

Date: 8/8/2022 3:30:25 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757168000770798
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: 273514
	DC#: Div.	Seal number(s): 5624045
Address:	1124 Elon Place	SCAC: CGOR
		Pro Number:
City/State/Zip:	High Point, NC 27260	
SID#:	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:		
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>	3rd Party: <input type="checkbox"/>
Address:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING		
City/State/Zip:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
SPECIAL INSTRUCTIONS: Load #: 00051250457M		15:00 AM	15:00 AM	15:49 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#	
3783629	1	99.08	Y	N	06757168000759472	TB	
3991441	30	157.93	Y	N	06757168000758185	AZ	
3991441	5	25.24	Y	N	06757168000758192	BA	
3991441	11	53.79	Y	N	06757168000758208	CD	
3991441	20	105.14	Y	N	06757168000758215	OK	
4102167	1	5.18	Y	N	06757168000758635	BA	
4102167	5	24.69	Y	N	06757168000758642	CI	
4102167	5	25.46	Y	N	06757168000758659	CL	
4102167	3	14.88	Y	N	06757168000758666	DV	
4102167	3	14.99	Y	N	06757168000758673	HA	
4102167	2	10.58	Y	N	06757168000758680	JP	
4102167	3	14.55	Y	N	06757168000758697	SC	
4102167	1	5.18	Y	N	06757168000758703	ST	

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:

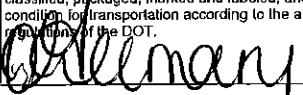
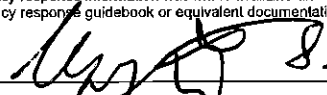
Customer check acceptable:

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.  8/8/22	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.  8.8.22
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SHIP FROM	Master Bill of Lading Number: 06757168000770798
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#: _____	Trailer number: 273514
Address: 1124 Elon Place Div. _____	Seal number(s): 5624045
City/State/Zip: High Point, NC 27260	SCAC: CGOR
SID#: _____ FOB: <input type="checkbox"/>	Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:	Freight Charge Terms:
Name: _____	Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
Address: _____	<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED
City/State/Zip: _____	<input type="checkbox"/> UNDERLYING BILLS OF LANDING
SPECIAL INSTRUCTIONS:	Appointment Time Actual Driver Arrival Time Driver Departure Time
Load #: 00051250457M	AM AM AM PM PM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
4102167	1	5.29	Y	N	06757168000758710	SW	
4102167	1	5.29	Y	N	06757168000758727	TU	
4102442	15	251.25	Y	N	06757168000759489	CI	
4103399	5	25.13	Y	N	06757168000758581	AZ	
4103399	1	4.85	Y	N	06757168000758598	BA	
4103399	3	15.21	Y	N	06757168000758604	CD	
4103399	2	10.47	Y	N	06757168000758611	OK	
4303918	95	821.90	Y	N	06757168000767941	BA	
4303918	340	3678.55	Y	N	06757168000767972	WJ	
4360260	20	256.80	Y	N	06757168000767958	BA	
4360590	6	30.53	Y	N	06757168000767996	AZ	
4360590	2	10.03	Y	N	06757168000768009	BA	
4360590	7	35.38	Y	N	06757168000768016	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"/>

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.	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: 8/8/2022 3:30:25 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757168000770798
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: 273514
		Seal number(s): 5624045
City/State/Zip: High Point, NC 27260		SCAC: CGOR
SID#: _____	FOB: <input type="checkbox"/>	Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____		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	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 00051250457M		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
4360590	2	10.03	Y	N	06757168000768023	WJ	
Grand Total	590	5717.40					

CARRIER INFORMATION							LTL ONLY	
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC item 360</small>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
38	Pallet			1900.00		Pallet		70
		1	ctns	99.08		Furniture (Seating, Storage, Outdoor)	80580	150
		470	ctns	5008.50		Mattress Pads	149265	100
		119	ctns	609.82		Shower curtain	49385	77.5
38				7617.40		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.

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 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.