

ECLIPSE ADVANTAGE, LLC

CORPORATE TAX ID# 90-0855928

Receipt #	D13
Location:	ALDISFOH
BillToCode:	CCARD
Date:	12/4/2020
Carrier:	DUBAI
Vendor:	LAGROU
PO #:	SPR107467.120420
Load Type:	08.02
Weight:	0
# Cases:	0
Manager:	BEN CAUDILL
Cash/Check:	\$75.00
Backhaul:	\$0.00
Addl Chgs:	\$0.00
CC Fee:	\$3.75
Con / Car:	\$0.00
LTL:	\$0.00
Vendor Inv:	\$0.00
Total:	\$78.75

Requested Date: 11/30/20

BILL OF LADING

SHIP FROM

LAGROU DIST. AS AGENT FOR

Name: MASTER BILL OF LADING
 Address: 551 ST. JAMES GATE
 City/State/Zip: BOLINGBROOK, IL 6044
 SID#:

FOB: ☐

Bill of Lading Number:

110338304



110338304

SHIP TO

Name: ALDI INC.
 Address: CFA:WWW.LOGISTICSACP.COM
 City/State/Zip: SPRINGFIELD, OH 45502
 CID#:

FOB: ☒

Carrier name: DUBI

Trailer Number: 45

Temperature:

Seal Number(s): 953352

Product Temp:

SCAC: CPU

Pro Number:

SEND FREIGHT CHARGES TO

Name:
 Address:
 City/State/Zip:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

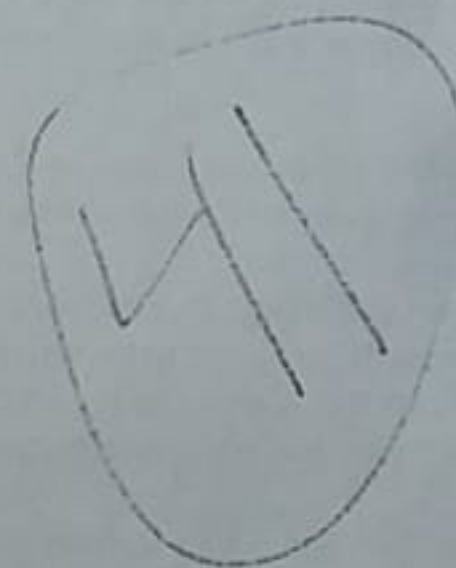
Prepaid: _____

Collect: ☒

3rd Party: _____

☒ (check box)Master Bill of Lading: with attached
underlying Bills of Lading

3OL# 110325160 PO# SPR-112154
 3OL# 110328331 PO# SPR-112156
 3OL# 110328312 PO# SPR-100845
 3OL# 110337143 PO# SPR-112155
 3OL# 110325194 PO# SPR-112157
 3OL# 110328053 PO# SPR-112158
 3OL# 110288042 PO# SPR-107467
 3OL# 110324207 PO# SPR-111725



CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	Customer PO #
	2,744	20,047	X	
GRAND TOTAL	2,744	20,047		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (x)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC#	CLASS
30	PL	2,744	CS	20,047		REFER TO PACKING LIST		
30		2,744		20,047				

GRAND TOTAL

Appt: _____

Where this 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 _____

per _____

Time Arrived: _____

Date Received: 12-4-20

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 the 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.

Gate Pass: _____

Driver's Signature: _____

ALDI IS NOT RESPONSIBLE FOR SEALS

Time out: 12/3/2020 3:28 PM

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 had the DOT emergency response guidebook or
 equivalent documentation in the vehicle.

Property described above is received in good order, except as noted.