



Equip ID: 390 Status: AP
Equip Arrival: 10/31/24 09:52 Temp1:
Carrier: RBTW Temp2:
Seal: 155830 Temp3:
Reseal: Fuel Lvl:
Door/Zone: APPOINTMENT Dept: SSTK
Del Date: 10/31/24 11:00 Type: 53

I have read and understand the posted copy of Wal-Mart's:
Appointment / Drop Rules and Regulations

Driver Signature:



Delivery: 83567605 DC: 8799

818-807-9004

10/28/2024 08:09:11

BILL OF LADING

Page: 1 of 1

SHIP FROM		Bill of Lading: 17573122
SAMSUNG ELECTRONICS AMERICA c/o [SEA] Fort Worth 9450 Burleson Cardinal Rd Fort Worth TX 76140 US Tel:		FT  Full Truck Load
SHIP TO		CARRIER : CH Robinson Trailer number: 390 / Size: SEA_53FT Seal number(s): 155830 BK/Apt.: ,83567605
FREIGHT CHARGES BILL TO		 Pro number: 17573122 SCAC: RBTW Freight Charge Terms: (Freight Prepaid & Allowed) Prepaid (X) Collect () 3rdParty ()
		<input type="checkbox"/> (Check box) Master Bill of Lading: with attached underlying Bills of Lading

FOR GENERAL ISSUES FTL EMAIL: SAMSUNGTX@CHROBINSON.COM LTL EMAIL: DISPATCHDAL@UNISCO.COM / FOR OSAD EMAIL: SAMSUNGOSD@CHROBINSON.COM CONTACT: (469)702-4218 / EMAIL: CPRETURN1@SAMSUNG.COM YAHAIRA.L@PARTNER.SAMSUNG.COM S.LEVESQUE@PARTNER.SAMSUNG.COM

SPECIAL INSTRUCTIONS: Total pallet Qty(14); P8344S(14)
Appt. Date / Time: 10/31/2024 / 11:00:00
Delivery Appointment Required through Customer Website / Must deliver within RDD window
POD must contain customer stamp/sticker to be considered valid.

RECEIVING STAMP AREA

Sam's FC 8799 DATE: 10/31/24
PO# 1731063
FREIGHT BILL RECEIVED IN FULL <input checked="" type="checkbox"/>
TRLR# 390 O <input checked="" type="checkbox"/>
TOT CS REC 79 S <input checked="" type="checkbox"/>
TOT PLTS 14 D <input checked="" type="checkbox"/>
TOTAL CASES REJECTED R <input checked="" type="checkbox"/>
REASON _____
REC# _____
RECD BY <u>Gabriel D.</u>
DRV HELPED UNLOAD: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>

KL 10/31/24

CUSTOMER ORDER INFORMATION

CUSTOMER		HANDLING	#PKGS	WEIGHT	ADDITIONAL SHIPPER INFO					
ORDER NUMBER		QTY	TYPE	(PCS)	(LB)	DO#	ITM#	LINEAR	CUST.MODEL(MODEL)	DEPT.
1731001063		70	CTN	70	8,400.000	7254506113	10	67.454	990336571(UN85DU8000DXZA)	
GRAND TOTAL		70		70	8,400.000			67.454		

CARRIER INFORMATION

HANDLING				PACKAGE				WEIGHT		COMMODITY DESCRIPTION			LTL ONLY		
QTY	TYPE	QTY	TYPE	(PCS)	(LB)	DO#	ITM#	LINEAR	CUST.MODEL(MODEL)	DEPT.	NMFC#	CLASS	FAK		
70	CTN	70	PCS	8,400.000	UN85DU8000DXZA TV DENSITY 4-8						63321-3	175	110		
70		70		8,400.000											

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 _____."

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.

NOTE: This package serves as product display or sales purposes. Any damage to this package, including cosmetic damage, will result in a claim from Samsung Electronics Inc.

Property described above is received in good order, except as follows:
The carrier acknowledges receipt of package and relevant placards.
Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

SHIPPER SIGNATURE / DATE		Trailer Loaded: Freight Counted:		CTN.Count:	CARRIER SIGNATURE / PICKUP DATE	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.		O By Shipper	O By Shipper	*	70	Carrier acknowledges receipt of package and relevant placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as follows:
Shipper <u>FERNANDO ISLAS</u> Signature Date <u>10-28-24</u>		Receiver Signature Date <u>10/28/24</u>			Carrier Signature Date	

- ORIGINAL COPY -

Liability : Tier 1 Volume : 1,381,100 FT3

10/28/2024 08:09:11

BILL OF LADING

Page: 1 of 1

SHIP FROM SAMSUNG ELECTRONICS AMERICA c/o [SEA] Fort Worth 9450 Burleson Cardinal Rd Fort Worth TX 76140 US Tel.		Bill of Lading: 17573122 FT  Full Truck Load																							
SHIP TO ECOM FC PERRIS CA - VC8681 22722 HARLEY KNOX BLVD PERRIS CA 92571 US Tel. 1-951-435-4697-6		CARRIER : CH Robinson Trailer number: 390 / Size: SEA_53FT Seal number(s): 155830 BK/Appt.: 83567605																							
FREIGHT CHARGES BILL TO C.H. Robinson Worldwide, Inc Billing P.O. Box 3470 Chicago IL 60654		Pro number: 17573122 SCAC: RBTW Freight Charge Terms: (Freight Prepaid & Allowed) Prepaid (X) Collect () 3rdParty () <input type="checkbox"/> (Check box) Master Bill of Lading with attached underlying Bills of Lading																							
FOR GENERAL ISSUES FILE EMAIL SAMSUNGTC@CHROBINSON.COM LTL EMAIL DISHONOR@CHROBINSON.COM FOR OSAD EMAIL SAMSUNGOSD@CHROBINSON.COM CONTACT (469)702-4218 / EMAIL CPRETURN@SAMSUNG.COM YAHAIALI@PARTNER.SAMSUNG.COM S.LEVESQUE@PARTNER.SAMSUNG.COM		RECEIVING STAMP AREA <table border="1"> <tr><td>Sam's FC 8799</td><td>DATE: 10/31/24</td></tr> <tr><td>PO# 1731001063</td><td></td></tr> <tr><td colspan="2">FREIGHT BILL RECEIVED IN FULL <input checked="" type="checkbox"/></td></tr> <tr><td>TRLR# 340</td><td>O <input checked="" type="checkbox"/></td></tr> <tr><td>TOT CS REC 74</td><td>S <input checked="" type="checkbox"/></td></tr> <tr><td>TOT PLTS 14</td><td>D <input checked="" type="checkbox"/></td></tr> <tr><td colspan="2">TOTAL CASES REJECTED R <input checked="" type="checkbox"/></td></tr> <tr><td colspan="2">REASON _____</td></tr> <tr><td colspan="2">REC# _____</td></tr> <tr><td colspan="2">REC'D BY: <i>Gabriela D.</i> _____</td></tr> <tr><td colspan="2">DRV HELPED UNLOAD: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></td></tr> </table> <p style="text-align: center;"><i>KL</i> 10/31/24</p>		Sam's FC 8799	DATE: 10/31/24	PO# 1731001063		FREIGHT BILL RECEIVED IN FULL <input checked="" type="checkbox"/>		TRLR# 340	O <input checked="" type="checkbox"/>	TOT CS REC 74	S <input checked="" type="checkbox"/>	TOT PLTS 14	D <input checked="" type="checkbox"/>	TOTAL CASES REJECTED R <input checked="" type="checkbox"/>		REASON _____		REC# _____		REC'D BY: <i>Gabriela D.</i> _____		DRV HELPED UNLOAD: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	
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CUSTOMER ORDER INFORMATION																									
CUSTOMER		HANDLING	#PKGS	WEIGHT	ADDITIONAL SHIPPER INFO																				
ORDER NUMBER		QTY	TYPE	(PCS)	(LB)	DO#	ITM#	LINEAR	CUST.MODEL(MODEL)	DEPT.															
1731001063		70	CTN	70	8,400.000	7254506113	10	67.454	990336571(UN85DU8000DXZA)																
GRAND TOTAL		70		70	8,400.000			67.454																	
CARRIER INFORMATION																									
HANDLING		PACKAGE		WEIGHT	COMMODITY DESCRIPTION Commodities requiring special or additional care or attention in handling or stowing must be so marked and package as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360				LTL ONLY																
QTY	TYPE	QTY	TYPE	(LB)					NMFC#	CLASS	FAK														
70	CTN	70	PCS	8,400.000	UN85DU8000DXZA	TV DENSITY 4-8			63321-3	175	110														
70		70		8,400.000	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 _____.																									
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. NOTE: This package serves as product display or sales purposes. Any damage to this package, including cosmetic damage, will result in a claim from Samsung Electronics Inc.																				
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT		Trailer Loaded: Freight Counted: <input type="radio"/> O By Shipper <input type="radio"/> O By Driver <input checked="" type="radio"/> O By Driver/Pieces			CTN.Count:	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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as																			
Shipper <i>FERNANDO ISLAS</i> Signature Date <i>10-28-24</i>		Receiver <i>@crocker</i> Signature Date <i>10/28/24</i>			70																				
- ORIGINAL COPY -																									
Liability : Tier 1 Volume : 1,381.100 FT3																									



Equip ID: 390 Status: AP
Equip Arrival: 10/31/24 09:52 Temp1:
Carrier: RBTW Temp2:
Seal: 155830 Temp3:
Reseal: Fuel Lvl:
Door/Zone: APPOINTMENT Dept: SSTK
Del Date: 10/31/24 11:00 Type: 53

I have read and understand the posted copy of Wal-Mart's:
Appointment / Drop Rules and Regulations

Driver Signature:



Delivery: 83567605 DC: 8799

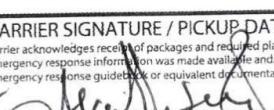
818-807-9004

Date: 10/26/2024 | 11:21:39

BILL OF LADING

Page 1

130347

SHIP FROM										
Name:	STELLA & CHEWY'S DSC LOGISTICS/JOLIET									
Address:	4100 ROCK CREEK BLVD									
City/State/Zip:	JOLIET, IL		60431							
SID#:	067520		FOB: <input checked="" type="checkbox"/>							
SHIP TO										
Name:	Chewy.com - PHX1		Location #:							
Address:	255 South 143rd Avenue									
City/State/Zip:	Avondale-Goodyear, AZ		85338							
CID#:	CUS000164CHEW		FOB: <input type="checkbox"/>							
THIRD PARTY FREIGHT CHARGES BILL TO:										
Name:	C.H. Robinson Worldwide, Inc									
Address:	Billing P.O. Box 3470									
City/State/Zip:	Chicago, IL		60654							
Manifest:	8500515399		Stop: 001							
SPECIAL INSTRUCTIONS:										
ORIGINAL ORDER *** See Packing List/Memorandum ***										
<p style="text-align: center;">Chewy hereby checks box to indicate delivery in accordance with ADDITIONAL SHIPPER IN POLICY.</p> <p style="text-align: center;">Master Bill of Lading: with attached underlying Bills of Lading delivery in</p>										
CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/ SLIP (CIRCLE ONE)	R.A.D. Date	Store Reference	DSC Agent	5-Digit Dest	4-Digit PO Typ	5-Digit Dept.	
	1170	7753.47	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	10/26/2024	10/26/2024	787184				
			<input checked="" type="checkbox"/> Y <input type="checkbox"/> N							
			<input checked="" type="checkbox"/> Y <input type="checkbox"/> N							
			<input checked="" type="checkbox"/> Y <input type="checkbox"/> N							
			<input checked="" type="checkbox"/> Y <input type="checkbox"/> N							
			<input checked="" type="checkbox"/> Y <input type="checkbox"/> N							
GRAND TOTAL		1170	7753.47							
CARRIER INFORMATION										
HANDLING UNIT		PACKAGE				COMMODITY DESCRIPTION	LTL ONLY			
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	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	NMFC #	CLASS		
		687	Case	3295.82		FEED, MEAT, FISH OR POUL	67050 01	60.0		
		375	Case	3697.37		FEED OR FEED SUPPLEMENT	67050 02			
		5	Case	27.65		PET FOOD	67060 04			
		103	Case	732.63		FEED OR FEED SUPPLEMENT	67050 03			
18										
18		1170		7753.47		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: \$ _____										
<p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/></p> <p>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. §14706(c)(1)(A) and (B).</p>										
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:		Freight Counted:	CARRIER SIGNATURE / PICKUP DATE		
					<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	 10/26/24		