



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

Invoice# **701-NCF-0091687**  
When remitting refer to this invoice  
number

Terms: Net Cash  
Period: 09  
Date: 10/03/2019

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](mailto: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#:02083875 Dept:83 Class:939 Loc: ( 500.00)

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

FREDMEMOR

SB# 5168985

WDD

P021M01

FRED MEYER

Vendor .....	26321007	JLA/E & E CO LTD	PO type ....	ME MERCHANDISE
Order number .....	2083875		Confirmation N	EDI .....
Order status ....	ON OPEN ORDER			Y
Order source .....	RM REPLENISHMENT		PO Disc/Chrg type..	
Import .....	N		PO Disc/Chrg pct ..	
			PO Disc/Chrg amt ..	
Payment terms ....	416 + NET 30		FOB point	FOB SHIP POINT
Freight PP COL ...	CO	PP Qlfr 0		
Effective terms ..	ROG	RECEIPT OF GOODS	Cancel Vend Pre-ticket	N
Order date .....	09/16/19		Ship date .....	09/16/19
Order proc time .....	9 Days			
Rsc Instr .....			Ship PO complete .....	Y
Transit time .....	3 Days			
Earliest arrival date ..	09/28/19			
Cancel date .....	09/25/19			
Last arrival date .....	09/28/19		Created by .....	POB0025

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

Date: 9/26/2019 7:56:54 AM

# Bill Of Lading

**SHIP FROM**

Name: E & E COMPANY LTD  
 Address: 221 Hanson Way  
 City/State/Zip: Woodland, CA 95776  
 PHONE: (530)669-5991  
 VENDOR: 10316700

Bill of Lading Number: 06757163000374564



**SHIP TO**

Name: Fred Meyer Stores Location #: 00790880944  
 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: 21 also me

Seal number(s): 27665351

SCAC: MKET

Pro Number:

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: Drop load/case st. handling Unit st. handling  
 Address: Pre-Paid Collect LTL  
 City/State/Zip: Receiver

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS: Case Count Ship Over  
 Load #: MKET 2643042  
 Packing List is Attached

Master Bill of Lading: with attached underlying Bills of Lading (check box)

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
7:00 AM	7:00 AM	8:10 PM

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALETT/SLIP	ADDITIONAL SHIPPER INFO
0002083842 26436	111	1151.81	Y N	
0002083843 26437	919	6255.46	Y N	
0002083844 26438	428	3625.70	Y N	
0002083875 26439	125	689.52	Y N	
<b>Grand Total</b>	<b>1583</b>	<b>11722.49</b>		

**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 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
16	Pallet			800.00		Pallet		
		59	ctns.	948.51		Comforters, Bedspreads	49017	200
		428	ctns	3625.70		Mattress Pads	149265	100
		968	ctns	5797.25		Pillows, Valance, Towels	49390	100
		16	ctns	191.72		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] 09-26-19

Trailer Loaded: Freight Counted:  
 By Shipper  
 By Driver  
 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]