

Date: 10/11/2019 2:32:01 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757166000460695	
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: JB Hunt Transport	
Name:	Kohl's Dist. Center - #00890	DC#:	00890
		Div.	
Address:	4300 MBL Drive Ottawa D.C., 00890	Trailer number:	225890
		Seal number(s):	2781322
City/State/Zip:	Ottawa, IL 61350	SCAC:	HJBT
SID#:		Pro Number:	
		FOB:	<input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS: ME# 792605999		Appointment Time	Actual Driver Arrival Time
		13:00 ^{AM} _{PM}	12:35 ^{AM} _{PM}
		Driver Departure Time	2:40 ^{AM} _{PM}

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
12577970 Dept#: 115	14	357.06	Y	N	06757166000460664	00890	
12390435 Dept#: 411	552	4559.52	Y	N	06757166000460671	00890	
12390453 Dept#: 411	733	12281.71	Y	N	06757166000460688	00890	
Grand Total	1299	17198.29					

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(a) of NMFC Item 569</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1285	ctns			16841.23		Throws, Blankets	49040	150
14	ctns			357.06		Rugs	70970-5	125
1299				17198.29		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> AC 10-11-19	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 <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> AS 10-11-19
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Date: 10/11/2019 2:32:00 PM

Bill Of Lading

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SHIP FROM		Bill of Lading Number: 06757166000460664	
Name:	E & E COMPANY LTD	 (402)06757166000460664	
Address:	550 Northport Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:			
PHONE:		CARRIER NAME: JB Hunt Transport	
VENDOR:	000074879	FOB:	<input type="checkbox"/>
RESPONSIBLE ACCT. NO:		Trailer number: 225890	
Seal number(s): 2781322		SCAC: HJBT	
Pro Number:			
SHIP TO		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:	Kohl's Dist. Center - #00890	Prepaid:	
Address:	4300 MBL Drive	Collect:	<input checked="" type="checkbox"/>
City/State/Zip:	Ottawa D.C., 00890	3rd Party:	
CID#:	792605999	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 792605999			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12577970 Dept#: 115	14	357.06	Y N	
Grand Total	14	357.06		

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(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
14	ctns			357.06		Rugs	70970-5	125
14				357.06		Grand Total		

<p>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 _____</p>	<p>COD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14705(c)(1)(A) and (B).

<p>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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">_____ Shipper Signature</p>
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<p>SHIPPER SIGNATURE / DATE</p> <p>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.</p> <p style="font-size: 1.2em;">AC 10-11-19</p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE</p> <p>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.</p> <p>Property described above is received in good order, except as noted. <i>AS</i> 10-11-19</p> <p>Appt Time: In: Out: Driver Signature:</p>
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Order No.: 5182254 Order Date: 09/24/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12577970
 - #00890

SHIP FROM:	BILL TO:	SHIP TO:	Shipping Date:
E & E COMPANY LTD 550 NORTHPORT PKWY PORT WENTWORTH, GA 31407	KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	KOHL'S DIST. CENTER - #00890 4300 MBL DRIVE OTTAWA D.C. OTTAWA, IL 61350 US	10/11/2019

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	120	10	120	10
N/A	KL72-2739	086569213761	Lyla (Stripe) Bath Rug	EA	12	48	4	48	4

Total Weight:	357.06
Total Quantity Ordered:	168
Total Cartons Ordered:	14
Total Quantity Shipped:	168
Total Cartons Shipped:	14