

Date: 11/5/2019 3:43:22 PM

Master Bill Of Lading

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SHIP FROM		Master Bill of Lading Number: 06757166000466574	
Name:	E & E COMPANY LTD		
Address:	850 Northport Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: Alliance Shippers	
Name:	Kohl's Dist. Center - #00810	DC#:	00810
		Div.:	
Address:	7855 County Road 140	Trailer number:	0586
	Findlay D.C., 00810	Seal number(s):	2777276
City/State/Zip:	Findlay, OH 45840	SCAC:	ANSH
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"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS:	<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING		
ME# 793599546	Appointment Time	Actual Driver Arrival Time	Driver Departure Time
	13:00 ^{AM} _{PM}	12:27 ^{AM} _{PM}	13:30 ^{AM} _{PM}

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
12390439	Dept#: 411	756	Y	N	06757166000466567	00810	
12390458	Dept#: 411	418	Y	N	06757166000466550	00810	
Grand Total		1174	13219.64				

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 NMPO Item 386</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1174	ctns			13219.64		Throws, Blankets	49040	150
1174				13219.64		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>Fes 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. 14706(e)(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>SHIPPER SIGNATURE / DATE <small>This is to certify that the above marked materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small></p> <p>AC 11-5-19</p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver/Pieces</p>	<p>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></p> <p><i>[Signature]</i> 11/5/19</p>
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Date: 11/5/2019 3:43:20 PM

Bill Of Lading

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SHIP FROM		Bill of Lading Number: 06757166000466567	
Name: E & E COMPANY LTD		 (402)06757166000466567	
Address: 550 Northport Pkwy			
City/State/Zip: Port Wentworth, GA 31407			
SID#:			
PHONE:		CARRIER NAME: Alliance Shippers	
VENDOR: 000874879		Responsible Acct.No.:	
SHIP TO		Trailer number: 0586	
Name: Kohl's Dist. Center - #00810		Seal number(s): 2777278	
Address: 7855 County Road 140		SCAC: ANSH	
City/State/Zip: Findlay, OH 45840		Pro Number:	
CID#: 793599545			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:			
City/State/Zip:		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:	
SPECIAL INSTRUCTIONS: PM-REL-13891869 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12300439 Dept#: 411	756	6244.56	Y N	
Grand Total	756	6244.56		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage 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
756	ctns			6244.56		Throws, Blankets	49040	150
756				6244.56		Grand Total		

<p>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 this 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. 14706(e)(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.

This carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature _____

<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>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 sold 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.</p> <p>Appt Time: In: Out: Driver Signature:</p>
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Order No.: 5212906 Order Date: 10/17/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12390439
- #00810

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 - #00810 7855 COUNTY ROAD 140 FINDLAY D.C. FINDLAY, OH 45840 US	Shipping Date: 11/05/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
93CUUHTTH	KL54-2758	086569267900	Solid Microlight Heated Throw	EA	2	482	241	482	241
93CUUHTTH	KL54-2759	086569267924	Solid Microlight Heated Throw	EA	2	324	162	324	162
93CUUHTTH	KL54-2760	086569267948	Print Microlight Heated Throw	EA	2	324	162	324	162
93CUUHTTH	KL54-2761	086569267955	Print Microlight Heated Throw	EA	2	382	191	382	191

Total Weight:	6244.56
Total Quantity Ordered:	1512
Total Cartons Ordered:	756
Total Quantity Shipped:	1512
Total Cartons Shipped:	756

Stephanie Reed-Lyles

From: Gregory Cole <gregory.cole@oalogistics.com> on behalf of Gregory Cole
Sent: Saturday, January 18, 2020 12:54 PM
To: Maronda Pierce
Cc: Don Bolivar; Ron Perkuchin; Stephanie Reed-Lyles
Subject: Re: FW: Chargeback# 10316303 details from KOHLS

Thanks yes I'm in copy

On Sat, Jan 18, 2020 at 12:26 PM Maronda Pierce <maronda.pierce@oalogistics.com> wrote:

I'm seeing we were charged a CB for 2K due to shortage on heated blankets and we will also be taking the hit on the rework due to not being able to find the inventory on time.

Greg just wanted to be sure you have been added to the Kohl's CB email group.

Stephanie: I don't see us being able to fight this one.

Maronda Pierce
Director of Operations (SV3/SD3)
311 International Trade Parkway
Port Wentworth, GA 31407
Office (912)875-2828 Ext 3845
Office (912) 373-7778 Ext 3845
Cell (912)677-3520

-----Original Message-----

From: kohlscompliance@traversesystems.com
[mailto:kohlscompliance@traversesystems.com]
Sent: Friday, January 17, 2020 7:22 PM
To: kohlscompliance@jlahome.com
Subject: Chargeback# 10316303 details from KOHLS

ATTACHED YOU WILL FIND DOCUMENTATION FOR CHARGEBACK # 10316303.

Rule number TR054:Domestic Fill Rate - SKU shipped less than order quantity.

This charge is a result of non-compliance to the Kohls Vendor Partnership Requirements. Kohls Vendor Partnership Requirements can be found on our website, <https://link.kohls.com/>.

All disputes must be submitted through <https://kss.traversesystems.com> within 60 calendar days of receiving this notice. The dispute portal allows for a one-time only review of data so include all pertinent

documents to support your claim

Thank you.

Attachments are in PDF format.

Viewing requires Adobe Acrobat Reader:

<http://www.adobe.com/products/acrobat/readstep.html>

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Assistant Director of Operations

Pooler - Distribution Center



Best regards

GC