State/Zip: Old Bethpage, NY 11804-9002

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

SPECIAL INSTRUCTIONS:
 BB & B Vendor # : 011604,028372,048769,069089
 RRB BBY-5516196

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

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	CUBE	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
		24	ctns	267.48		Comforters, Bedspreads	49017	200
		38	ctns	623.96		Framed Goods	76580 Sub 5	125
		568	ctns	2257.31		Pillows, Valance, Towels	49390	100
		27	ctns	94.38		Shower curtain	49385	77.5
6		657		3543.13		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 U.S. 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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

Vendor DR #1; RECVD: 6/24/2019 1:32:55 PM

Date: 5/30/2019 8:45:07 AM **Bill Of Lading** Page 1 of 2

SHIP FROM		Bill of Lading Number: 06757163000327997	
Name:	E & E COMPANY LTD - 011604,028372,048769,069089	 (402)06757163000327997	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:	FOB: <input type="checkbox"/>		
SHIP TO		CARRIER NAME: Central Transport	
Name:	Bed Bath & Beyond #0653 Location #: 0653	Responsible Acct.No:	
Address:	1001 W. Middlesex Avenue BBB0653	Trailer number: TL53-6451	
City/State/Zip:	Port Reading, NJ 07064	Seal number(s):	
CID#:	RRBBBY-5516196 FOB: <input type="checkbox"/>	SCAC: CTII	
Dept:		Pro Number: 777-5882069-8	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:	Bed Bath & Beyond c/o	Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:	Berman Blake Associates PO Box 9202	Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:	Old Bethpage, NY 11804-9002	Appointment Time: <input type="checkbox"/> (check box)	
SPECIAL INSTRUCTIONS: BB & B Vendor #: 011604,028372,048769,069089 RRBBBY-5516196		Actual Driver Arrival Time	Driver Departure Time
		12-2 AM	8:37 AM
			8:45 AM

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		
EB9P4WT	2	29.44	Y N		
ED7C4JN	8	68.51	Y N		
EE5T2SK	9	9.45	Y N		
EF4E7AQ	38	623.96	Y N		
EF4E7NA	490	1861.61	Y N		
EF4F2LA	89	577.61	Y N		
EF4F4CP	12	54.40	Y N		
EF7H6JM	9	18.15	Y N		
Grand Total	657	3243.13			


777-5882069-8 B/L
 Subject to: NMFC 100; CT 100/CT 101 Rules Tariffs; 49 USC 14706 and 49 CFR 370
 Drivers signature only acknowledges receipt of freight

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	CUBE	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
6	Pallet			300.00		Pallet	150390.4	70

Where the rate is dependent on value, shipper's interest is stated specifically in writing the agreed or declared value of the property as follows: BBB MOR

*The agreed or declared value of the property is for the use of the carrier and is not a contract for insurance.

per 653 CTNS SHIPPED 657 CTNS RECEIVED 657 PLTS RECEIVED 657

Amount: 657 Fee: 657 Collect: Prepaid:

Customer check acceptable:

NOTE Liability Limitation: EXCEPTIONS Damage in this shipment may be applicable to 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined conditions of service. This receipt is not a contract. It is subject to the terms, conditions, 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.

OS&D # 1400531630 OS&D DATE 6-13-19 OS&D TIME 11:23

SHIPPER SIGNATURE / DATE <u>Also 0605.30.19</u>	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 <u>Janet 5-30-19 6H</u>
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53-6451



Pro Number
777-5882069-8

Ship Date
2019-05-30

Reference Number
RRBBBY-5516196

Org DC
958 072

Freight Terms
Freight Charges Are Collect

P.O. Number
EB9P4WT

SCAC:

Consignee:

BED BATH - BEYOND 0653
1001 W MIDDLESEX AVE
PORT READING, NJ 07064

Shipper:

E-E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

Special Instructions

Date: 6/30/2019 8:45:07 AM **Bill Of Lading** Page 2 of 2

SHIP FROM
Name: E & E COMPANY LTD - C11604,028372,049769,069069
Address: 221 Hanson Way
City/State/Zip: Woodland, CA 95776
SID#: _____ FOB:

SHIP TO
Name: Bed Bath & Beyond 0653 Location #: C653
Address: 1301 W. Middlesex Avenue
BBD0653
City/State/Zip: Port Reading, NJ 07064
CID#: RRBBBY-5516196 FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:
Name: Bed Bath & Beyond c/o
Address: Berman Blake Associates
PO Box 9202
City/State/Zip: Cld Bethpage, NY 11804-9002

SPECIAL INSTRUCTIONS:
BB & E Vendor #: 011604,028372,049769,069069
RRBBBY-5516196

Bill of Lading Number: 06757163000327997
Trailer number: T153-845*
Seal number(s): _____
SCAC: CTIL
Pro Number: 777-5882069-8

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

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

HANDLING UNIT		PACKAGE		WEIGHT	CUBE	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		24	ctns	267.48		Comforters, Bedspreads	49017	200
		30	ctns	623.96		Framed Goods	76580 Sub 5	123
		568	ctns	2257.31		Pillows, Valances, Towels	49350	100
		27	ctns	94.38		Shower curtain	49385	77.5
6		657		3543.13		Grand Total		

When 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 note duly attached - terms or contracts that have been agreed upon in writing between the carrier and shipper. If applicable, clause in the rates, conditions and it, as 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 available charges.

SHIPPER SIGNATURE / DATE _____
Trailer Loaded: By Shipper By Driver
Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE _____
Carrier has the U.S. DOT emergency response guidebook or equivalent documents in the vehicle.

Firm BED BATH - BEYOND 0653

By KAE L G
Shipment received in good order

HUs Received 6

Driver CT-072104 (RENT076947) Date 6/12/2019

Arrive Time 6:48 AM Depart Time 7:15 AM

Pro Number **777-5882069-8**
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 <u>6/12/2019</u>	# And Type of Container _____	# And Type of PCS _____	Exception Type _____
Log # _____	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).

Central Transport Delivery Receipt