


Date: 2/19/2020 9:30:16 AM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757164000201157	
Name: E & E COMPANY LTD Address: 1880 Tide Court City/State/Zip: Woodland, CA 96776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000201157	
<b>SHIP TO</b>		CARRIER NAME: JB Hunt Transport	
Name: Burlington San Bernardino DC Location #: 512 #612 Address: 570 East Mill Street City/State/Zip: San Bernardino, CA 92408 CID#: _____ Dept: 6		Responsible Aoct.No: _____ Trailer number: 170 Seal number(s): 3712069	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: CS0000216352 Peeking List is Attached		Appointment Time: 9:00 AM Actual Driver Arrival Time: 9:00 AM Driver Departure Time: 10:30 AM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
651379801	455	3007.55	Y N	
651379805	624	4492.80	Y N	
<b>Grand Total</b>	1079	7500.35		

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 309</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
26	Pallet			1300.00		Pallet		
		1079	ctns	7500.35		Comforters, Bedspreads	49017	200
26		1079		8800.35		<b>Grand Total</b>		

<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>	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</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.
<b>SHIPPER SIGNATURE / DATE</b> <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> _____ 2/19/20	<b>SHIPPER SIGNATURE</b> 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
<b>CARRIER SIGNATURE / PICKUP DATE</b> <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> x _____ 2/19/20	

# Bill of Lading

**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 1650 Tido Court  
 City/State/Zip: Woodland, CA 95776  
 Phone:  
 Vendor:

Bill of Lading Number: 06787164000201157  
  
 (402)06757164000201157

**SHIP TO**  
 Name: Burlington San Bernardino DC  
 Address: 670 East Mill Street  
 City/State/Zip: San Bernardino, CA 92408  
 Dept: 6

CARRIER NAME: JB Hunt Transport  
 Responsible Acct No: **2.20.20**  
 Trailer number: 170  
 Seal number(s): 3712069

SCAC: HJBT  
 Pro Number: **000 92344**

**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name:  
 Address:  
 City/State/Zip: **300090344**

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

SPECIAL INSTRUCTIONS  
 Load # OS0000216352  
 Packings Lists Attached:

Appointment Time: 9:00 AM  
 Actual Driver Arrival Time: 9:00 AM  
 Driver Departure Time: 10:30 AM

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
651379801	456	3007.55	N	
651379805	624	4492.80	N	
<b>Grand Total</b>	<b>1079</b>	<b>7500.35</b>		

HANDLING UNIT	PACKAGE	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE
QTY	TYPE	QTY	TYPE		NMFC#
26	Pallet	1300.00		Pallet	
		1079	ctns	Comforters, Bedspreads	49017
26		8800.35		<b>Grand Total</b>	200

BURLINGTON STORES RECEIVING STAMP  
 MERCHANDISE RECEIPT AT DOCK  
 The BOL has Pallet & Carton counts (plus the Stamp, OS&D and actual form with the received amount for each)  
 FREIGHT BILL: # Pallets **26** # CTNS **1079** # GOH \_\_\_\_\_  
 EXCEPTIONS (CIRCLE ALL THAT APPLY) OVERPAGE / SHORTAGE / DAMAGE / REFUSED  
 OS&D # Pallets **0** # CTNS **0** # GOH \_\_\_\_\_  
 REFUSED # Pallets **0** # CTNS **0** # GOH \_\_\_\_\_  
 BILL SIGNED FOR: **AS**  
 Bill signer sign: **AS**  
 Copy Amount: GOH \_\_\_\_\_  
 Free Terms: Date **2/19/16** Prepaid:   
 Customer check acceptable:

**RECEIVED**  
 Date: **2/19/16**  
 Time: **10:30 AM**  
 Signature: **AS**

NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(d)(4)(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 all charges and all other lawful charges.

SHIPPER SIGNATURE / DATE: **AS 2/19/16**  
 Trailer Loaded:  By Shipper  By Driver  
 Freight Counted:  By Shipper  By Driver  
 CARRIER SIGNATURE / PICKUP DATE: **AS 2/19/16**  
 Carrier acknowledges receipt of packages and contents, unless otherwise indicated on this BOL. Emergency response information is required on all hazardous materials shipments. Emergency response information is required on all hazardous materials shipments.

























