

Date: 8/2/2022 1:19:56 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757168000766364	
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:	279922
		Seal number(s):	5624065
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"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
Load #: 00051229540M		Appointment Time	Actual Driver Arrival Time
		1:00 AM	12:06 AM
		<input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> PM
		Driver Departure Time	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
3961246	6	85.92	Y	N	06757168000751711	CL	
3991815	1	5.18	Y	N	06757168000751797	DV	
3991815	2	10.58	Y	N	06757168000751810	HU	
3991815	6	29.87	Y	N	06757168000751766	BA	
3991815	9	45.19	Y	N	06757168000751773	CI	
3992508	22	325.60	Y	N	06757168000754101	ST	
3992508	13	181.51	Y	N	06757168000754118	SW	
3991815	6	29.43	Y	N	06757168000751780	CL	
3992508	20	295.18	Y	N	06757168000754040	CL	
3961246	3	42.96	Y	N	06757168000751728	JP	
3992365	60	703.91	Y	N	06757168000753982	AZ	
6159221	73	378.03	Y	N	06757168000753586	AZ	
6159221	54	267.84	Y	N	06757168000753609	OK	

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"/>
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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>LC</i> 8/2/22	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>Remo</i> 8-22-22
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Date: 8/2/2022 1:19:56 PM

Master Bill Of Lading

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SHIP FROM		Master Bill of Lading Number: 06757168000766364	
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.:	
Address:	1124 Elon Place	Trailer number:	279922
		Seal number(s):	5624065
City/State/Zip:	High Point, NC 27260	SCAC:	CGOR
SID#:		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/>	MASTER BILL OF LANDING: WITH ATTACHED
SPECIAL INSTRUCTIONS:		(check box) UNDERLYING BILLS OF LANDING	
Load #: 00051229540M		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
			Driver Departure Time
			AM
			PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
3992365	40	452.73	Y	N	06757168000753999	BA	
3992365	40	475.23	Y	N	06757168000754002	CD	
3992508	10	144.49	Y	N	06757168000754026	BA	
3961246	7	100.24	Y	N	06757168000751704	BA	
3991815	1	4.85	Y	N	06757168000751865	TU	
3992508	46	717.46	Y	N	06757168000754033	CI	
6159199	10	52.79	Y	N	06757168000753791	DV	
6159199	84	426.21	Y	N	06757168000753821	JP	
3992508	6	95.18	Y	N	06757168000754071	HU	
6159199	84	423.02	Y	N	06757168000753777	CI	
3991815	12	61.17	Y	N	06757168000751834	SC	
3991815	10	51.25	Y	N	06757168000751858	SW	
6159199	11	54.56	Y	N	06757168000753753	AZ	

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.

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.

Date: 8/2/2022 1:19:56 PM

Master Bill Of Lading

Page 3 of 5

SHIP FROM		Master Bill of Lading Number: 06757168000766364	
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:	279922
DC#:	Div.	Seal number(s):	5624065
Address:	1124 Elon Place	SCAC: CGOR	
City/State/Zip:	High Point, NC 27260	Pro Number:	
SID#:	FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address:		3rd Party: <input type="checkbox"/>	
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 00051229540M		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		
					BOL#	DC#	Supplier#
6159199	90	446.40	Y	N	06757168000753845	ST	
3992365	65	786.78	Y	N	06757168000754019	OK	
6159199	51	252.96	Y	N	06757168000753814	HU	
3961246	11	157.52	Y	N	06757168000751735	ST	
3992508	17	259.56	Y	N	06757168000754064	HA	
3992508	10	144.51	Y	N	06757168000754088	JP	
6159199	38	194.86	Y	N	06757168000753760	BA	
6159199	48	238.08	Y	N	06757168000753852	SW	
3991815	10	51.36	Y	N	06757168000751841	ST	
3992508	8	107.89	Y	N	06757168000754057	DV	
3992508	10	125.55	Y	N	06757168000754125	TU	
6159199	43	219.66	Y	N	06757168000753807	HA	
6159199	90	446.40	Y	N	06757168000753838	SC	

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.

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.

Date: 8/2/2022 1:19:56 PM

Master Bill Of Lading

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SHIP FROM		Master Bill of Lading Number: 06757168000766364	
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. _____ Address: 1124 Elon Place City/State/Zip: High Point, NC 27260 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 279922 Seal number(s): 5624065 SCAC: CGOR Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: 00051229540M		<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 (CIRCLEONE)		ADDITIONAL SHIPPER INFO		
			Y	N	BOL#	DC#	Supplier#
6159199	27	149.87	Y	N	06757168000753869	TU	
3734602	2	154.14	Y	N	06757168000751650	MF	
3961246	3	42.96	Y	N	06757168000751698	AZ	
3991815	8	40.89	Y	N	06757168000751803	HA	
3991815	8	40.34	Y	N	06757168000751827	JP	
3992508	13	174.70	Y	N	06757168000754095	SC	
6159199	95	499.91	Y	N	06757168000753784	CL	
6159221	90	446.40	Y	N	06757168000753593	BA	
Grand Total		1373	10441.12				

CARRIER INFORMATION						COMMODITY DESCRIPTION		LTL ONLY	
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	<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(a) of NMFC Item 360</small>		NMFC #	CLASS
QTY	TYPE	QTY	TYPE						
53	Pallet			2650.00		Pallet			70

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"/>
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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. <div style="text-align: right;">Shipper Signature</div>
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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.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	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>
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Date: 8/2/2022 1:19:56 PM

Master Bill Of Lading

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SHIP FROM		Master Bill of Lading Number: 06757168000766364	
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. _____ Address: 1124 Elon Place City/State/Zip: High Point, NC 27260 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 279922 Seal number(s): 5624065 SCAC: CGOR Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: 00051229540M		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM

CARRIER INFORMATION						LTL ONLY	
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			NMFC #	CLASS
		410	ctns	5419.88		149265	100
		961	ctns	4867.10		49385	77.5
		2	ctns	154.14		80580	150
53				13091.12		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.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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.
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Date: 8/2/2022 1:19:48 PM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 SID#: _____
 PHONE: _____
 VENDOR: _____

Bill of Lading Number: 06757168000753845



SHIP TO
 Name: Macys Home Store Stone Mountain DC
 Address: 4401 Sarr Parkway
 City/State/Zip: Stone Mountain, GA 30083
 CID#: _____
 Dept: 0602

CARRIER NAME: CARGO TRANSPORTERS
 Responsible Accl.No: _____
 Trailer number: 279922
 Seal number(s): 5624065

SCAC: CGOR
Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____

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)

SPECIAL INSTRUCTIONS:
 Load #: 00051229540M
 Packing List is Attached

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		
6159199	90	446.40	Y N		
Grand Total	90	446.40			

CARRIER INFORMATION						COMMODITY DESCRIPTION		PACKAGE	
HANDLING UNIT		PACKAGE		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	
QTY	TYPE	QTY	TYPE						
1	Pallet			50.00		Pallet			
		90	ctns	446.40		Shower curtain	49385	77.5	
1		90		496.40		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.


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.

Date: 8/2/2022 1:19:44 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000753999	
Name: E & E COMPANY LTD		 (402)06757168000753999	
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407		CARRIER NAME: CARGO TRANSPORTERS	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 279922	
VENDOR: <input type="checkbox"/> FOB:		Seal number(s): 5624065	
SHIP TO		SCAC: CGOR	
Name: Macys Home North Jackson DC Location #: BA		Pro Number:	
Address: 300 South Bailey Road		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
City/State/Zip: North Jackson, OH 44451		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
CID#:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Dept: 0614 <input type="checkbox"/> FOB:		(check box)	
THIRD PARTY FREIGHT CHARGES BILL TO:		Appointment Time	
Name:		Actual Driver Arrival Time	
Address:		Driver Departure Time	
City/State/Zip:		AM AM AM	
SPECIAL INSTRUCTIONS:		PM PM PM	
Load #: 00051229540M			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3992365	40	452.73	Y N	
Grand Total	40	452.73		

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 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		40	ctns	452.73		Mattress Pads	149265	100
2		40		552.73		Grand Total		

<p>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 _____"</p>	<p>COD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
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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).

<p>RECEIVED, subject to individually delineated 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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature</p>
<p>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.</p>	<p>Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>
<p>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.</p>	

Date: 8/2/2022 1:19:39 PM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 SID#: _____
 PHONE: _____
 VENDOR: _____ FOB:

Bill of Lading Number: 06757168000751766

 (402)06757168000751766

SHIP TO
 Name: Macys Home Store Bailey Rd. DC Location #: BA
 Address: 300 South Bailey Road
 City/State/Zip: North Jackson, OH 44451
 CID#: _____
 Dept: 0602 FOB:

CARRIER NAME: CARGO TRANSPORTERS
 Responsible Acct.No: _____
 Trailer number: 279922
 Seal number(s): 5624065

SCAC: CGOR
Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____
SPECIAL INSTRUCTIONS:
 Load #: 00051229540M
 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				ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		
3991815	6	29.87	Y N		
Grand Total	6	29.87			

CARRIER INFORMATION						COMMODITY DESCRIPTION		PACKAGE	
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	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	NMFC #	CLASS	
QTY	TYPE	QTY	TYPE						
1	Pallet			50.00		Pallet			
		6	ctns	29.87		Shower curtain	49385	77.5	
1		6		79.87		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.


Trailer Loaded: By Shipper By Driver
Freight Counted: By Shipper By Driver/pallets sold 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.

Date: 8/2/2022 1:19:34 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000751827	
Name: E & E COMPANY LTD		 (402)06757168000751827	
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407		CARRIER NAME: CARGO TRANSPORTERS	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 279922	
VENDOR:		Seal number(s): 5624065	
FOB: <input type="checkbox"/>		SCAC: CGOR	
SHIP TO		Pro Number:	
Name: Macys Home Store Joppa DC Location #: JP		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: 3300 Fashion Way		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
City/State/Zip: Joppa, MD 21085		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
CID#:		Appointment Time	
Dept: 0602 FOB: <input type="checkbox"/>		Actual Driver Arrival Time	
THIRD PARTY FREIGHT CHARGES BILL TO:		Driver Departure Time	
Name:		AM	
Address:		PM	
City/State/Zip:		AM	
SPECIAL INSTRUCTIONS:		PM	
Load #: 00051229540M			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3991815	8	40.34	Y N	
Grand Total	8	40.34		

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 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		8	ctns	40.34		Shower curtain	49385	77.5
1		8		90.34		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.

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.

Date: 8/2/2022 1:19:29 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000751711	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757168000751711	
SHIP TO		CARRIER NAME: CARGO TRANSPORTERS	
Name: Macys Home Minooka DC Location #: CL Address: 601 Midpoint Rd. City/State/Zip: Minooka, IL 60447 CID#: _____ Dept: 0614		Responsible Acct.No: _____ Trailer number: 279922 Seal number(s): 5624065 SCAC: CGOR Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 00051229540M Packing List is Attached		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
3961246	6	85.92	Y N	
Grand Total	6	85.92		

CARRIER INFORMATION						COMMODITY DESCRIPTION		PACKAGE	
HANDLING UNIT		PACKAGE		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
QTY	TYPE	QTY	TYPE			Pallet	Mattress Pads		
1	Pallet			50.00					
		6	ctns	85.92				149265	100
1		6		135.92		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: <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. <p style="text-align: right;">Shipper Signature</p>		
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.	<table style="width:100%;"> <tr> <td style="width: 50%;"> Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width: 50%;"> Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces </td> </tr> </table>	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
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.		

Date: 8/2/2022 1:19:24 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000751728	
Name: E & E COMPANY LTD		 (402)06757168000751728	
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407		CARRIER NAME: CARGO TRANSPORTERS	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 279922	
VENDOR:		Seal number(s): 5624065	
FOB: <input type="checkbox"/>		SCAC: CGOR	
SHIP TO		Pro Number:	
Name: Macys Home Joppa DC Location #: JP		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: 3300 Fashion Way		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
City/State/Zip: Joppa, MD 21085		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
CID#:		(check box)	
Dept: 0614 FOB: <input type="checkbox"/>		Appointment Time	
THIRD PARTY FREIGHT CHARGES BILL TO:		Actual Driver Arrival Time	
Name:		Driver Departure Time	
Address:		AM	
City/State/Zip:		PM	
SPECIAL INSTRUCTIONS:		AM	
Load #: 00051229540M		PM	
Packing List is Attached		PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3961246	3	42.96	Y N	
Grand Total	3	42.96		

CARRIER INFORMATION						COMMODITY DESCRIPTION		PACKAGE	
HANDLING UNIT		PACKAGE		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
QTY	TYPE	QTY	TYPE						
1	Pallet			50.00		Pallet			
		3	ctns	42.96		Mattress Pads		149265	100
1		3		92.96		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.

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.

Date: 8/2/2022 1:19:18 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168000753869										
Name: E & E COMPANY LTD		 (402)06757168000753869										
Address: 311 International Trade Pkwy												
City/State/Zip: Port Wentworth, GA 31407												
SID#:												
PHONE:												
VENDOR:		CARRIER NAME: CARGO TRANSPORTERS										
SHIP TO		Responsible Acct.No:										
Name: Macys Home Store Tukwila DC Location #: TU		Trailer number: 279922										
Address: 17000 Southcenter Parkway		Seal number(s): 5624065										
City/State/Zip: Tukwila, WA 98188		SCAC: CGOR										
CID#:		Pro Number:										
Dept: 0602		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>										
Name:		Master Bill of Lading: with attached										
Address:		(check box) <input type="checkbox"/> underlying Bills of Lading										
City/State/Zip:		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										
SPECIAL INSTRUCTIONS: Load #: 00051229540M												
Packing List is Attached												

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP			
6159199	27	149.87	Y N			
Grand Total	27	149.87				

CARRIER INFORMATION						COMMODITY DESCRIPTION		PACKAGE	
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	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 369		NMFC #	CLASS
QTY	TYPE	QTY	TYPE			Pallet	Shower curtain		
1	Pallet			50.00					
		27	ctns	149.87				49385	77.5
1		27		199.87		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"/>
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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.		
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: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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.

Date: 8/2/2022 1:19:13 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000754101	
Name: E & E COMPANY LTD		 (402)06757168000754101	
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407		CARRIER NAME: CARGO TRANSPORTERS	
SID#:		Responsible Accl.No:	
PHONE:		Trailer number: 279922	
VENDOR:		Seal number(s): 5624065	
FOB: <input type="checkbox"/>		SCAC: CGOR	
SHIP TO		Pro Number:	
Name: Macys Home Stone Mountain DC Location #: ST		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: 4401 Sarr Parkway			
City/State/Zip: Stone Mountain, GA 30083		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
CID#:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Dept: 0614		Appointment Time	
FOB: <input type="checkbox"/>		Actual Driver Arrival Time	
THIRD PARTY FREIGHT CHARGES BILL TO:		Driver Departure Time	
Name:		AM	
Address:		PM	
City/State/Zip:		AM	
SPECIAL INSTRUCTIONS:		PM	
Load #: 00051229540M			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
3992508	22	325.60	Y	N	
Grand Total	22	325.60			

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. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		22	ctns	325.60		Mattress Pads	149265	100
1		22		375.60		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.


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.

Date: 8/2/2022 1:19:08 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000753760	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757168000753760	
SHIP TO		CARRIER NAME: CARGO TRANSPORTERS	
Name: Macys Home Store Bailey Rd. DC Location #: BA Address: 300 South Bailey Road City/State/Zip: North Jackson, OH 44451 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: 279922 Seal number(s): 5624065 SCAC: CGOR Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 00051229540M Packing List is Attached		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
6159199	38	194.86	Y N	
Grand Total	38	194.86		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE			NMFC #	CLASS	
1	Pallet			50.00		Pallet		
		38	ctns	194.86		Shower curtain	49385	77.5
1		38		244.86		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: <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. <p style="text-align: right;">Shipper Signature</p>		
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.	<table style="width:100%;"> <tr> <td style="width: 50%;"> Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width: 50%;"> Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces </td> </tr> </table>	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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.		

Date: 8/2/2022 1:19:02 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000753982	
Name: E & E COMPANY LTD		 (402)06757168000753982	
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407		CARRIER NAME: CARGO TRANSPORTERS	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 279922	
VENDOR:		Seal number(s): 5624065	
FOB: <input type="checkbox"/>		SCAC: CGOR	
SHIP TO		Pro Number:	
Name: Macys Home Goodyear DC Location #: AZ		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: 16575 West Commerce Lane		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
City/State/Zip: Goodyear, AZ 85338		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
CID#:		Appointment Time	
Dept: 0614 FOB: <input type="checkbox"/>		Actual Driver Arrival Time	
THIRD PARTY FREIGHT CHARGES BILL TO:		Driver Departure Time	
Name:		AM AM AM	
Address:		PM PM PM	
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 00051229540M			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP			
3992365	60	703.91	Y	N		
Grand Total	60	703.91				

CARRIER INFORMATION						PACKAGE			
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
QTY	TYPE	QTY	TYPE			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			
2	Pallet			100.00		Pallet			
		60	ctns	703.91		Mattress Pads		149265	100
2		60		803.91		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.

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.

Date: 8/2/2022 1:18:57 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168000754002	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757168000754002	
SHIP TO		CARRIER NAME: CARGO TRANSPORTERS	
Name: Macys Home Cheshire DC Location #: CD Address: 475 Knotter Drive City/State/Zip: Cheshire, CT 06410 CID#: _____ Dept: 0614		Responsible Acct.No: _____ Trailer number: 279922 Seal number(s): 5624065	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: CGOR Pro Number: _____	
Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 00051229540M Packing List is Attached		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3992365	40	475.23	Y N	
Grand Total	40	475.23		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE			NMFC #	CLASS	
2	Pallet			100.00		Pallet		
		40	ctns	475.23		Mattress Pads	149265	100
2		40		575.23		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.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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.
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Date: 8/2/2022 1:18:52 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168000753838	
Name: E & E COMPANY LTD		 (402)06757168000753838	
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407			
SID#:			
PHONE:		CARRIER NAME: CARGO TRANSPORTERS	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: 279922	
Name: Macys Home Store Secaucus DC Location #: SC		Seal number(s): 5624065	
Address: 500 Meadowlands Parkway		SCAC: CGOR	
City/State/Zip: Secaucus, NJ 07094		Pro Number:	
CID#:			
Dept: 0602			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached	
City/State/Zip:		(check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 00051229540M Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM PM	AM PM
Driver Departure Time			
AM PM			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6159199	90	446.40	Y N	
Grand Total	90	446.40		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE			NMFC #	CLASS	
1	Pallet			50.00		Pallet		
		90	ctns	446.40		Shower curtain	49385	77.5
1		90		496.40		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"/>
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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. <div style="text-align: right;">Shipper Signature</div>
--	---

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: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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.
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Date: 8/2/2022 1:18:47 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000754095	
Name: E & E COMPANY LTD		 (402)06757168000754095	
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407			
SID#:			
PHONE:		CARRIER NAME: CARGO TRANSPORTERS	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: 279922	
Name: Macys Home Secaucus DC Location #: SC		Seal number(s): 5624065	
Address: 500 Meadowlands Parkway		SCAC: CGOR	
City/State/Zip: Secaucus, NJ 07094		Pro Number:	
CID#:			
Dept: 0614			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 00051229540M		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	
		AM AM AM	
		PM PM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3992508	13	174.70	Y N	
Grand Total	13	174.70		

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		
		13	ctns	174.70		Mattress Pads	149265	100
1		13		224.70		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 / 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: <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.
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Date: 8/2/2022 1:18:42 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168000753791	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757168000753791	
SHIP TO		CARRIER NAME: CARGO TRANSPORTERS	
Name: Macys Home Store Denver DC Location #: DV Address: 510 East 51st Avenue City/State/Zip: Denver, CO 80216 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: 279922 Seal number(s): 5624065 SCAC: CGOR Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: Load #: 00051229540M Packing List is Attached		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
6159199	10	52.79	Y N	
Grand Total	10	52.79		

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. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		10	ctns	52.79		Shower curtain	49385	77.5
1		10		102.79		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: <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. <div style="text-align: right;">Shipper Signature</div>
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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.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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.
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Date: 8/2/2022 1:18:37 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168000754071	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757168000754071	
SHIP TO		CARRIER NAME: CARGO TRANSPORTERS	
Name: Macys Home Houston DC Location #: HU Address: 2103 Ernestine City/State/Zip: Houston, TX 77023 CID#: _____ Dept: 0614		Responsible Acct.No: _____ Trailer number: 279922 Seal number(s): 5624065	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: CGOR Pro Number: _____	
Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 00051229540M Packing List is Attached		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3992508	6	95.18	Y N	
Grand Total	6	95.18		

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		
		6	ctns	95.18		Mattress Pads	149265	100
1		6		145.18		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"/>
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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. <div style="text-align: right;">Shipper Signature</div>		
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.	<table style="width:100%;"> <tr> <td style="width: 50%;"> Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width: 50%;"> Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces </td> </tr> </table>	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
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.		

Date: 8/2/2022 1:18:31 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000754040	
Name: E & E COMPANY LTD		 (402)06757168000754040	
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407		CARRIER NAME: CARGO TRANSPORTERS	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 279922	
VENDOR:		Seal number(s): 5624065	
FOB: <input type="checkbox"/>		SCAC: CGOR	
SHIP TO		Pro Number:	
Name: Macys Home Minooka DC Location #: CL		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: 601 Midpoint Rd.		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
City/State/Zip: Minooka, IL 60447		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
CID#:		Appointment Time	
Dept: 0614 FOB: <input type="checkbox"/>		Actual Driver Arrival Time	
THIRD PARTY FREIGHT CHARGES BILL TO:		Driver Departure Time	
Name:		AM	
Address:		PM	
City/State/Zip:		AM	
SPECIAL INSTRUCTIONS:		PM	
Load #: 00051229540M			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP			
3992508	20	295.18	Y	N		
Grand Total	20	295.18				

CARRIER INFORMATION						PACKAGE			
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
QTY	TYPE	QTY	TYPE			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			
1	Pallet			50.00		Pallet			
		20	ctns	295.18		Mattress Pads		149265	100
1		20		345.18		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.

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.

Date: 8/2/2022 1:18:26 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168000754033	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757168000754033	
SHIP TO		CARRIER NAME: CARGO TRANSPORTERS	
Name: Macys Home Los Angeles DC Location #: CI Address: 15541 East Gale Ave City/State/Zip: City of Industry, CA 91745 CID#: _____ Dept: 0614		Responsible Acct.No: _____ Trailer number: 279922 Seal number(s): 5624065 SCAC: CGOR Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 00051229540M Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3992508	46	717.46	Y N	
Grand Total	46	717.46		

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(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		46	ctns	717.46		Mattress Pads	149265	100
2		46		817.46		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.

Trailer Loaded: **Freight Counted:**

By Shipper By Shipper

By Driver 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.

Date: 8/2/2022 1:18:21 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000754088	
Name:	E & E COMPANY LTD	 (402)06757168000754088	
Address:	311 International Trade Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:			
PHONE:			
VENDOR:		FOB: <input type="checkbox"/>	CARRIER NAME: CARGO TRANSPORTERS
SHIP TO		Responsible Acct.No:	
Name:	Macys Home Joppa DC	Trailer number: 279922	
Address:	3300 Fashion Way	Seal number(s): 5624065	
City/State/Zip:	Joppa, MD 21085	SCAC: CGOR	
CID#:		Pro Number:	
Dept:	0614	FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
City/State/Zip:		Appointment Time	Actual Driver Arrival Time
SPECIAL INSTRUCTIONS:		AM	AM
Load #: 00051229540M		PM	PM
Packing List is Attached		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
3992508	10	144.51	Y	N	
Grand Total	10	144.51			

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		
		10	ctns	144.51		Mattress Pads	149265	100
1		10		194.51		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.

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.

SHIP FROM		Bill of Lading Number: 06757168000753593	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757168000753593	
SHIP TO		CARRIER NAME: CARGO TRANSPORTERS	
Name: Macys Home Store North Jackson Location #: BA DC Address: 300 South Bailey Road City/State/Zip: North Jackson, OH 44451 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: 279922 Seal number(s): 5624065	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: CGOR	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: Load #: 00051229540M Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: X 3rd Party: _____	
		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6159221	90	446.40	Y N	
Grand Total	90	446.40		

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(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		90	ctns	446.40		Shower curtain	49385	77.5
1		90		496.40		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. <p style="text-align: right;">Shipper Signature</p>
--	---

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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.
--	---	---	---

Date: 8/2/2022 1:18:11 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000751650	
Name:	E & E COMPANY LTD	 (402)06757168000751650	
Address:	311 International Trade Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:			
PHONE:		CARRIER NAME: CARGO TRANSPORTERS	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: 279922	
Name:	Macys Home Store Miami DC	Seal number(s): 5624065	
Address:	7100 NW 32nd Ave	SCAC: CGOR	
City/State/Zip:	Miami, FL 33147	Pro Number:	
CID#:			
Dept:	0652		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 00051229540M		AM	AM
Packing List is Attached		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
3734602	2	154.14	Y	N	
Grand Total	2	154.14			

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		
		2	ctns	154.14		Furniture (Seating, Storage, Outdoor)	80580	150
1		2		204.14		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 property 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 has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Date: 8/2/2022 1:18:06 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168000753814	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757168000753814	
SHIP TO		CARRIER NAME: CARGO TRANSPORTERS	
Name: Macys Home Store Houston DC Location #: HU Address: 2103 Ernestine City/State/Zip: Houston, TX 77023 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: 279922 Seal number(s): 5624065 SCAC: CGOR Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 00051229540M Packing List is Attached		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
6159199	51	252.96	Y N	
Grand Total	51	252.96		


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		
		51	ctns	252.96		Shower curtain	49385	77.5
1		51		302.96		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.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver
Freight Counted: <input 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.

Date: 8/2/2022 1:18:01 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000751858	
Name: E & E COMPANY LTD		 (402)06757168000751858	
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407		CARRIER NAME: CARGO TRANSPORTERS	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 279922	
VENDOR:		Seal number(s): 5624065	
SHIP TO		SCAC: CGOR	
Name: Macys Home Store South Windsor Location #: SW DC		Pro Number:	
Address: 301 Governors Hwy			
City/State/Zip: South Windsor, CT 06074			
CID#:			
Dept: 0602			
FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		Appointment Time	
SPECIAL INSTRUCTIONS:		Actual Driver Arrival Time	
Load #: 00051229540M		Driver Departure Time	
Packing List is Attached		AM AM AM	
		PM PM PM	

CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		
3991815	10	51.25	Y N		
Grand Total	10	51.25			

CARRIER INFORMATION						COMMODITY DESCRIPTION		PACKAGE	
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	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		NMFC #	CLASS
QTY	TYPE	QTY	TYPE						
1	Pallet			50.00		Pallet			
		10	ctns	51.25		Shower curtain		49385	77.5
1		10		101.25		Grand Total			

Where the rate is dependant 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.

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.

Date: 8/2/2022 1:17:57 PM

Bill Of Lading

Page 1 of 1

SHIP FROM				SHIP TO				
Name: E & E COMPANY LTD				Name: Macys Home Store Los Angeles Location #: CI DC				
Address: 311 International Trade Pkwy				Address: 15541 East Gale Avenue				
City/State/Zip: Port Wentworth, GA 31407				City/State/Zip: City of Industry, CA 91745				
SID#:				CID#:				
PHONE:				Dept: 0602				
VENDOR:				FOB: <input type="checkbox"/>				
FOB: <input type="checkbox"/>				FOB: <input type="checkbox"/>				
Bill of Lading Number: 06757168000753777				Trailer number: 279922				
				Seal number(s): 5624065				
(402)06757168000753777				SCAC: CGOR				
CARRIER NAME: CARGO TRANSPORTERS				Pro Number:				
Responsible Acct.No:				Freight Charge Terms: (freight charges are prepaid unless marked otherwise)				
Prepaid: <input type="checkbox"/>				Collect: X				
Master Bill of Lading: with attached underlying Bills of Lading				3rd Party: <input type="checkbox"/>				
Appointment Time				Actual Driver Arrival Time		Driver Departure Time		
AM				AM		AM		
PM				PM		PM		
SPECIAL INSTRUCTIONS: Load #: 00051229540M Packing List is Attached				THIRD PARTY FREIGHT CHARGES BILL TO: Name: Address: City/State/Zip:				
CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER			# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO	
6159199			84	423.02	Y	N		
Grand Total			84	423.02				
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		
		84	ctns	423.02		Shower curtain	49385	77.5
1		84		473.02		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.

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.

Date: 8/2/2022 1:17:52 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168000754118	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757168000754118	
SHIP TO		CARRIER NAME: CARGO TRANSPORTERS	
Name: Macys Home South Windsor DC Location #: SW Address: 301 Governors Hwy City/State/Zip: South Windsor, CT 06074 CID#: _____ Dept: 0614		Responsible Acct.No: _____ Trailer number: 279922 Seal number(s): 5624065 SCAC: CGOR Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 00051229540M Packing List is Attached		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
3992508	13	181.51	Y N	
Grand Total	13	181.51		

CARRIER INFORMATION						PACKAGE			
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
QTY	TYPE	QTY	TYPE			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			
1	Pallet			50.00		Pallet			
		13	ctns	181.51		Mattress Pads		149265	100
1		13		231.51		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
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: <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.		

Date: 8/2/2022 1:17:47 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168000753784										
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757168000753784										
SHIP TO		CARRIER NAME: CARGO TRANSPORTERS Responsible Acct.No: _____ Trailer number: 279922 Seal number(s): 5624065										
Name: Macys Home Store Minooka DC Location #: CL Address: 601 Midpoint Rd. City/State/Zip: Minooka, IL 60447 CID#: _____ Dept: 0602		SCAC: CGOR Pro Number: _____										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading										
Name: _____ Address: _____ City/State/Zip: _____		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										
SPECIAL INSTRUCTIONS: Load #: 00051229540M Packing List is Attached												

CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		
6159199	95	499.91	Y N		
Grand Total	95	499.91			

CARRIER INFORMATION						PACKAGE			
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
QTY	TYPE	QTY	TYPE			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			
1	Pallet			50.00		Pallet			
		95	ctns	499.91		Shower curtain		49385	77.5
1		95		549.91		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.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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.		

Date: 8/2/2022 1:17:42 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000751797	
Name: E & E COMPANY LTD		 (402)06757168000751797	
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407		CARRIER NAME: CARGO TRANSPORTERS	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 279922	
VENDOR:		Seal number(s): 5624065	
FOB: <input type="checkbox"/>		SCAC: CGOR	
SHIP TO		Pro Number:	
Name: Macys Home Store Denver DC Location #: DV		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: 510 East 51st Avenue		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
City/State/Zip: Denver, CO 80216		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
CID#:		Appointment Time	
Dept: 0602		Actual Driver Arrival Time	
FOB: <input type="checkbox"/>		Driver Departure Time	
THIRD PARTY FREIGHT CHARGES BILL TO:		AM AM AM	
Name:		PM PM PM	
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 00051229540M			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP			
3991815	1	5.18	Y	N		
Grand Total	1	5.18				

CARRIER INFORMATION						COMMODITY DESCRIPTION		PACKAGE	
HANDLING UNIT		PACKAGE		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
QTY	TYPE	QTY	TYPE						
1	Pallet			50.00		Pallet			
		1	ctns	5.18		Shower curtain		49385	77.5
1		1		55.18		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.

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.

Date: 8/2/2022 1:17:38 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168000753609	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757168000753609	
SHIP TO		CARRIER NAME: CARGO TRANSPORTERS	
Name: Macys Home Store Tulsa DC Location #: OK Address: 7120 E 76th St North City/State/Zip: Owasso, OK 74055 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: 279922 Seal number(s): 5624065 SCAC: CGOR Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 00051229540M Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6159221	54	267.84	Y N	
Grand Total	54	267.84		

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		
		54	ctns	267.84		Shower curtain	49385	77.5
1		54		317.84		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. <div style="text-align: right;">Shipper Signature</div>		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<table style="width:100%;"> <tr> <td style="width: 50%;"> Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width: 50%;"> Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces </td> </tr> </table>	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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.			

Date: 8/2/2022 1:17:33 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168000751735	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757168000751735	
SHIP TO		CARRIER NAME: CARGO TRANSPORTERS	
Name: Macys Home Stone Mountain DC Location #: ST Address: 4401 Sarr Parkway City/State/Zip: Stone Mountain, GA 30083 CID#: _____ Dept: 0614		Responsible Acct.No: _____ Trailer number: 279922 Seal number(s): 5624065 SCAC: CGOR Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 00051229540M Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		
3961246	11	157.52	Y N		
Grand Total	11	157.52			

CARRIER INFORMATION						COMMODITY DESCRIPTION		PACKAGE	
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	<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>		NMFC #	CLASS
QTY	TYPE	QTY	TYPE						
1	Pallet			50.00	(X)	Pallet			
		11	ctns	157.52		Mattress Pads		149265	100
1		11		207.52		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.	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.


Date: 8/2/2022 1:17:29 PM

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 SID#: _____
 PHONE: _____
 VENDOR: _____ FOB:

Bill of Lading Number: 06757168000751803



(402)06757168000751803

SHIP TO

Name: Macys Home Store Hayward DC Location #: HA
 Address: 28701 Hall Road
 City/State/Zip: Hayward, CA 94545
 CID#: _____
 Dept: 0602 FOB:

CARRIER NAME: CARGO TRANSPORTERS
 Responsible Acct.No: _____
 Trailer number: 279922
 Seal number(s): 5624065

SCAC: CGOR
Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

SPECIAL INSTRUCTIONS:
 Load #: 00051229540M
 Packing List is Attached

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

Prepaid: Collect: 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
3991815	8	40.89	Y N	
Grand Total	8	40.89		

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 369</small>	PACKAGE	
	QTY	TYPE				NMFC #	CLASS
1		Pallet	50.00		Pallet		
	8	ctns	40.89		Shower curtain	49385	77.5
1			90.89		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.

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.

Date: 8/2/2022 1:17:24 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168000751773	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757168000751773	
SHIP TO		CARRIER NAME: CARGO TRANSPORTERS	
Name: Macys Home Store Los Angeles Location #: CI DC Address: 15541 East Gale Avenue City/State/Zip: City of Industry, CA 91745 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: 279922 Seal number(s): 5624065	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: CGOR	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: Load #: 00051229540M Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		
3991815	9	45.19	Y N		
Grand Total	9	45.19			

CARRIER INFORMATION						PACKAGE			
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
QTY	TYPE	QTY	TYPE			<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>			
1	Pallet			50.00		Pallet			
		9	ctns	45.19		Shower curtain		49385	77.5
1		9		95.19		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.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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.		

Date: 8/2/2022 1:17:20 PM

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 SID#: _____
 PHONE: _____
 VENDOR: _____

Bill of Lading Number: 06757168000754064



(402)06757168000754064

SHIP TO

Name: Macys Home Hayward DC Location #: HA
 Address: 28701 Hall Road
 City/State/Zip: Hayward, CA 94545
 CID#: _____
 Dept: 0614

CARRIER NAME: CARGO TRANSPORTERS
 Responsible Acct.No: _____
 Trailer number: 279922
 Seal number(s): 5624065

SCAC: CGOR
Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

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

Prepaid: Collect: 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

SPECIAL INSTRUCTIONS:
 Load #: 00051229540M
 Packing List is Attached

CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		
3992508	17	259.56	Y N		
Grand Total	17	259.56			

CARRIER INFORMATION						PACKAGE			
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
QTY	TYPE	QTY	TYPE			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			
1	Pallet			50.00		Pallet			
		17	ctns	259.56		Mattress Pads		149265	100
1		17		309.56		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.

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.

Date: 8/2/2022 1:17:15 PM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 SID#: _____
 PHONE: _____
 VENDOR: _____

Bill of Lading Number: 06757168000753753

 (402)06757168000753753

SHIP TO
 Name: Macys Home Store Goodyear DC Location #: AZ
 Address: 16575 West Commerce Drive
 City/State/Zip: Goodyear, AZ 85338
 CID#: _____
 Dept: 0602

CARRIER NAME: CARGO TRANSPORTERS
 Responsible Acct.No: _____
 Trailer number: 279922
 Seal number(s): 5624065

SCAC: CGOR
Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____

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:
 Load #: 00051229540M
 Packing List is Attached

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		
6159199	11	54.56	Y N		
Grand Total	11	54.56			

CARRIER INFORMATION						PACKAGE	
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>	NMFC #	CLASS
	QTY	TYPE					
1		Pallet	50.00		Pallet		
	11	ctns	54.56		Shower curtain	49385	77.5
1			104.56		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.

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.

Date: 8/2/2022 1:17:11 PM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 SID#: _____
 PHONE: _____
 VENDOR: _____ FOB:

Bill of Lading Number: 06757168000751704



CARRIER NAME: CARGO TRANSPORTERS

Responsible Acct.No: _____

Trailer number: 279922

Seal number(s): 5624065

SCAC: CGOR

Pro Number: _____

SHIP TO
 Name: Macys Home Bailey Rd DC Location #: BA
 Address: 300 South Bailey Road
 City/State/Zip: North Jackson, OH 44451
 CID#: _____
 Dept: 0614 FOB:

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

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____
SPECIAL INSTRUCTIONS:
 Load #: 00051229540M
 Packing List is Attached

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3961246	7	100.24	Y N	
Grand Total	7	100.24		

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		
	7	ctns	100.24		Mattress Pads	149265	100
1			150.24		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.


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.

Date: 8/2/2022 1:17:06 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000753821	
Name: E & E COMPANY LTD		 (402)06757168000753821	
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407		CARRIER NAME: CARGO TRANSPORTERS	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 279922	
VENDOR:		Seal number(s): 5624065	
SHIP TO		SCAC: CGOR	
Name: Macys Home Store Joppa DC Location #: JP		Pro Number:	
Address: 3300 Fashion Way		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
City/State/Zip: Joppa, MD 21085		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>	
CID#:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Dept: 0602 FOB: <input type="checkbox"/>		Appointment Time	
THIRD PARTY FREIGHT CHARGES BILL TO:		Actual Driver Arrival Time	
Name:		Driver Departure Time	
Address:		AM AM AM	
City/State/Zip:		PM PM PM	
SPECIAL INSTRUCTIONS:			
Load #: 00051229540M			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		
6159199	84	426.21	Y N		
Grand Total	84	426.21			

CARRIER INFORMATION						PACKAGE			
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
QTY	TYPE	QTY	TYPE			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			
1	Pallet			50.00		Pallet			
		84	ctns	426.21		Shower curtain		49385	77.5
1		84		476.21		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.

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.

Date: 8/2/2022 1:17:01 PM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 SID#: _____
 PHONE: _____
 VENDOR: _____ FOB:

Bill of Lading Number: 06757168000753586

 (402)06757168000753586

SHIP TO
 Name: Macys Home Store Goodyear DC Location #: AZ
 Address: 16575 West Commerce Drive
 City/State/Zip: Goodyear, AZ 85338
 CID#: _____
 Dept: 0602 FOB:

CARRIER NAME: CARGO TRANSPORTERS
 Responsible Acct.No: _____
 Trailer number: 279922
 Seal number(s): 5624065

SCAC: CGOR
Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: Collect: 3rd Party:

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

SPECIAL INSTRUCTIONS:
 Load #: 00051229540M
 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
6159221	73	378.03	Y N	
Grand Total	73	378.03		

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		
		73	ctns	378.03		Shower curtain	49385	77.5
1		73		428.03		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.


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.

Date: 8/2/2022 1:16:57 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000751810										
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757168000751810										
SHIP TO		CARRIER NAME: CARGO TRANSPORTERS										
Name: Macys Home Store Houston DC Location #: HU Address: 2103 Ernestline City/State/Zip: Houston, TX 77023 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: 279922 Seal number(s): 5624065 SCAC: CGOR Pro Number: _____										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 00051229540M Packing List is Attached		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Appointment Time</th> <th style="width: 25%;">Actual Driver Arrival Time</th> <th style="width: 25%;">Driver Departure Time</th> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										

CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		
3991815	2	10.58	Y N		
Grand Total	2	10.58			

CARRIER INFORMATION						COMMODITY DESCRIPTION		PACKAGE	
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	<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>		NMFC #	CLASS
QTY	TYPE	QTY	TYPE						
1	Pallet			50.00		Pallet			
		2	ctns	10.58		Shower curtain		49385	77.5
1		2		60.58		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 / 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: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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.
--	---	---	---

Date: 8/2/2022 1:16:53 PM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 SID#: _____
 PHONE: _____
 VENDOR: _____ FOB:

Bill of Lading Number: 06757168000754057

 (402)06757168000754057

SHIP TO
 Name: Macys Home Denver DC Location #: DV
 Address: 510 East 51st Ave
 City/State/Zip: Devnver, CO 80216
 CID#: _____
 Dept: 0614 FOB:

CARRIER NAME: CARGO TRANSPORTERS
 Responsible Acct.No: _____
 Trailer number: 279922
 Seal number(s): 5624065

SCAC: CGOR
Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: Collect: 3rd Party:

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

SPECIAL INSTRUCTIONS:
 Load #: 00051229540M
 Packing List is Attached

CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		
3992508	8	107.89	Y N		
Grand Total	8	107.89			

CARRIER INFORMATION						PACKAGE			
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
QTY	TYPE	QTY	TYPE			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 369			
1	Pallet			50.00		Pallet			
		8	ctns	107.89		Mattress Pads		149265	100
1		8		157.89		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.

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.

Date: 8/2/2022 1:16:48 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168000754019	
Name: E & E COMPANY LTD		 (402)06757168000754019	
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407			
SID#:			
PHONE:	FOB: <input type="checkbox"/>	CARRIER NAME: CARGO TRANSPORTERS	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: 279922	
Name: Macy's Home Owasso DC	Location #: OK	Seal number(s): 5624065	
Address: 7120 E.76th Street North		SCAC: CGOR	
City/State/Zip: Owasso, OK 74055		Pro Number:	
CID#:	FOB: <input type="checkbox"/>		
Dept: 0614			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		Master Bill of Lading: with attached	
City/State/Zip:		(check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 00051229540M Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
			Driver Departure Time
			AM
			PM

CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		
3992365	65	786.78	Y N		
Grand Total	65	786.78			

CARRIER INFORMATION						PACKAGE			
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
QTY	TYPE	QTY	TYPE			<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>			
2	Pallet			100.00		Pallet			
		65	ctns	786.78		Mattress Pads		149265	100
2		65		886.78		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 property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:	Freight Counted:
<input type="checkbox"/> By Shipper	<input 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.

Date: 8/2/2022 1:16:44 PM

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 SID#: _____
 PHONE: _____
 VENDOR: _____ FOB:

Bill of Lading Number: 06757168000753852



(402)06757168000753852

SHIP TO

Name: Macys Home Store South Windsor Location #: SW DC
 Address: 301 Governors Hwy
 City/State/Zip: South Windsor, CT 06074
 CID#: _____
 Dept: 0602 FOB:

CARRIER NAME: CARGO TRANSPORTERS
 Responsible Acct.No: _____
 Trailer number: 279922
 Seal number(s): 5624065

SCAC: CGOR
Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

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

Prepaid: Collect: 3rd Party:

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

SPECIAL INSTRUCTIONS:
 Load #: 00051229540M
 Packing List is Attached

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		
6159199	48	238.08	Y N		
Grand Total	48	238.08			

CARRIER INFORMATION						COMMODITY DESCRIPTION		PACKAGE	
HANDLING UNIT		PACKAGE		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
QTY	TYPE	QTY	TYPE						
2	Pallet			100.00		Pallet			
		48	ctns	238.08		Shower curtain	49385	77.5	
2		48		338.08		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.


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.

Date: 8/2/2022 1:16:39 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000751698	
Name: E & E COMPANY LTD		 (402)06757168000751698	
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407		CARRIER NAME: CARGO TRANSPORTERS	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 279922	
VENDOR:		Seal number(s): 5624065	
SHIP TO		SCAC: CGOR	
Name: Macys Home Goodyear DC Location #: AZ		Pro Number:	
Address: 16575 West Commerce Lane		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
City/State/Zip: Goodyear, AZ 85338		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
CID#:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Dept: 0614 FOB: <input type="checkbox"/>		Appointment Time	
THIRD PARTY FREIGHT CHARGES BILL TO:		Actual Driver Arrival Time	
Name:		Driver Departure Time	
Address:		AM AM AM	
City/State/Zip:		PM PM PM	
SPECIAL INSTRUCTIONS:			
Load #: 00051229540M			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3961246	3	42.96	Y N	
Grand Total	3	42.96		

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 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	42.96		Mattress Pads	149265	100
1		3		92.96		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.

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.

Date: 8/2/2022 1:16:34 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168000754125		
Name: E & E COMPANY LTD		 (402)06757168000754125		
Address: 311 International Trade Pkwy				
City/State/Zip: Port Wentworth, GA 31407				
SID#:				
PHONE:				
VENDOR:		CARRIER NAME: CARGO TRANSPORTERS		
SHIP TO		Responsible Acct.No:		
Name: Macys Home Tukwila DC		Trailer number: 279922		
Address: 17000 Southcenter Parkway		Seal number(s): 5624065		
City/State/Zip: Tukwila, WA 98188		SCAC: CGOR		
CID#:		Pro Number:		
Dept: 0614		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>		
Name:		Master Bill of Lading: with attached underlying Bills of Lading		
Address:				
City/State/Zip:		<input type="checkbox"/> (check box)		
SPECIAL INSTRUCTIONS: Load #: 00051229540M Packing List is Attached		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
		AM	AM	AM
		PM	PM	PM

CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		
3992508	10	125.55	Y N		
Grand Total	10	125.55			

CARRIER INFORMATION						PACKAGE			
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
QTY	TYPE	QTY	TYPE			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			
1	Pallet			50.00		Pallet			
		10	ctns	125.55		Mattress Pads		149265	100
1		10		175.55		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.

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.

Date: 8/2/2022 1:16:30 PM

Bill of Lading

SHIP FROM		Bill of Lading Number: 06757168000751780										
Name: E & E COMPANY LTD		 (402)06757168000751780										
Address: 311 International Trade Pkwy												
City/State/Zip: Port Wentworth, GA 31407												
SID#:												
PHONE:												
VENDOR:		CARRIER NAME: CARGO TRANSPORTERS										
SHIP TO		Responsible Acct.No:										
Name: Macys Home Store Minooka DC Location #: CL		Trailer number: 279922										
Address: 601 Midpoint Rd.		Seal number(s): 5624065										
City/State/Zip: Minooka, IL 60447		SCAC: CGOR										
CID#:		Pro Number:										
Dept: 0602												
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name:		Prepaid: Collect: X 3rd Party:										
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
City/State/Zip:		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										
SPECIAL INSTRUCTIONS: Load #: 00051229540M Packing List is Attached												

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3991815	6	29.43	Y N	
Grand Total	6	29.43		

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 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		6	ctns	29.43		Shower curtain	49385	77.5
1		6		79.43		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 _____
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input 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.

Date: 8/2/2022 1:16:25 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168000753807	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757168000753807	
SHIP TO		CARRIER NAME: CARGO TRANSPORTERS	
Name: Macys Home Store Hayward DC Location #: HA Address: 28701 Hall Road City/State/Zip: Hayward, CA 94545 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: 279922 Seal number(s): 5624065 SCAC: CGOR Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: Load #: 00051229540M Packing List is Attached		Appointment Time AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		
6159199	43	219.66	Y N		
Grand Total	43	219.66			

CARRIER INFORMATION						PACKAGE			
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
QTY	TYPE	QTY	TYPE			<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>			
1	Pallet			50.00		Pallet			
		43	ctns	219.66		Shower curtain		49385	77.5
1		43		269.66		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 _____
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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.		

Date: 8/2/2022 1:16:21 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168000751865	
Name: E & E COMPANY LTD		 (402)06757168000751865	
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407			
SID#:			
PHONE:		CARRIER NAME: CARGO TRANSPORTERS	
VENDOR:		Responsible Accl.No:	
SHIP TO		Trailer number: 279922	
Name: Macys Home Store Tukwila DC Location #: TU		Seal number(s): 5624065	
Address: 17000 Southcenter Parkway		SCAC: CGOR	
City/State/Zip: Tukwila, WA 98188		Pro Number:	
CID#:			
Dept: 0602			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS: Load #: 00051229540M Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		
3991815	1	4.85	Y N		
Grand Total	1	4.85			

CARRIER INFORMATION						PACKAGE			
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
QTY	TYPE	QTY	TYPE			<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>			
1	Pallet			50.00		Pallet			
		1	ctns	4.85		Shower curtain		49385	77.5
1		1		54.85		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 / DATE This is to certify that the above named materials are property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		Shipper Signature	
Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input 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.	

Date: 8/2/2022 1:16:16 PM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 SID#: _____
 PHONE: _____
 VENDOR: _____ FOB:

Bill of Lading Number: 06757168000754026

 (402)06757168000754026

SHIP TO
 Name: Macys Home Bailey Rd DC Location #: BA
 Address: 300 South Bailey Road
 City/State/Zip: North Jackson, OH 44451
 CID#: _____
 Dept: 0614 FOB:

CARRIER NAME: CARGO TRANSPORTERS
 Responsible Acct.No: _____
 Trailer number: 279922
 Seal number(s): 5624065

SCAC: CGOR
Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____
SPECIAL INSTRUCTIONS:
 Load #: 00051229540M
 Packing List is Attached

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: _____ Collect: 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
3992508	10	144.49	Y	N	
Grand Total	10	144.49			

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		
		10	ctns	144.49		Mattress Pads	149265	100
1		10		194.49		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.

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.

Date: 8/2/2022 1:16:12 PM

Bill Of Lading

Page 1 of 1

SHIP FROM				SHIP TO				
Name: E & E COMPANY LTD				Name: Macys Home Store Stone Mountain DC				
Address: 311 International Trade Pkwy				Address: 4401 Sarr Parkway				
City/State/Zip: Port Wentworth, GA 31407				City/State/Zip: Stone Mountain, GA 30083				
SID#:				CID#:				
PHONE:				Dept: 0602				
VENDOR:				FOB: <input type="checkbox"/>				
Name:				Location #: ST				
Address:				City/State/Zip:				
City/State/Zip:				CID#:				
SPECIAL INSTRUCTIONS:				Dept:				
Load #: 00051229540M				FOB: <input type="checkbox"/>				
Packing List is Attached				FOB: <input type="checkbox"/>				
THIRD PARTY FREIGHT CHARGES BILL TO:								
Name:				Address:				
Address:				City/State/Zip:				
SPECIAL INSTRUCTIONS:				SPECIAL INSTRUCTIONS:				
Load #: 00051229540M				Load #: 00051229540M				
Packing List is Attached				Packing List is Attached				
CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER				# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
3991815				10	51.36	Y N		
Grand Total				10	51.36			
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		
		10	ctns	51.36		Shower curtain	49385	77.5
1		10		101.36		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.

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.

Date: 8/2/2022 1:16:08 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168000751834	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757168000751834	
SHIP TO		CARRIER NAME: CARGO TRANSPORTERS	
Name: Macys Home Store Secaucus DC Location #: SC Address: 500 Meadowlands Parkway City/State/Zip: Secaucus, NJ 07094 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: 279922 Seal number(s): 5624065 SÇAC: CGOR Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 00051229540M Packing List is Attached		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
3991815	12	61.17	Y N	
Grand Total	12	61.17		

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		
		12	ctns	61.17		Shower curtain	49385	77.5
1		12		111.17		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"/>
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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. <p style="text-align: right;">Shipper Signature</p>
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: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallels 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.	

OA Logistics

Detention Waiver

Dear Carrier,

You have arrived late and missed your scheduled appointment time. Every effort will be made to fit you into our schedule but please be advised that OA Logistics will NOT be responsible for any detention charges. If you wish you can make another appointment and reschedule if this is not acceptable.

You have arrived early for your scheduled appointment. Please be advised that your loading time begins at your scheduled appointment time and OA Logistics will not be responsible for detention.

Date: 8/2/22

Carrier: Cargo Transporters

B/L-Number: 00051229540M

Scheduled Appointment time: 1:00

Arrival Time: 12:06

Driver Signature: [Signature]

OA Logistics Signature: [Signature]