

SHIP FROM		Master Bill of Lading Number: 06757168000770781
Name:	E & E COMPANY LTD	
Address:	311 International Trade Pkwy	
City/State/Zip:	Port Wentworth, GA 31407	
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: CARGO TRANSPORTERS
Name:	Macys /Bloom Consolidation Center	Trailer number: 273397
	DC#: Div.	Seal number(s): 5624086
Address:	1124 Elon Place	SCAC: CGOR
		Pro Number:
City/State/Zip:	High Point, NC 27260	
SID#:	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
Address:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING
City/State/Zip:		
SPECIAL INSTRUCTIONS:		Appointment Time Actual Driver Arrival Time Driver Departure Time
Load #: 00051250458M		13:00 AM 13:00 AM 15:13 PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
3783574	1	179.65	Y	N	06757168000759465	CF	
4025035	2	198.16	Y	N	06757168000768054	HF	
4055769	1	121.10	Y	N	06757168000768078	SB	
4055890	2	180.96	Y	N	06757168000768078	SB	
4063491	1	94.68	Y	N	06757168000768061	RF	
4067572	1	123.30	Y	N	06757168000768061	RF	
4068375	3	376.53	Y	N	06757168000768047	CF	
4068441	1	90.46	Y	N	06757168000768047	CF	
4102442	9	150.75	Y	N	06757168000759496	HA	
4303918	180	1952.30	Y	N	06757168000767934	AZ	
4303918	240	2833.65	Y	N	06757168000767965	OK	
4418494	2	22.48	Y	N	06757168000768702	AZ	
4418494	9	103.12	Y	N	06757168000768719	BA	

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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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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.
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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>William R. P. 8/8/22</i>	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	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. <i>William R. P. 8/8/22</i>
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Name: E & E COMPANY LTD	Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407	
SID#: _____	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: CARGO TRANSPORTERS
Name: Macys /Bloom Consolidation Center	DC#: _____ Div. _____	Trailer number: 273397
Address: 1124 Elon Place		Seal number(s): 5624086
City/State/Zip: High Point, NC 27260		SCAC: CGOR
SID#: _____	FOB: <input type="checkbox"/>	Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____	Address: _____	Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
City/State/Zip: _____		3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: 00051250458M		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
4418494	60	676.18	Y	N	06757168000768726	CI	
4418494	22	245.24	Y	N	06757168000768733	CL	
4418494	10	110.39	Y	N	06757168000768740	HA	
4418494	9	99.14	Y	N	06757168000768757	HU	
4418494	11	111.70	Y	N	06757168000768764	SC	
4418494	49	572.44	Y	N	06757168000768771	ST	
4418494	3	31.73	Y	N	06757168000768788	SW	
4418494	17	193.02	Y	N	06757168000768795	TU	
Grand Total	633	8466.98					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	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>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
29	Pallet			1450.00		Pallet		70

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 *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"/>

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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 <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>	Trailer Loaded:	Freight Counted:	CARRIER SIGNATURE / PICKUP DATE <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>
	<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	

Shipper Signature

Date: 8/8/2022 3:02:55 PM

Master Bill Of Lading

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SHIP FROM				SHIP TO				THIRD PARTY FREIGHT CHARGES BILL TO:		
Name: E & E COMPANY LTD				Name: Macys /Bloom Consolidation Center				Name:		
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City/State/Zip: Port Wentworth, GA 31407				City/State/Zip: High Point, NC 27260				City/State/Zip:		
SID#: _____ FOB: <input type="checkbox"/>				SID#: _____ FOB: <input type="checkbox"/>				SID#: _____		
Master Bill of Lading Number: 06757168000770781				CARRIER NAME: CARGO TRANSPORTERS				Freight Charge Terms:		
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				Seal number(s): 5624086				<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING		
				SCAC: CGOR				Appointment Time		
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HANDLING UNIT		PACKAGE		WEIGHT LBS	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. See Section 2(e) of NMFC Item 360</small>	LTL ONLY			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
		9	ctns	967.21		Furniture (Seating, Storage, Outdoor)	80580	150		
		3	ctns	397.63		Furniture (Sleeping, Surfaces)	80580	100		
		429	ctns	4936.70		Mattress Pads	149265	100		
		192	ctns	2165.44		Runners, Placemats, Napkins	49505	77.5		
29				9916.98		Grand Total				

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 "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:

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Shipper Signature

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