

Date: 10/10/2019 1:34:25 PM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757166000459804
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: Schneider
Name:	Koh's Dist. Center - #00875	Trailer number: 151241
	DC#: 00875	Seal number(s): 2781337
	Div.	SCAC: SCNN
Address:	3030 Airport Road East	Pro Number:
	Macon D.C., 00875	
City/State/Zip:	Macon, GA 31216	
SID#:	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:
Name:	SCANNED	Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
Address:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING
City/State/Zip:		Appointment Time: 8:00 AM PM Actual Driver Arrival Time: 8:00 AM PM Driver Departure Time: 1:30 AM PM
SPECIAL INSTRUCTIONS: ME# 792606017		

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
12577970	Dept#: 115	3	72.73	Y	N	06757166000459712 00875	
12390435	Dept#: 411	147	1214.22	Y	N	06757166000459750 00885	
12390453	Dept#: 411	120	1971.26	Y	N	06757166000459736 00875	
12390453	Dept#: 411	144	2399.20	Y	N	06757166000459767 00885	
12577970	Dept#: 115	2	49.59	Y	N	06757166000459743 00885	
Grand Total		416	5707.00				

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
411	ctns			5584.68		Throws, Blankets	49040	150
5	ctns			122.32		Rugs	70970-5	125
416				5707.00		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: <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.
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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 DOT.</small> <i>AK 10-10-19</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 DOT emergency response guidebook or equivalent documentation in the vehicle.</small> <i>J. Hardy 10-10-19</i>
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Date: 10/10/2019 12:50:17 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757166000459712	
Name: E & E COMPANY LTD		 (402)06757166000459712	
Address: 550 Northport Pkwy			
City/State/Zip: Port Wentworth, GA 31407		CARRIER NAME: Schneider	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 151241	
VENDOR: 000074879		Seal number(s): 2781337	
SHIP TO		SCAC: SCNN	
Name: Kohl's Dist. Center - #00875 Location #: 00875		Pro Number:	
Address: 3030 Airport Road East		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:	
City/State/Zip: Macon D.C., 00875			
CID#: 792606017			
THIRD PARTY FREIGHT CHARGES BILL TO:		Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/> (check box)	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 792606017			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12577970 Dept#: 115	3	72.73	Y N	
Grand Total	3	72.73		

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
3	ctns			72.73		Rugs	70970-5	125
3				72.73		Grand Total		

SCANNED

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: <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. AC 10-10-19	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. Appt Time: 8:00 AM In: 8:00 AM Out: Driver Signature: JH
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Order No.: 5182252 Order Date: 09/24/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12577970
 - #00875

SHIP FROM: E & E COMPANY LTD 550 NORTHPORT PKWY PORT WENTWORTH, GA 31407	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER -#00875 3030 AIRPORT ROAD EAST MACON D.C. MACON, GA 31216 US	Shipping Date: 10/10/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL72-2738	086569213754	Lyla (Tiana) Bath Rug	EA	12	12	1	12	1
N/A	KL72-2739	086569213761	Lyla (Stripe) Bath Rug	EA	12	24	2	24	2

Total Weight:	72.73
Total Quantity Ordered:	36
Total Cartons Ordered:	3
Total Quantity Shipped:	36
Total Cartons Shipped:	3