

Date: 8/2/2019 11:36:04 AM

Master Bill Of Lading

Page 1 of 1

SHIP FROM
Name: OA LOGISTICS
Address: 311 International Trade Pkwy
City/State/Zip: Port Wentworth, GA 31407
SID#: FOB:

Master Bill of Lading Number: 06757168000004596

SHIP TO
Customer Code: HOMEGOODSWHS
Name: CAL CARTAGE
Address: CFS #2 GEORGIA PORT AUTHORITY
City/State/Zip: GARDEN CITY, GA 31408
SID#: FOB:

CARRIER NAME: Premier Transportation
Trailer number: ptag533783
Seal number(s): 2197862

SCAC: PTAG
Pro Number: 0

THIRD PARTY FREIGHT CHARGES BILL TO:
Name:
Address:
City/State/Zip:

Freight Charge Terms:
Prepaid: **Collect:** **3rd Party:**

SPECIAL INSTRUCTIONS:
Load #: 00021070217M

MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
2:00 AM	9:50 AM	11:36 AM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
				BOL#	DC#
20-722365DEPT#53	47	2005.11	Y N	06757168000004565	882
50-722365DEPT#53	92	3909.63	Y N	06757168000004572	885
70-722365DEPT#53	29	1024.17	Y N	06757168000004589	887
Grand Total	168	6938.91			

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
27	Pallet			1350.00		Pallet		70
		22	ctns	949.44		Furniture (Seating, Storage, Outdoor)	80580	150
		146	ctns	5989.47		Furniture (Sleeping, Surfaces)	80580	100
27				8288.91		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:** **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 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 property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.
Chaz 8-02-19

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.
D. E. Clarke 8/2/2019

SHIP FROM
 Name: OA LOGISTICS
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 PHONE: 912-875-2828
 VENDOR:

SHIP TO
 Name: HomeGoods Distribution Center
 887
 Address: 850 NORTHFIELD DR
 City/State/Zip: BROWNSBURG, IN 46112
 CID#: FOB:
 Dept: 53

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 Load #: 00021070217M
 Packing List is Attached

Bill of Lading Number: 06757168000004589

 (402)06757168000004589

CARRIER NAME: Premier Transportation
 Responsible Acct.No:
 Trailer number: ptag533783
 Seal number(s): 2197862

SCAC: PTAG
Pro Number: 0

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

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

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
70-722365DEPT#53	56	1024.17	Y N	
Grand Total	56	1024.17		

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 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		29	ctns	1024.17		Furniture (Sleeping, Surfaces)	80580	100
3		29		1174.17		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:** **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 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

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.

Order No.: 50143971 Order Date: 07/26/2019 Customer: HOMEGOODS DISTRIBUTION CENTER 887 Customer PO No.: 70-722365DEPT#53

SHIP FROM: OA LOGISTICS 311 INTERNATIONAL TRADE PKWY PORT WENTWORTH, GA 31407	BILL TO: HOMEGOODS (WHOLESALE) 300 VALUE WAY ATTN: ACCOUNTS PAYABLE2N MARLBOROUGH, MA 01752 US	SHIP TO: HOMEGOODS DISTRIBUTION CENTER 887 850 NORTHFIELD DR BROWNSBURG, IN 46112 US	Shipping Date: 08/02/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
044101	HH120-0241	086569042965	Donner Accent Table	EA	1	2	2	2	2
044110	MPS120-0262	086569032522	Arley Accent Table	EA	1	27	27	27	27

Total Weight: 1024.17
Total Quantity Ordered: 29
Total Cartons Ordered: 29
Total Quantity Shipped: 29
Total Cartons Shipped: 29

SHIP FROM
 Name: OA LOGISTICS
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 PHONE: 912-875-2828
 VENDOR:

Bill of Lading Number: 0675716800004572

 (402)0675716800004572

SHIP TO
 Name: HomeGoods Distribution Center
 885
 Address: 1415 BLUE HILL AVE
 City/State/Zip: BLOOMFIELD, CT 06002
 CID#: FOB:
 Dept: 53

CARRIER NAME: Premier Transportation
 Responsible Acct.No:
 Trailer number: ptag533783
 Seal number(s): 2197862
SCAC: PTAG
Pro Number: 0

THIRD PARTY FREIGHT CHARGES BILL TO
 Name:
 Address:
 City/State/Zip:
SPECIAL INSTRUCTIONS:
 Load #: 00021070217M
 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 underlying Bills of Lading

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

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP			
50-722365DEPT#53	125	3909.63	Y	N		
Grand Total	125	3909.63				

CARRIER INFORMATION						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 360</small>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
16	Pallet			800.00		Pallet		
		22	ctns	949.44		Furniture (Seating, Storage, Outdoor)	80580	150
		70	ctns	2960.19		Furniture (Sleeping, Surfaces)	80580	100
16		92		4709.63		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: 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 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

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.

Order No.: 50143965 Order Date: 07/26/2019 Customer: HOMEGOODS DISTRIBUTION CENTER 885 Customer PO No.: 50-722365DEPT#53

SHIP FROM: OA LOGISTICS
311 INTERNATIONAL TRADE
PKWY
PORT WENTWORTH, GA 31407

BILL TO: HOMEGOODS (WHOLESALE)
300 VALUE WAY
ATTN: ACCOUNTS PAYABLE2N
MARLBOROUGH, MA 01752
US

SHIP TO: HOMEGOODS DISTRIBUTION
CENTER 885
1415 BLUE HILL AVE
BLOOMFIELD, CT 06002
US

Shipping Date: 08/02/2019

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
044092	HH105-0227	086569042651	Fillmore Rush Bench	EA	1	20	20	20	20
044101	HH120-0241	086569042965	Donner Accent Table	EA	1	37	37	37	37
044094	MPS105-0127	675716955892	Grace Bench	EA	1	2	2	2	2
044110	MPS120-0262	086569032522	Arley Accent Table	EA	1	33	33	33	33

Total Weight: 3909.63
Total Quantity Ordered: 92
Total Cartons Ordered: 92
Total Quantity Shipped: 92
Total Cartons Shipped: 92

SHIP FROM		Bill of Lading Number: 0675716800004565									
Name: OA LOGISTICS Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: 912-875-2828 VENDOR:		 (402)0675716800004565									
SHIP TO		CARRIER NAME: Premier Transportation									
Name: HomeGoods Distribution Center 882 Address: 7000 S. ALVERNON WAY City/State/Zip: TUCSON, AZ 85756 CID#: FOB: <input type="checkbox"/> Dept: 53		Responsible Acct.No: Trailer number: ptag533783 Seal number(s): 2197862									
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: PTAG									
Name: Address: City/State/Zip:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)									
SPECIAL INSTRUCTIONS: Load #: 00021070217M Packing List is Attached		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:									
		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading									
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Appointment Time</td> <td style="width: 33%;">Actual Driver Arrival Time</td> <td style="width: 33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">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									

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
20-722365DEPT#53	68	2005.11	Y N	
Grand Total	68	2005.11		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE			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 369	NMFC #	CLASS
8	Pallet			400.00		Pallet		
		47	ctns	2005.11		Furniture (Sleeping, Surfaces)	80580	100
8		47		2405.11		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 _____ 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. <div style="text-align: right;">Shipper Signature</div>								
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.	<table border="0" style="width:100%;"> <tr> <td style="width: 50%;">Trailer Loaded:</td> <td style="width: 50%;">Freight Counted:</td> </tr> <tr> <td><input type="checkbox"/> By Shipper</td> <td><input type="checkbox"/> By Shipper</td> </tr> <tr> <td><input type="checkbox"/> By Driver</td> <td><input type="checkbox"/> By Driver/pallets said to contain</td> </tr> <tr> <td></td> <td><input type="checkbox"/> By Driver/Pieces</td> </tr> </table>	Trailer Loaded:	Freight Counted:	<input type="checkbox"/> By Shipper	<input type="checkbox"/> By Shipper	<input type="checkbox"/> By Driver	<input type="checkbox"/> By Driver/pallets said to contain		<input type="checkbox"/> By Driver/Pieces
Trailer Loaded:	Freight Counted:								
<input type="checkbox"/> By Shipper	<input type="checkbox"/> By Shipper								
<input type="checkbox"/> By Driver	<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.									

Order No.: 50143962 Order Date: 07/26/2019 Customer: HOMEGOODS DISTRIBUTION CENTER 882 Customer PO No.: 20-722365DEPT#53

SHIP FROM: OA LOGISTICS 311 INTERNATIONAL TRADE PKWY PORT WENTWORTH, GA 31407	BILL TO: HOMEGOODS (WHOLESALE) 300 VALUE WAY ATTN: ACCOUNTS PAYABLE2N MARLBOROUGH, MA 01752 US	SHIP TO: HOMEGOODS DISTRIBUTION CENTER 882 7000 S. ALVERNON WAY TUCSON, AZ 85756 US	Shipping Date: 08/02/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
044101	HH120-0241	086569042965	Donner Accent Table	EA	1	26	26	26	26
044110	MPS120-0262	086569032522	Arley Accent Table	EA	1	21	21	21	21

Total Weight:	2005.11
Total Quantity Ordered:	47
Total Cartons Ordered:	47
Total Quantity Shipped:	47
Total Cartons Shipped:	47