



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

Invoice# **701-NCF-0096797**
When remitting refer to this invoice
number

Terms: Net Cash
Period: 01
Date: 02/19/2020

E & E CO LTD
45875 NORTHPORT LOOP EAST
FREMONT , CA 945380000

PAY TO #: 10316750

ME#: 26321007

Amount: 200.00

PO Number not listed on Bill of Lading

DIRECT ALL INQUIRIES TO: fmnonfoodpayables@kroger.com

Please include your Vendor Name in the subject line of your email.

USERID: GD11362

For Office Use Only

437 40-6040 000 PO#:04879284 Dept:83 Class:809 Loc: (200.00)

437 02-2320 000 PO#: Dept:0 Class:0 Loc:0 200.00

PO21M01

Inquire Order Terms and Conditions FRED MEYER


Vendor	26321007	JLA/E & E CO LTD	PO type	ME MERCHANDISE
Order number	4879284		Confirmation N	EDI Y
Order status	PN PARTIALLY DELIVERED		PO Disc/Chrg type..	
Order source	RM REPLENISHMENT		PO Disc/Chrg pct ..	
Import	N		PO Disc/Chrg amt ..	
Payment terms	416 + NET 30		FOB point	FOB SHIP POINT
Freight PP COL ...	CO	PP Qlfr 0	Cancel Vend Pre-ticket	N
Effective terms ..	ROG	RECEIPT OF GOODS	Ship date	02/03/20
Order date	02/03/20		Ship PO complete	Y
Order proc time	9 Days		Created by	POB0025
Rsc Instr				
Transit time	3 Days			
Earliest arrival date ..	02/15/20			
Cancel date	02/12/20			
Last arrival date	02/15/20			

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

Date: 2/12/2020 8:32:15 AM

Bill of Lading

Page 2 of 2

SHIP FROM		BOL of Lading Number: 06757163000418428	
Name:	E & E COMPANY LTD	 (492)06757163000418428	CARRIER NAME: Market Transport
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
PHONE:	(530)669-5991		
VENDOR:	10316700	FOB: <input type="checkbox"/>	

SHIP TO		Responsible Acct.No:	
Name:	Fred Meyer Stores	Location #:	00790880944
Address:	Chehalis RSC DC - Home/HCC	Trailer number:	8200
City/State/Zip:	Chehalis, WA 98532-8716	Seal number(s):	9605264
CID#:		ECAC:	MKET
Dept:	0083	Pro Number:	
		FOB:	<input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	Collect: <input checked="" type="checkbox"/> 3rd Party:
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
City/State/Zip:		Appointment Time	Actual Driver Arrival Time
SPECIAL INSTRUCTIONS:		AM	AM
Load #: MKET 2660369		PM	PM
Packing List is Attached		Driver Departure Time	AM
			PM

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 350</small>	PACKAGE		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
		4	ctns	48.04		Runners, Placemats, Napkins	49505	77.5	
		441	ctns	2700.08		Sheet Set & Pillowcase	49390	175	
		62	ctns	562.66		Throws, Blankets	49040	150	
11		1043		7349.12		Grand Total			

P.O. 04879253 - 61387
 P.O. 04879254 - 61386
 P.O. 04879255 - 61385
 P.O. 04879284 - 61384

Drop business at pending	Unit of pending
Pre-Paid	Collect
Receiver	Date
Case count verified by	Date
Case Count	Short
Pack list included with product	Yes
Charge back completed	Yes
Concealed shortages detected	

Where the rate is dependent on value, shippers are required to stated 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"/>
---	--

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 / 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.
---	---	--

Shipper Signature

SHIP FROM

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

ORIGINAL

FOB:

Bill of Lading Number: 06757163000418428



CARRIER NAME: Market Transport.

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

FOB:

Responsible Acct.No:

Trailer number: 8200

Seal number(s): 9605284

TRL # 8200
 OSV # 2660369
 MA # 1200213998001
 Seal #

SCAC: MKET

Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

SPECIAL INSTRUCTIONS:
 Load #: MKET 2660369
 Packing List is Attached

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

Prepaid: Collect: X 3rd Party:

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

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

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 366</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		4	ctns	48.04		Runners, Placemats, Napkins	49505	77.5
		441	ctns	2700.08		Sheet Set & Pillowcase	49390	175
		62	ctns	562.66		Throws, Blankets	49040	150
11		1043		7349.12		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

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 rules, 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.

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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.



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

Invoice# **701-NCF-0096796**
When remitting refer to this invoice
number

Terms: Net Cash
Period: 01
Date: 02/19/2020

E & E CO LTD
45875 NORTHPORT LOOP EAST
FREMONT , CA 945380000

PAY TO #: 10316750

ME#: 10316702

Amount: 200.00

PO Number not listed on Bill of Lading

DIRECT ALL INQUIRIES TO: fmnonfoodpayables@kroger.com

Please include your Vendor Name in the subject line of your email.

USERID: GD11362

For Office Use Only

437 40-6040 000 PO#:04879253 Dept:83 Class:809 Loc: (200.00)

437 02-2320 000 PO#: Dept:0 Class:0 Loc:0 200.00

P021M01


Inquire Order Terms and Conditions FRED MEYER

Vendor 10316702 E & E CO DBA JLA- RMA BLANKETS
 Order number 4879253 PO type ME MERCHANDISE
 Order status FS FULLY SUPPLIED Confirmation N EDI Y

Order source RM REPLENISHMENT PO Disc/Chrg type..
 Import N PO Disc/Chrg pct ..
 PO Disc/Chrg amt ..

Payment terms 416 + NET 30
 Freight PP COL ... CO PP Qlfr 0 FOB point FOB SHIP POINT
 Effective terms .. ROG RECEIPT OF GOODS
 Order date 02/03/20 Cancel Vend Pre-ticket N
 Order proc time 9 Days Ship date 02/03/20
 Rsc Instr
 Transit time 3 Days Ship PO complete Y
 Earliest arrival date .. 02/15/20
 Cancel date 02/12/20
 Last arrival date 02/15/20 Created by POB0025

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

SHIP FROM		Bill of Lading Number: 06757163000418420
Name:	E & E COMPANY LTD	 (402)05757163000418428
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
PHONE:	(530)669-5991	
VENDOR:	10316700	

SHIP TO		CARRIER NAME: Market Transport
Name:	Fred Meyer Stores	Location #: 00790880944
Address:	Chehalis RSC DC - Home/HCC 224 Maurin Rd., 0079088094461	
City/State/Zip:	Chehalis, WA 98532-8716	
CID#:		FOB: <input type="checkbox"/>
Dept:	0083	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:
Address:		Master Bill of Lading: with attached underlying Bills of Lading
City/State/Zip:		(check box)
SPECIAL INSTRUCTIONS:		Appointment Time
Load #: MKET 2660369		Actual Driver Arrival Time
Packing List is Attached		Driver Departure Time
		AM PM AM PM AM PM

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (%)	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 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		4	ctns	48.04		Runners, Placemats, Napkins	48505	77.5
		441	ctns	2700.08		Sheet Set & Pillowcase	49390	175
		62	ctns	562.66		Throws, Blankets	49040	150
11		1043		7349.12		Grand Total		

P.O. 04879253 - 61387
 P.O. 04879254 - 61386
 P.O. 04879255 - 61385
 P.O. 04879284 - 61384

Drop load case of pending	Unit of pending
Pre-Paid	Collect
Receiver	LT
Case count verified	2/17/20
Case Count	2/18
Pack list included with product	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Charge back completed	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Concealed shortages detected	

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: <small>*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____</small>	COD Amount: _____
	Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>
	Customer check acceptable: <input type="checkbox"/>

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 / DATE <small>This is to certify that the above named materials are property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>	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>
--	---	---	---

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

Bill of Lading Number: 06757163000418428

 (402)06757163000418428

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#: _____ FOB:
 Dept: 0083

CARRIER NAME: Market Transport
 Responsible Acct.No:
 Trailer number: 8200
 Seal number(s): 9605284 TRL # 8200
 SCAC: MKET GSV # 2660369
 Pro Number: FM # 1200213798001
 Seal # _____

THIRD PARTY FREIGHT CHARGES BILL TO
 Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 Load #: MKET 2660369
 Packing List is Attached

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: Collect: 3rd Party:
 Master Bill of Lading: with attached underlying Bills of Lading

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CARRIER INFORMATION						COMMODITY DESCRIPTION		PACKAGE	
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 350</small>	NMFC #	CLASS	
QTY	TYPE	QTY	TYPE						
		4	ctns	48.04		Runners, Placemats, Napkins	49505	77.5	
		441	ctns	2700.08		Sheet Set & Pillowcase	49390	175	
		62	ctns	562.66		Throws, Blankets	49040	150	
11		1043		7349.12		Grand Total			

Where the rate is dependent on value, shippers are required to stated 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 _____

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).

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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 property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded: By Shipper By Driver
 Freight Counted: 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.



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

Invoice# **701-NCF-0096795**
When remitting refer to this invoice
number

Terms: Net Cash
Period: 01
Date: 02/19/2020

E & E CO LTD
45875 NORTHPORT LOOP EAST
FREMONT , CA 945380000

PAY TO #: 10316750

ME#: 10316703

Amount: 200.00

PO Number not listed on Bill of Lading

DIRECT ALL INQUIRIES TO: fmnonfoodpayables@kroger.com

Please include your Vendor Name in the subject line of your email.

USERID: GD11362

For Office Use Only

437 40-6040 000 PO#:04879854 Dept:83 Class:809 Loc: (200.00)

437 02-2320 000 PO#: Dept:0 Class:0 Loc:0 200.00

PO21M01

Inquire Order Terms and Conditions FRED MEYER


Vendor	10316703	E & E CO DBA JLA RMA SHEETS	
Order number	4879254	PO type	ME MERCHANDISE
Order status	PN PARTIALLY DELIVERED	Confirmation N	EDI Y
Order source	RM REPLENISHMENT	PO Disc/Chrg type..	
Import	N	PO Disc/Chrg pct ..	
		PO Disc/Chrg amt ..	
Payment terms	416 + NET 30		
Freight PP COL ...	CO PP Qlfr	0	FOB point FOB SHIP POINT
Effective terms ..	ROG RECEIPT OF GOODS		
Order date	02/03/20	Cancel Vend Pre-ticket	N
Order proc time	9 Days	Ship date	02/03/20
Rsc Instr		Ship PO complete	Y
Transit time	3 Days		
Earliest arrival date ..	02/15/20		
Cancel date	02/12/20		
Last arrival date	02/15/20	Created by	POB0025

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

Date: 2/12/2020 3:32:15 AM

Bill Of Lading

Page 1 of 2

SHIP FROM		Bill of Lading Number: 05757163000418426
Name:	E & E COMPANY LTD	 (402)05757163000418426
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95775	
PHONE:	(530)669-5991	
VENDOR:	10316700	

SHIP TO		CARRIER NAME: Market Transport
Name:	Fred Meyer Stores	Responsible Acct.No:
Address:	Chehalis RSC DC - Home/HCC	Trailer number: 8200
City/State/Zip:	Chehalis, WA 98532-8716	Seal number(s): 9505264
Dept:	0083	S.C.A.C: MKET

THIRD PARTY/FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)									
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>									
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading									
City/State/Zip:		<table border="1"> <tr> <th>Appointment Time</th> <th>Actual Driver Arrival Time</th> <th>Driver Departure Time</th> </tr> <tr> <td>AM</td> <td>AM</td> <td>AM</td> </tr> <tr> <td>PM</td> <td>PM</td> <td>PM</td> </tr> </table>	Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time									
AM	AM	AM									
PM	PM	PM									
SPECIAL INSTRUCTIONS:											
Load #: MKET 2660369											
Packing List is Attached											

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special 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 NMFCA Item 369</small>	PACKAGE		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
		4	ctns	48.04		Runners, Placemats, Napkins	49505	77.5	
		441	ctns	2700.08		Sheet Set & Pillowcase	49390	175	
		62	ctns	562.66		Throws, Blankets	49040	150	
11		1043		7349.12		Grand Total			

P.O. 04879253 - 61387
 P.O. 04879254 - 61386
 P.O. 04879255 - 61385
 P.O. 04879284 - 61384

Drop load case of pending	Unit of pending
Pre-Paid	Collect
Receiver	2/17/20
Case count verify by	218
Case Count	Ship
Pack list included with product	Yes/No
Charge back completed	Yes/No
Concealed shortage detected	

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"/>

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 / 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
--	---	---	--

Date: 2/12/2020 8:32:15 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

ORIGINAL

Bill of Lading Number: 06757163000418428



CARRIER NAME: Market Transport

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

Responsible Acct.No:
 Trailer number: 8200
 Seal number(s): 9605284

TRL # 8200
 OSV # 2660369
 FM # 1200213998001
 Seal #

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:

Load #: MKET 2660369
 Packing List is Attached

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

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
		4	ctns	48.04		Runners, Placemats, Napkins	49505	77.5
		441	ctns	2700.08		Sheet Set & Pillowcase	49390	175
		62	ctns	562.66		Throws, Blankets	49040	150
11		1043		7349.12		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

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).

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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 property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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.