

1672640

Date: 12/14/2023 9:00:43 AM

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 550 Northport Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 PHONE: 510-490-9788
 VENDOR:

Bill of Lading Number: 06757166000870708



(402)06757166000870708

~~933~~

SHIP TO

Name: HUDSONS FURNITURE SHOWROOM
 Address: 3290 W. STATE ROAD 46
 City/State/Zip: SANFORD, FL 32771-8845
 PHONE: 407- 708-5970
 CID#: Dept: FOB:

CARRIER NAME: Customer Specified
 Responsible Acct.No: HF0020
 Trailer number: 933
 Seal number(s):
SCAC: CUSP
Pro Number: 00000

1672640

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: Hudson's Furniture
 Address: 3290 West State Road 46
 City/State/Zip: Sanford, FL 32771-8845

SPECIAL INSTRUCTIONS:
 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 (check box)

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
20767091	7	51.86	Y	N	49120690
Grand Total	7	51.86			

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	
2	Pallet			100.00		Pallet			
		1	ctns	2.42		Throws,Blankets	49040		150
		6	ctns	49.44		Comforters, Bedspreads	49017		200
2		7		151.86		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: 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.

Angel Cole
 12-14-23

Trailer Loaded: Freight Counted:

<input checked="" type="checkbox"/> By Shipper	<input checked="" 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.

1672640



Order Date : 12/07/2023

Order No. : 20767091

Tel: 855-842-4358 Fax: 510-490-2804

WHOLESALE PLATFORM FOR HOUSEHOLD

Shipping From :

Ollix.Com
550 Northport Pkwy
Port Wentworth, GA 31407

Shipping To :

HUDSONS FURNITURE SHOWROOM
3290 W. STATE ROAD 46
SANFORD FL 32771-8845

Shipping Method :

LTL

Ref. No. :

49120690


Billing Address :

Hudson's Furniture
Hudson's Furniture Showroom, Inc.
3290 West State Road 46
Sanford FL 32771-8845

Item No.	UPC	Description	Ref. No.	Qty Ord	Qty Sent
HH13-1547	675716740368	F/Q Seaside Coverlet Set		3	3
II11-229	675716604264	Camila Euro Sham		1	1
II11-229	675716604264	Camila Euro Sham		2	2
II50-239	675716611316	Stockholm/Halmstad Throw		1	1
MP13-8078	022164206883	K/CK Pebble Beach/Pacific Grov		1	1

To initiate a return, you must have a Return Authorization Number. For Return Policy information and the Return Authorization Number, please contact the company your item was purchased through.

Date: 12/14/2023 8:53:30 AM **Bill Of Lading** Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757166000871002	
Name: E & E COMPANY LTD Address: 550 Northport Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: 510-490-9788 VENDOR:		 (402)06757166000871002	
SHIP TO			
Name: HUDSONS FURNITURE SHOWROOM Address: 3290 WEST SR 46 REF: PO #1978634, City/State/Zip: SANFORD, FL 32771 PHONE: 407-708-5970 CID#: Dept: <input type="checkbox"/>		CARRIER NAME: Customer Specified Responsible Acct.No: HF0020 Trailer number: 933 Seal number(s):	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: CUSP Pro Number: 00000	
Name: HAZEL CARVER Address: 3290 WEST SR 46 City/State/Zip: SANFORD, FL 32771		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: <input checked="" type="checkbox"/>	
SPECIAL INSTRUCTIONS: Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading Appointment Time: AM/PM Actual Driver Arrival Time: AM/PM Driver Departure Time: AM/PM	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
20766972	5	47.15	Y N	1978634	
Grand Total	5	47.15			

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
1	Pallet			50.00		Pallet		
		5	ctns	47.15		Comforters, Bedspreads	49017	200
1		5		97.15		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.
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>Angele Clark</i> 12-14-23	Trailer Loaded: Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" 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 Date : 12/07/2023

Order No. : 20766972

Tel : 855-842-4358 Fax : 510-490-2804

WHOLESALE PLATFORM FOR HOUSEHOLD

Shipping From :

Ollix.Com
550 Northport Pkwy
Port Wentworth, GA 31407

Shipping To :

HUDSONS FURNITURE SHOWROOM
3290 WEST SR 46
REF: PO #1978634
SANFORD FL 32771

Shipping Method :

LTL

Ref. No. :

1978634

Billing Address :

HAZEL CARVER
HUDSONS FURNITURE
3290 WEST SR 46
SANFORD FL 32771

Item No.	UPC	Description	Ref. No.	Qty Ord	Qty Sent
MP10-7632	086569632074	F/Q Duke/York/York Comforter M		1	1
MP13-625	675716490607	T/TXL Keaton/Jaxson/Mitchell C		1	1
MPS10-504	022164268171	F/Q Embroidered Comforter Set		1	1
UHK13-0186	022164140620	Dawn/Ellie/Mandy Comforter Se		1	1
UHK13-0187	022164140637	Dawn/Ellie/Mandy Comforter Se		1	1

To initiate a return, you must have a Return Authorization Number. For Return Policy information and the Return Authorization Number, please contact the company your item was purchased through.

Date: 12/14/2023 8:52:45 AM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 550 Northport Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 PHONE: 510-490-9788
 VENDOR:

Bill of Lading Number: 06757166000870784



SHIP TO
 Name: HUDSONS FURNITURE SHOWROOM
 Address: 3290 W. STATE ROAD 46
 City/State/Zip: SANFORD, FL 32771-8845
 PHONE: 407- 708-5970
 CID#: Dept: FOB:

CARRIER NAME: Customer Specified

Responsible Acct.No: HF0020

Trailer number: 933

Seal number(s):

SCAC: CUSP

Pro Number: 00000

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Hudson's Furniture
 Address: 3290 West State Road 46
 City/State/Zip: Sanford, FL 32771-8845

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:
 Packing List is Attached

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
20767094	20	243.20	Y N	49120798
Grand Total	20	243.20		

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				NMFC #	CLASS
1		Pallet	50.00		Pallet		
	20	ctns	243.20		Comforters, Bedspreads	49017	200
1			293.20		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.
Angela Clark

Trailer Loaded: Freight Counted:

<input checked="" type="checkbox"/> By Shipper	<input checked="" 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.

12-14-23



Order Date : 12/07/2023

Order No. : 20767094

Tel: 855-842-4358 Fax: 510-490-2804

WHOLESALE PLATFORM FOR HOUSEHOLD

Shipping From :

Ollix.Com
550 Northport Pkwy
Port Wentworth, GA 31407

Shipping To :

HUDSONS FURNITURE SHOWROOM
3290 W. STATE ROAD 46
SANFORD FL 32771-8845

Shipping Method :

LTL

Ref. No. :

49120798

Billing Address :

Hudson's Furniture
Hudson's Furniture Showroom, Inc.
3290 West State Road 46
Sanford FL 32771-8845

Item No.	UPC	Description	Ref. No.	Qty Ord	Qty Sent
5DS10-0048	086569004864	K Ramsey/Lynda/Casey 8pcs Comf		20	20

To initiate a return, you must have a Return Authorization Number. For Return Policy information and the Return Authorization Number, please contact the company your item was purchased through.