

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

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757166000466574	
Name:	E & E COMPANY LTD		
Address:	650 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:	7865 County Road 140 Findlay D.C., 00810	Trailer number:	0686
		Seal number(s):	2777278
City/State/Zip:	Findlay, OH 45640	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"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LADING (check box)	
SPECIAL INSTRUCTIONS: ME# 793599546		Appointment Time	Actual Driver Arrival Time
		13:00 AM	12:27 AM
			Driver Departure Time
			15:30 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	FALLET/SLIP (CIRCLE ONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#	
12390439 Dept#: 411	766	6244.56	Y N	06757166000466567	00810		
12390458 Dept#: 411	418	6975.08	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 stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1174	ctns			13219.64		Throws, Blankets	49040	160
1174				13219.64		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 _____	GOD 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 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. <i>AC 11-5-19</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/Plates	CARRIER SIGNATURE / PICKUP DATE Driver acknowledged 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. <i>[Signature]</i> 11/5/19
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SHIP FROM		Bill of Lading Number: 08757166000466567	
Name:	E & E COMPANY LTD	 (402)06757166000466567	
Address:	550 Northport Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SIC#:			
PHONE:			
VENDOR:	000074879	FOB:	<input type="checkbox"/>
SHIP TO		CARRIER NAME: Alliance Shippers	
Name:	Kohl's Dist. Center - #00810	Location #:	00810
Address:	7855 County Road 140	Trailer number: 0586	
City/State/Zip:	Findlay D.C., 00810	Seal number(s): 2777278	
CID#:	793699545	SCAC: ANSH	
		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	
SPECIAL INSTRUCTIONS: PM-REL-13881959 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
12360439	Dept#: 411	756	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	oths			6244.56		Throws, Blankets	49040	180
756				6244.56		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(a)(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
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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.	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: In: Out: Driver Signature:

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