

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date 10/19/2023

SAV Dot Com 3-HARD GOODS
 311 International Trade Pkwy
 Port Wentworth, GA 31407
 NA (912) 875-2828
 Reference Number: 20750084 OX

Carrier:	Southeastern Freight Lines, Inc.
Pro#:	
Load#:	452004785
PO#:	20750084

Consignee: Due Date 10/20/2023

Olivia Newell
 111 Woodford Ln
 Canton, GA 30115-0300
 Olivia Newell +17706855820
 Reference Number: 72Q4PCXGGC

All Freight charges PPD/3rd party bill to:
 OA Logistics c/o CHRLTL
 14800 Charlson Rd
 Ste 2100
 Eden Prairie, MN 55347

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
	UPC: 022164245363	INK+IVY Molly Modular Armless Chair	1 Cartons		36	Dry	79300 250
Dimensions: L 35.0in x W 31.0in x H 18.25in							
	UPC: 086569790484	Madison Park Marion Faux Leather Swivel Chair	2 Cartons		99	Dry	79300 250
Dimensions: L 29.5in x W 31.0in x H 33.0in							
	UPC: 022164245370	INK+IVY Molly Modular Corner Chair	1 Cartons		27	Dry	79300 250
Dimensions: L 31.0in x W 31.0in x H 18.0in							
	UPC: 022164245356	INK+IVY Molly Modular Corner Chair	2 Cartons		98	Dry	79300 250
Dimensions: L 35.0in x W 35.0in x H 18.25in							
				6	261		

Shipper Special Instructions:

N/A

Consignee Special Instructions:

N/A, Lift Gate: This location needs a Lift Gate, Residential: The location is a Residence

Comments:


Please contact C.H. Robinson @ 866-400-9216 or email LTLKC1@chrobinson.com for any questions or concerns regarding the shipment.

The Shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

Shipper Signature X [Signature] Date: 10/17/23 Trailer# 284170
 Consignee Signature X _____ Date: _____ Seal# _____
 Driver Signature X [Signature] Date: _____ Seal# _____

Permanent post office address of shipper.

CARRIER'S LIABILITY LTD TO MAX OF \$10,000 B. TARIFFS NMF 100 & SEFL 1090.



23 **SEFL** 3252 0728-3

PHYSICAL PIECES			B/L PCS
PLTS HND	LPCS HND	TPCS HND	
0	6	6	6

PHYSICAL SHIPPER (IF DIFFERENT FROM B/L)