



REMIT: PO BOX 31001-1337
PASADENA, CA 91110-1337

Invoice# **701-NCF-0091432**
When remitting refer to this invoice
number

Terms: Net Cash
Period: 09
Date: 09/26/2019

E & E CO LTD
45875 NORTHPORT LOOP EAST
FREMONT , CA 945380000

PAY TO #: 10316750

ME#: 10316702

Amount: 500.00

Late Shipment.

DIRECT ALL INQUIRIES TO: fmnonfoodpayables@kroger.com

Please include your Vendor Name in the subject line of your email.

USERID: EM55790

For Office Use Only

437 40-6040 000 PO#:01795786 Dept:83 Class:809 Loc: (500.00)

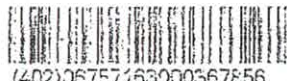
437 02-2320 000 PO#: Dept:0 Class:0 Loc:0 500.00

Date: 9/12/2019 9:22:46 AM

Bill Of Lading

Page 1 of 2

Name: E & E COMPANY LTD
 Address: 221 Manser Way
 City/State/Zip: Woodland, CA 95776
 PHONE: (530)569-5991
 VENDOR: 10316700

Bill of Lading Number: 06757163000567558

 (402)06757163000567558

Name: Fred Meyer Stores Location #: 00790880944
 Address: Chehalis RSC DC - Home/HCC
 224 Maurin Rd., 0079088094451
 City/State/Zip: Chehalis, WA 98532-8716
 CID#: Dept: 0083

CARRIER NAME: Market Transport
 Responsible Acct.No:
 Trailer number: 8211
 Seal number(s): 19863495
 SCAC: MKET
 Pro Number:
 261151

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address: TRLE 8211
 City/State/Zip: DSV 2641811
 SPECIAL INSTRUCTIONS: 1190311040021
 Load #: MKET 2641811 Seal 19863495
 Packing List is Attached

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
 Appointment Time Actual Driver Arrival Time Driver Departure Time
 9:00 AM 8:30 AM 9:35 AM
 PM PM PM

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	PLACARD	ADDITIONAL SHIPPER INFO
0001795786 - 21615	51	532.52	Y N		B Fugate 9-18-19
0001795788 - 21613	325	2741.76	Y N		Received
0001795787 - 21614	710	5228.01	Y N		LESS SHIPPER
0001795808 - 21612	135	745.21	Y N		Case Count Short Live!
Grand Total	1221	9247.50			Pack list included with product Yes Charge back completed Yes

CARRIER INFORMATION						PACKAGE	
HANDLING UNIT	PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	NMFC #	CLASS
12	Pallet		600.00		Pallet		
		28 ctns	1013.52		Comforters, Bedspreads	49017	200
		325 ctns	2741.76		Mattress Pads	149265	100
		813 ctns	4911.66		Pillows, Valance, Towels	49390	100
		7 ctns	91.44		Runners, Placemats, Napkins	49505	77.5

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.
 [Signature] 09-12-19

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 DOT emergency response guidebook or equivalent documentation in the vehicle.
 [Signature]


Date: 9/12/2018 9:22:48 AM

Bill Of Lading

Page 2 of 2

SHIPPER'S BILL OF LADING Bill of Lading Number: 05757163000367856

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 PHONE: (530)668-5991
 VENDOR: 10316700

FOB:

 (402)06757163000367856

SHIPPER'S BILL OF LADING
 Name: Fred Meyer Stores Location #: 00790880944
 Address: Chehalis RSC DC - Home/HCC
 224 Maurin Rd., 0079088054461
 City/State/Zip: Chehalis, WA 98532-8716
 CID#: FOB:
 Dept: 0083

CARRIER NAME: Market Transport
 Responsible Acct.No:
 Trailer number: 8211
 Seal number(s): 19863496
 SCA.C: MKET
 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: X 3rd Party:
 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

SPECIAL INSTRUCTIONS:
 Load #: MKET 2641811
 Packing List is Attached

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
		48	ctns	489.12		Throws,Blankets	49040	150
12		1221		9847.50		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: 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.



REMIT: PO BOX 31001-1337
PASADENA, CA 91110-1337

Invoice# **701-NCF-0091426**
When remitting refer to this invoice
number

Terms: Net Cash
Period: 09
Date: 09/26/2019

E & E CO LTD
45875 NORTHPORT LOOP EAST
FREMONT , CA 945380000

PAY TO #: 10316750

ME#: 26321007

Amount: 500.00

Late Shipment.

DIRECT ALL INQUIRIES TO: fmnonfoodpayables@kroger.com

Please include your Vendor Name in the subject line of your email.

USERID: EM55790

For Office Use Only

437 40-6040 000 PO#:01795808 Dept:83 Class:809 Loc: (500.00)

437 02-2320 000 PO#: Dept:0 Class:0 Loc:0 500.00

PO21M01

FRED MEYER

Vendor 26321007 JLA/E & E CO LTD
 Order number 1795808 PO type ME MERCHANDISE
 Order status ON OPEN ORDER Confirmation N EDI Y
 Order source RM REPLENISHMENT ✓ PO Disc/Chrg type.. *late*
 Import N PO Disc/Chrg pct ..
 PO Disc/Chrg amt ..
 Payment terms 416 + NET 30
 Freight PP COL ... CO ✓ PP Qlfr 0 FOB point FOB SHIP POINT
 Effective terms .. ROG RECEIPT OF GOODS
 Order date 09/01/19 Cancel Vend Pre-ticket N
 Order proc time 9 Days Ship date 09/01/19
 Rsc Instr Ship PO complete Y
 Transit time 3 Days
 Earliest arrival date .. 09/13/19
 Cancel date 09/11/19 ✓
 Last arrival date 09/14/19
 Created by POB0025

9-12

Command _____ Action _____
 F1=Help _____ F5=Clear _____ F6=Mdse Spec F10=Cmnt F11=Summary
 F12=Cancel _____ F15=Menu _____

Date: 9/12/2019 9:22:46 AM

Bill Of Lading

Page 1 of 2

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA, 95776
 PHONE: (530)569-5991
 VENDOR: 10316700

Bill of Lading Number: 06757163000367856



ORIGINAL

FOB:

Name: Fred Meyer Stores Location #: 00790880944
 Address: Chehalis RSC DC - Home/HCC
 224 Maurin Rd., 0079088094461
 City/State/Zip: Chehalis, WA 98532-8716
 CID#: FOB:
 Dept: 0083

CARRIER NAME: Market Transport

Responsible Acct.No:

Trailer number: 8211

Seal number(s): 19863496

SCAC: MKET

Pro Number:

2641811

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address: TRI # 8211
 City/State/Zip: DSV # 2641811
 SPECIAL INSTRUCTIONS: 1190711/949031
 Load #: MKET 2641811 Seal # 19863496
 Packing List is Attached

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)

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
9:00 AM	8:30 AM	9:35 AM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	File Print	ADDITIONAL SHIPPER INFO
0001795786 - 21615	51	532.52	Y N		B Fugate 9/18/19
0001795788 - 21613	325	2741.76	Y N		Receiver
0001795787 - 21614	710	5228.01	Y N		Case Count
0001795808 - 21612	135	745.21	Y N		Case Count
Grand Total	1221	9247.50			Pack list included with product

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
12	Pallet			600.00		Pallet		
		28	ctns	1013.52		Comforters, Bedspreads	49017	200
		325	ctns	2741.76		Mattress Pads	149265	100
		813	ctns	4911.66		Pillows, Valance, Towels	49390	100
		7	ctns	91.44		Runners, Placemats, Napkins	49505	77.5

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

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.

moq-12-19

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 DOT emergency response guidebook or equivalent documentation in the vehicle.

Abel L

Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodlands, CA 95776 PHONE: (530)669-5991 VENDOR: 10316700		Bill of Lading Number: 06757163000367855  (402)06757163000367855
---	--	--

Name: Fred Meyer Stores Address: Chehalis RSC DC - Home/HCC 224 Meurin Rd., 007908809461 City/State/Zip: Chehalis, WA 98532-8716 CID#: Dept: 0083		Location #: 00790880944 61 Responsible Accl.No: Trailer number: 8211 Seal number(s): 19863496 SCAC: MKET Fro Number:
--	--	--

Name: Address: City/State/Zip:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: MKET 2641811 Packing List is Attached		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/> (check box)
		Appointment Time AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

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
		48	ctns	489.12		Throws, Blankets	49040	150
12		1221		9847.50		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: 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 rules, 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.



REMIT: PO BOX 31001-1337
PASADENA, CA 91110-1337

Invoice# **701-NCF-0091437**
When remitting refer to this invoice
number

Terms: Net Cash
Period: 09
Date: 09/26/2019

E & E CO LTD
45875 NORTHPORT LOOP EAST
FREMONT , CA 945380000

PAY TO #: 10316750

ME#: 10316703

Amount: 500.00

Late Shipment.

DIRECT ALL INQUIRIES TO: fmnonfoodpayables@kroger.com

Please include your Vendor Name in the subject line of your email.

USERID: EM55790

For Office Use Only

437 40-6040 000 PO#:01795787 Dept:83 Class:809 Loc: (500.00)

437 02-2320 000 PO#: Dept:0 Class:0 Loc:0 500.00

P021M01

FRED MEYER

Vendor 10316703 E & E CO DBA JLA RMA SHEETS
 Order number 1795787 PO type ... ME MERCHANDISE
 Order status ON OPEN ORDER Confirmation N EDT Y
 Order source RM REPLENISHMENT ✓ PO Disc/Chrg type...
 Import N PO Disc/Chrg pct...
 Payment terms 416 NET 30 PO Disc/Chrg amt...
 Freight PP COL ... CO ✓ PP Olfr 0 FOB point FOB SHIP POINT
 Effective terms .. ROG RECEIPT OF GOODS
 Order date 09/01/19 Cancel Vend Pre-ticket N
 Order proc time 9 Days Ship date 09/01/19
 Rsc Instr Ship PO complete Y
 Transit time 3 Days
 Earliest arrival date .. 09/13/19
 Cancel date 09/11/19 ✓
 Last arrival date 09/14/19
 Created by POB0025

late


9-12

Command _____ Action _____
 F1=Help _____ F5=Clear _____ F6=Mdse Spec F10=Cmnt F11=Summary
 F12=Cancel _____ F15=Menu _____

Date: 9/12/2019 9:22:46 AM

Bill Of Lading

Page 1 of 2

SHIP FROM Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 PHONE: (530)666-5991 VENDOR: 10316700		Bill of Lading Number: 06757163000367856  (402)06757163000367856
--	--	--

ORIGINAL

SHIP TO Name: Fred Meyer Stores Location #: 00790680944 Address: Chehalis RSC DC - Home/HCC 224 Maurin Rd., 0079088094461 City/State/Zip: Chehalis, WA 98532-8716 CID#: Dept: 0083		CARRIER NAME: Market Transport Responsible Acct.No: Trailer number: 8211 Seal number(s): 19863496 SCAC: MKET Pro Number: 2641811
--	--	--

THIRD PARTY FREIGHT CHARGES BILL TO: Name: Address: City/State/Zip: DSV # 2641811 SPECIAL INSTRUCTIONS: 11909116 944021 Load #: MKET 2641811 Seal #: 19863496 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: X 3rd Party: <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading Appointment Time: 9:00 AM Actual Driver Arrival Time: 8:30 AM Driver Departure Time: 9:35 AM
--	--	---

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	Pre-Paid	ADDITIONAL SHIPPER INFO
0001795786 - 21615	51	532.52	Y N		B Freight 9/18/19
0001795788 - 21613	325	2741.76	Y N		Received: [Signature]
0001795787 - 21614	710	5228.01	Y N		Case Count 710 Short Over
0001795808 - 21612	135	745.21	Y N		Pack list included with product
Grand Total	1221	9247.50			Charge back minimized


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
12	Pallet			600.00		Pallet		
		28	ctns	1013.52		Comforters, Bedspreads	49017	200
		325	ctns	2741.76		Mattress Pads	149265	100
		813	ctns	4911.66		Pillows, Valance, Towels	49390	100
		7	ctns	91.44		Runners, Placemats, Napkins	49505	77.5

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. [Signature] 09-12-19	Trailer Loaded: Freight Counted: <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 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]
--	--	--

Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 PHONE: (530)569-5991 VENDOR: 10316700		Bill of Lading Number: 09757163000367555  (402)06757163000367555 CARRIER NAME: Market Transport Responsible Acct.No: Trailer number: 9211 Seal number(s): 19663495 SCAC: MKET Pro Number:						
SHIP TO								
Name: Fred Meyer Stores Address: Chehalis RSC DC - Home/HCC 224 Maurin Rd., 007908809461 City/State/Zip: Chehalis, WA 98532-8716 CID#: 0083 Dept: 0083		Location #: 00790880944 61 FOB: <input type="checkbox"/>						
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:						
SPECIAL INSTRUCTIONS: Load #: MKET 2641811 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading Appointment Time Actual Driver Arrival Time Driver Departure Time AM AM AM PM PM PM						
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION		PACKAGE		
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	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 380	NMFC #	CLASS
		48	ctns	489.12			49040	150
12		1221		9847.50			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 _____
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 checked="" type="checkbox"/> By Shipper <input checked="" 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.	