

SHIP FROM		Master Bill of Lading Number: 06757168000788458
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: 273550
	DC#: Div.	Seal number(s): 5628577
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"/>
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: Load #: 00051285713M		Appointment Time	Actual Driver Arrival Time
		1:00 ^{AM} _{PM}	12:51 ^{AM} _{PM}
			Driver Departure Time
			7:32 ^{AM} _{PM}

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#
4919962	1	5.29	Y	N	06757168000787499	AZ
4922635	2	22.47	Y	N	06757168000787185	SW
4801118	7	86.60	Y	N	06757168000786621	AZ
4801118	2	22.48	Y	N	06757168000786652	CI
4919962	5	25.79	Y	N	06757168000787543	HA
4801118	5	60.16	Y	N	06757168000786683	DV
4917696	3	23.79	Y	N	06757168000786942	AZ
4919962	1	4.85	Y	N	06757168000787604	TU
4917696	4	31.72	Y	N	06757168000786959	BA
4919962	7	36.48	Y	N	06757168000787529	CL
4922635	3	35.69	Y	N	06757168000787154	JP
4919962	9	45.96	Y	N	06757168000787574	SC
4919962	4	20.61	Y	N	06757168000787581	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.

JD 9/8/22

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.

Marion Bruchard 9/8/22

SHIP FROM		Master Bill of Lading Number: 06757168000788458
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: 273550
	DC#: Div.	Seal number(s): 5628577
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:		(check box)		
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 00051285713M		AM PM	AM PM	AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
4922635	1	13.22	Y	N	06757168000787130	HA	
4801118	2	22.48	Y	N	06757168000786669	CI	
4922635	10	110.38	Y	N	06757168000787161	SC	
4801118	57	706.02	Y	N	06757168000786744	SW	
4922635	2	24.46	Y	N	06757168000787116	BA	
4801118	91	1109.92	Y	N	06757168000786676	CL	
4801118	149	1773.59	Y	N	06757168000786706	HU	
4919962	4	20.28	Y	N	06757168000787512	CI	
4919962	2	10.36	Y	N	06757168000787536	DV	
4919962	10	51.36	Y	N	06757168000787567	JP	
4922635	3	33.71	Y	N	06757168000787178	ST	
4801118	109	1284.40	Y	N	06757168000786690	HA	
4801118	30	358.95	Y	N	06757168000786751	TU	

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 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.
	Shipper Signature		

SHIP FROM	Master Bill of Lading Number: 06757168000788458
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: 273550
Address: 1124 Elon Place Div. _____	Seal number(s): 5628577
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 #: 00051285713M	AM PM AM PM AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#	
4917696	3	23.79	Y	N	06757168000786966	OK	
4919962	6	30.97	Y	N	06757168000787598	SW	
4922635	1	13.22	Y	N	06757168000787147	HU	
4801118	67	806.48	Y	N	06757168000786638	BA	
4801118	150	1794.69	Y	N	06757168000786737	ST	
4919962	4	20.28	Y	N	06757168000787505	BA	
4919962	2	10.14	Y	N	06757168000787550	HU	
4922635	3	33.71	Y	N	06757168000787123	CI	
8968581	165	1139.60	Y	N	06757168000787307	CI	
4801118	129	1548.82	Y	N	06757168000786713	JP	
8968581	18	124.32	Y	N	06757168000787284	AZ	
4801118	233	2737.32	Y	N	06757168000786645	CI	
4801118	224	2612.32	Y	N	06757168000786720	SC	

<p>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 _____</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>
--	--

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</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</p> <p>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:</p> <p><input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver</p> <p>Freight Counted:</p> <p><input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE</p> <p>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>
---	---	--

SHIP FROM		Master Bill of Lading Number: 06757168000788458
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: 273550	
	Seal number(s): 5628577	
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"/> 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: _____	(check box)	Appointment Time AM PM	Actual Driver Arrival Time AM PM	Driver Departure Time AM PM
SPECIAL INSTRUCTIONS: Load #: 00051285713M				

Grand Total	1528	16836.68	
--------------------	------	----------	--

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 369</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
46	Pallet			2300.00		Pallet		70
		10	ctns	79.30		Mattress Pads	149265	100
		183	ctns	1263.92		Bath Towel, Beach Towel	49390 Sub 4	175
		1280	ctns	15211.09		Runners, Placemats, Napkins	49505	77.5
		55	ctns	282.37		Shower curtain	49385	77.5
46				19136.68		Grand Total		


<p>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 _____</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>
---	--

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</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:</p> <p><input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver/pallets said to contain</p> <p><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>
--	--	--	---

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168000786683	
Name: E & E COMPANY LTD		 (402)06757168000786683	
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407		CARRIER NAME: CARGO TRANSPORTERS	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 273550	
VENDOR: FOB: <input type="checkbox"/>		Seal number(s): 5628577	
SHIP TO		SCAC: CGOR	
Name: Macys Home Denver DC Location #: DV		Pro Number:	
Address: 510 East 51st Ave			
City/State/Zip: Devnver, CO 80216			
CID#:			
Dept: 0784 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: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
City/State/Zip:			
SPECIAL INSTRUCTIONS: Load #: 00051285713M 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
4801118	5	60.16	Y N	
Grand Total	5	60.16		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
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	NMFC #	CLASS
1	Pallet			50.00		Pallet		
		5	ctns	60.16		Runners, Placemats, Napkins	49505	77.5
1		5		110.16		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.	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: 9/8/2022 1:21:22 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000787123	
Name: E & E COMPANY LTD		 (402)06757168000787123	
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407		CARRIER NAME: CARGO TRANSPORTERS	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 273550	
VENDOR:		Seal number(s): 5628577	
FOB: <input type="checkbox"/>		SCAC: CGOR	
SHIP TO		Pro Number:	
Name: Macys Home Los Angeles DC Location #: CI		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: 15541 East Gale Ave		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
City/State/Zip: City of Industry, CA 91745		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
CID#:		Appointment Time	
Dept: 0784		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 #: 00051285713M			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
4922635	3	33.71	Y	N	
Grand Total	3	33.71			

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		
		3	ctns	33.71		Runners, Placemats, Napkins	49505	77.5
1		3		83.71		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: 9/8/2022 1:21:18 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000787536	
Name: E & E COMPANY LTD		 (402)06757168000787536	
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407		CARRIER NAME: CARGO TRANSPORTERS	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 273550	
VENDOR:		Seal number(s): 5628577	
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			
City/State/Zip: Denver, CO 80216		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
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 #: 00051285713M			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4919962	2	10.36	Y N	
Grand Total	2	10.36		

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		
		2	ctns	10.36		Shower curtain	49385	77.5
1		2		60.36		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: 9/8/2022 1:21:14 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000786669		
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757168000786669		
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: 0784		Responsible Acct.No: _____ Trailer number: 273550 Seal number(s): 5628577		
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: CGOR		
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____ Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
SPECIAL INSTRUCTIONS: Load #: 00051285713M Packing List is Attached		Prepaid: Collect: X 3rd Party: _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading		
		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
4801118	2	22.48	Y	N	
Grand Total	2	22.48			

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		
		2	ctns	22.48		Runners, Placemats, Napkins	49505	77.5
1		2		72.48		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 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: 9/8/2022 1:21:08 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168000786621	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757168000786621	
SHIP TO		CARRIER NAME: CARGO TRANSPORTERS	
Name: Macys Home Goodyear DC Location #: AZ Address: 16575 West Commerce Lane City/State/Zip: Goodyear, AZ 85338 CID#: _____ Dept: 0784		Responsible Accl.No: _____ Trailer number: 273550 Seal number(s): 5628577	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: CGOR	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: Load #: 00051285713M 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
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
4801118	7	86.60	Y	N	
Grand Total	7	86.60			

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 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		7	ctns	86.60		Runners, Placemats, Napkins	49505	77.5
1		7		136.60		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 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: 9/8/2022 1:21:03 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000787130	
Name:	E & E COMPANY LTD	 (402)06757168000787130	
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: 273550	
Name:	Macys Home Hayward DC	Seal number(s): 5628577	
Address:	28701 Hall Road	SCAC: CGOR	
City/State/Zip:	Hayward, CA 94545	Pro Number:	
CID#:			
Dept:	0784		
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:		Appointment Time	Actual Driver Arrival Time
Load #: 00051285713M		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			
4922635	1	13.22	Y	N				
Grand Total	1	13.22						
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 366</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	13.22		Runners, Placemats, Napkins	49505	77.5
1		1		63.22		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: 9/8/2022 1:20:58 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168000786751	
Name: E & E COMPANY LTD		 (402)06757168000786751	
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: 273550	
Name: Macys Home Tukwila DC Location #: TU		Seal number(s): 5628577	
Address: 17000 Southcenter Parkway		SCAC: CGOR	
City/State/Zip: Tukwila, WA 98188		Pro Number:	
CID#:			
Dept: 0784 FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 00051285713M 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
4801118	30	358.95	Y	N	
Grand Total	30	358.95			

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		
		30	ctns	358.95		Runners, Placemats, Napkins	49505	77.5
1		30		408.95		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 style="text-align: center;">Customer check acceptable: <input type="checkbox"/></p>
---	--

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).


<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</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:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted:</p> <p><input checked="" 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: 9/8/2022 1:20:54 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000787307	
Name: E & E COMPANY LTD		 (402)06757168000787307	
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407			
SID#:		CARRIER NAME: CARGO TRANSPORTERS	
PHONE:		Responsible Acct.No:	
VENDOR:		Trailer number: 273550	
SHIP TO		Seal number(s): 5628577	
Name: Macys Home Los Angeles DC Location #: CI		SCAC: CGOR	
Address: 15541 East Gale Ave		Pro Number:	
City/State/Zip: City of Industry, CA 91745			
CID#:			
Dept: 0603			
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:		Appointment Time Actual Driver Arrival Time Driver Departure Time	
SPECIAL INSTRUCTIONS:		AM AM AM	
Load #: 00051285713M		PM PM PM	
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
8968581	165	1139.60	Y N	
Grand Total	165	1139.60		

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
3	Pallet			150.00		Pallet		
		165	ctns	1139.60		Bath Towel, Beach Towel	49390 Sub 4	175
3		165		1289.60		Grand Total		

<p>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 _____</p>	<p>COD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p style="text-align: center;">Customer check acceptable: <input type="checkbox"/></p>
--	---

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).


<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</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:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted:</p> <p><input checked="" 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: 9/8/2022 1:20:49 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000786959	
Name: E & E COMPANY LTD		 (402)06757168000786959	
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407			
SID#:		CARRIER NAME: CARGO TRANSPORTERS	
PHONE:		Responsible Acct.No:	
VENDOR:		Trailer number: 273550	
SHIP TO		Seal number(s): 5628577	
Name: Macys Home North Jackson DC Location #: BA		SCAC: CGOR	
Address: 300 South Bailey Road		Pro Number:	
City/State/Zip: North Jackson, OH 44451			
CID#:			
Dept: 0614			
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 #: 00051285713M 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
4917696	4	31.72	Y	N	
Grand Total	4	31.72			

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		
		4	ctns	31.72		Mattress Pads	149265	100
1		4		81.72		Grand Total		

<p>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 _____</p>	<p>COD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p style="text-align: center;">Customer check acceptable: <input type="checkbox"/></p>
--	---

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</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>	

SHIP FROM		Bill of Lading Number: 06757168000787185	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757168000787185	
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: 0784		Responsible Acct.No: _____ Trailer number: 273550 Seal number(s): 5628577	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: CGOR	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: Load #: 00051285713M 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 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
4922635	2	22.47	Y	N	
Grand Total	2	22.47			

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 358</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	22.47		Runners, Placemats, Napkins	49505	77.5
1		2		72.47		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 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: 9/8/2022 1:20:38 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168000786706	
Name: E & E COMPANY LTD		 (402)06757168000786706	
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: 273550	
Name: Macys Home Houston DC Location #: HU		Seal number(s): 5628577	
Address: 2103 Ernestline		SCAC: CGOR	
City/State/Zip: Houston, TX 77023		Pro Number:	
CID#:			
Dept: 0784			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 00051285713M 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
4801118	149	1773.59	Y N	
Grand Total	149	1773.59		

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		
		149	ctns	1773.59		Runners, Placemats, Napkins	49505	77.5
2		149		1873.59		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 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.		

SHIP FROM		Bill of Lading Number: 06757168000786720	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06757168000786720	
SHIP TO		CARRIER NAME: CARGO TRANSPORTERS	
Name: Macys Home Secaucus DC Location #: SC Address: 500 Meadowlands Parkway City/State/Zip: Secaucus, NJ 07094 CID#: _____ Dept: 0784 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: 273550 Seal number(s): 5628577	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: CGOR	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____ Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 00051285713M Packing List is Attached		Prepaid: _____ Collect: X 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				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4801118	224	2612.32	Y N	
Grand Total	224	2612.32		


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 366</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		224	ctns	2612.32		Runners, Placemats, Napkins	49505	77.5
2		224		2712.32		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.	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.
--	--	--	---

SHIP FROM		Bill of Lading Number: 06757168000787581
Name: E & E COMPANY LTD		 (402)06757168000787581
Address: 311 International Trade Pkwy		
City/State/Zip: Port Wentworth, GA 31407		
SID#:		
PHONE:		
VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: CARGO TRANSPORTERS
		Responsible Accl.No:

SHIP TO		Trailer number: 273550
Name: Macys Home Store Stone Mountain DC	Location #: ST	Seal number(s): 5628577
Address: 4401 Sarr Parkway		SCAC: CGOR
City/State/Zip: Stone Mountain, GA 30083		Pro Number:
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:	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 #: 00051285713M		Appointment Time	Actual Driver Arrival Time
Packing List is Attached		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4919962	4	20.61	Y N	
Grand Total	4	20.61		

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		
		4	ctns	20.61		Shower curtain	49385	77.5
1		4		70.61		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 style="text-align: center;">Customer check acceptable: <input type="checkbox"/></p>
---	--

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).


<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</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:</p> <p><input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver/pallets said to contain</p> <p><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: 9/8/2022 1:20:24 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000786645	
Name:	E & E COMPANY LTD	 (402)06757168000786645	
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: 273550	
Name:	Macys Home Los Angeles DC	Seal number(s): 5628577	
Address:	15541 East Gale Ave	SCAC: CGOR	
City/State/Zip:	City of Industry, CA 91745	Pro Number:	
CID#:			
Dept:	0784		
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:			
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 00051285713M		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			
4801118	233	2737.32	Y	N				
Grand Total	233	2737.32						
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		
		233	ctns	2737.32		Runners, Placemats, Napkins	49505	77.5
2		233		2837.32		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: 9/8/2022 1:20:20 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168000786638	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757168000786638	
SHIP TO		CARRIER NAME: CARGO TRANSPORTERS	
Name: Macys Home Bailey Rd DC Location #: BA Address: 300 South Bailey Road City/State/Zip: North Jackson, OH 44451 CID#: _____ Dept: 0784		Responsible Acct.No: _____ Trailer number: 273550 Seal number(s): 5628577	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: CGOR	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____ Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 00051285713M 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
4801118	67	806.48	Y N	
Grand Total	67	806.48		

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		
		67	ctns	806.48		Runners, Placemats, Napkins	49505	77.5
1		67		856.48		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 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: 9/8/2022 1:20:16 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000787567	
Name:	E & E COMPANY LTD	 (402)06757168000787567	
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 Store Joppa DC	Location #:	JP
Address:	3300 Fashion Way		
City/State/Zip:	Joppa, MD 21085		
CID#:			
Dept:	0602	FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Trailer number: 273550	
Name:	Seal number(s): 5628577		
Address:	SCAC: CGOR		
City/State/Zip:	Pro Number:		
SPECIAL INSTRUCTIONS:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Load #: 00051285713M		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Packing List is Attached		<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
			PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
4919962	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 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	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.

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168000787604		
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757168000787604		
SHIP TO		CARRIER NAME: CARGO TRANSPORTERS		
Name: Macys Home Store Tukwila DC Location #: TU Address: 17000 Southcenter Parkway City/State/Zip: Tukwila, WA 98188 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: 273550 Seal number(s): 5628577		
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: CGOR		
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____ Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
SPECIAL INSTRUCTIONS: Load #: 00051285713M Packing List is Attached		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading		
		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
4919962	1	4.85	Y N	
Grand Total	1	4.85		

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				
		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 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 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: 9/8/2022 1:20:07 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Store Hayward DC Location #: HA
Address:	311 International Trade Pkwy	Address:	28701 Hall Road
City/State/Zip:	Port Wentworth, GA 31407	City/State/Zip:	Hayward, CA 94545
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757168000787543		Trailer number: 273550	
		Seal number(s): 5628577	
(402)06757168000787543		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	
AM		AM	
PM		PM	
Driver Departure Time		AM	
		PM	

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:	
Address:	
City/State/Zip:	
SPECIAL INSTRUCTIONS:	
Load #: 00051285713M	
Packing List is Attached	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4919962	5	25.79	Y N	
Grand Total	5	25.79		

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		
		5	ctns	25.79		Shower curtain	49385	77.5
1		5		75.79		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: 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: 9/8/2022 1:20:03 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000786676	
Name:	E & E COMPANY LTD	 (402)06757168000786676	
Address:	311 International Trade Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:			
PHONE:			
VENDOR:		CARRIER NAME: CARGO TRANSPORTERS Responsible Acct.No:	
SHIP TO		Trailer number: 273550	
Name:	Macys Home Minooka DC	Location #:	CL
Address:	601 Midpoint Rd.	Seal number(s):	5628577
City/State/Zip:	Minooka, IL 60447	SCAC:	CGOR
CID#:		Pro Number:	
Dept:	0784		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	Collect: <input checked="" type="checkbox"/> 3rd Party:
Address:			
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 00051285713M		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
4801118	91	1109.92	Y N	
Grand Total	91	1109.92		

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		
		91	ctns	1109.92		Runners, Placemats, Napkins	49505	77.5
1		91		1159.92		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: 9/8/2022 1:19:58 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Joppa DC Location #: JP
Address:	311 International Trade Pkwy	Address:	3300 Fashion Way
City/State/Zip:	Port Wentworth, GA 31407	City/State/Zip:	Joppa, MD 21085
SID#:		CID#:	
PHONE:		Depl:	0784
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757168000787154		Trailer number: 273550	
		Seal number(s): 5628577	
(402)06757168000787154		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	
		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	
PM			
SPECIAL INSTRUCTIONS:			
Load #: 00051285713M			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4922635	3	35.69	Y N	
Grand Total	3	35.69		

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		
		3	ctns	35.69		Runners, Placemats, Napkins	49505	77.5
1		3		85.69		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: 9/8/2022 1:19:54 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000786744	
Name: E & E COMPANY LTD		 (402)06757168000786744	
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407		CARRIER NAME: CARGO TRANSPORTERS	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 273550	
VENDOR:		Seal number(s): 5628577	
SHIP TO		SCAC: CGOR	
Name: Macys Home South Windsor DC Location #: SW		Pro Number:	
Address: 301 Governors Hwy			
City/State/Zip: South Windsor, CT 06074			
CID#:			
Dept: 0784			
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:			
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 00051285713M		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
4801118	57	706.02	Y N	
Grand Total	57	706.02		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
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 350	NMFC #	CLASS
1	Pallet			50.00		Pallet		
		57	ctns	706.02		Runners, Placemats, Napkins	49505	77.5
1		57		756.02		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.	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: 9/8/2022 1:19:50 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Store Houston DC Location #: HU
Address:	311 International Trade Pkwy	Address:	2103 Ernestine
City/State/Zip:	Port Wentworth, GA 31407	City/State/Zip:	Houston, TX 77023
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757168000787550		Trailer number: 273550	
		Seal number(s): 5628577	
(402)06757168000787550		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	
		3rd Party: <input type="checkbox"/>	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 00051285713M		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
4919962	2	10.14	Y N	
Grand Total	2	10.14		

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	10.14		Shower curtain	49385	77.5
1		2		60.14		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 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: 9/8/2022 1:19:46 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168000787147										
Name: E & E COMPANY LTD		 (402)06757168000787147										
Address: 311 International Trade Pkwy												
City/State/Zip: Port Wentworth, GA 31407		CARRIER NAME: CARGO TRANSPORTERS										
SID#:		Responsible Acct.No:										
PHONE:		Trailer number: 273550										
VENDOR:		Seal number(s): 5628577										
SHIP TO		SCAC: CGOR										
Name: Macys Home Houston DC Location #: HU		Pro Number:										
Address: 2103 Ernestine		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
City/State/Zip: Houston, TX 77023		Prepaid: Collect: X 3rd Party:										
CID#:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
Dept: 0784 FOB: <input type="checkbox"/>		<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										
THIRD PARTY FREIGHT CHARGES BILL TO:												
Name:		SPECIAL INSTRUCTIONS:										
Address:		Load #: 00051285713M										
City/State/Zip:		Packing List is Attached										

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4922635	1	13.22	Y N	
Grand Total	1	13.22		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	13.22		Runners, Placemats, Napkins	49505	77.5
1		1		63.22		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 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.			

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168000787284	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757168000787284	
SHIP TO		CARRIER NAME: CARGO TRANSPORTERS	
Name: Macys Home Goodyear DC Location #: AZ Address: 16575 West Commerce Lane City/State/Zip: Goodyear, AZ 85338 CID#: _____ Dept: 0603		Responsible Acct.No: _____ Trailer number: 273550 Seal number(s): 5628577 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 #: 00051285713M Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
8968581	18	124.32	Y N	
Grand Total	18	124.32		

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		
		18	ctns	124.32		Bath Towel, Beach Towel	49390 Sub 4	175
1		18		174.32		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 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: 9/8/2022 1:19:37 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000786737	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757168000786737	
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: 0784		Responsible Acct.No: _____ Trailer number: 273550 Seal number(s): 5628577	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: CGOR	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____ Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 00051285713M Packing List is Attached		Prepaid: _____ Collect: X 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
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4801118	150	1794.69	Y N	
Grand Total	150	1794.69		

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
2	Pallet			100.00		Pallet		
		150	ctns	1794.69		Runners, Placemats, Napkins	49505	77.5
2		150		1894.69		Grand Total		

<p>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 _____</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>
--	---


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: 9/8/2022 1:19:33 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000787598	
Name: E & E COMPANY LTD		 (402)06757168000787598	
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: 273550	
Name: Macys Home Store South Windsor Location #: SW DC		Seal number(s): 5628577	
Address: 301 Governors Hwy		SCAC: CGOR	
City/State/Zip: South Windsor, CT 06074		Pro Number:	
CID#:			
Dept: 0602			
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:		Appointment Time	
SPECIAL INSTRUCTIONS:		Actual Driver Arrival Time	
Load #: 00051285713M		Driver Departure Time	
Packing List is Attached		AM	
		PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4919962	6	30.97	Y N	
Grand Total	6	30.97		

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	30.97		Shower curtain	49385	77.5
1		6		80.97		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 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: 9/8/2022 1:19:29 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000787499	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy. City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757168000787499	
SHIP TO		CARRIER NAME: CARGO TRANSPORTERS	
Name: Macys Home Store Goodyear DC Location #: AZ Address: 16575 West Commerce Drive City/State/Zip: Goodyear, AZ 85338 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: 273550 Seal number(s): 5628577	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: CGOR	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____ Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 00051285713M Packing List is Attached		Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> 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	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
4919962	1	5.29	Y	N	
Grand Total	1	5.29			

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 366</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	5.29		Shower curtain	49385	77.5
1		1		55.29		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.	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: 9/8/2022 1:19:25 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000786942	
Name: E & E COMPANY LTD		 (402)06757168000786942	
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: 273550	
Name: Macys Home Goodyear DC Location #: AZ		Seal number(s): 5628577	
Address: 16575 West Commerce Lane		SCAC: CGOR	
City/State/Zip: Goodyear, AZ 85338		Pro Number:	
CID#:			
Dept: 0614			
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 (check box) underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS: Load #: 00051285713M Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
			AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4917696	3	23.79	Y N	
Grand Total	3	23.79		

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 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	23.79		Mattress Pads	149265	100
1		3		73.79		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.	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: 9/8/2022 1:19:21 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Store Secaucus DC Location #: SC
Address:	311 International Trade Pkwy	Address:	500 Meadowlands Parkway
City/State/Zip:	Port Wentworth, GA 31407	City/State/Zip:	Secaucus, NJ 07094
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757168000787574		Trailer number: 273550	
		Seal number(s): 5628577	
(402)06757168000787574		SCAC: CGOR	
CARRIER NAME: CARGO TRANSPORTERS		Pro Number:	
Responsible Acct.No:		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
SPECIAL INSTRUCTIONS:		Driver Departure Time	AM
Load #: 00051285713M			PM
Packing List is Attached			PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
4919962	9	45.96	Y	N	
Grand Total	9	45.96			

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		
		9	ctns	45.96		Shower curtain	49385	77.5
1		9		95.96		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: 9/8/2022 1:19:17 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000787116	
Name: E & E COMPANY LTD		 (402)06757168000787116	
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: 273550	
Name: Macys Home Bailey Rd DC Location #: BA		Seal number(s): 5628577	
Address: 300 South Bailey Road		SCAC: CGOR	
City/State/Zip: North Jackson, OH 44451		Pro Number:	
CID#:			
Dept: 0784			
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 (check box) underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS: Load #: 00051285713M 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	
4922635	2	24.46	Y N		
Grand Total	2	24.46			

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(e) of NMFC Item 369</small>	PACKAGE		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
1	Pallet			50.00		Pallet			
		2	ctns	24.46		Runners, Placemats, Napkins	49505	77.5	
1		2		74.46		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.	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: 9/8/2022 1:19:13 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Owasso DC Location #: OK
Address:	311 International Trade Pkwy	Address:	7120 E.76th Street North
City/State/Zip:	Port Wentworth, GA 31407	City/State/Zip:	Owasso, OK 74055
SID#:		CID#:	
PHONE:		Dept:	0614
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757168000786966		Trailer number: 273550	
		Seal number(s): 5628577	
(402)06757168000786966		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:	
City/State/Zip:		Appointment Time	
SPECIAL INSTRUCTIONS:		Actual Driver Arrival Time	
Load #: 00051285713M		Driver Departure Time	
Packing List is Attached		AM	
		PM	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
4917696	3	23.79	Y	N	
Grand Total	3	23.79			

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		
		3	ctns	23.79		Mattress Pads	149265	100
1		3		73.79		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: 9/8/2022 1:19:08 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000787178	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757168000787178	
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: 0784		Responsible Acct.No: _____ Trailer number: 273550 Seal number(s): 5628577	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: CGOR	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____ Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 00051285713M Packing List is Attached		Prepaid: _____ Collect: X 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					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
4922635	3	33.71	Y	N	
Grand Total	3	33.71			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	33.71		Runners, Placemats, Napkins	49505	77.5
1		3		83.71		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.	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: 9/8/2022 1:19:04 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000786713	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757168000786713	
SHIP TO		CARRIER NAME: CARGO TRANSPORTERS	
Name: Macys Home Joppa DC Location #: JP Address: 3300 Fashion Way City/State/Zip: Joppa, MD 21085 CID#: _____ Dept: 0784		Responsible Acct.No: _____ Trailer number: 273550 Seal number(s): 5628577	
THIRD PARTY FREIGHT CHARGES BILL TO		SCAC: CGOR	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____ Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 00051285713M Packing List is Attached		Prepaid: _____ Collect: X 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				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4801118	129	1548.82	Y N	
Grand Total	129	1548.82		

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
2	Pallet			100.00		Pallet		
		129	ctns	1548.82		Runners, Placemats, Napkins	49505	77.5
2		129		1648.82		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 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: 9/8/2022 1:19:00 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000787512	
Name: E & E COMPANY LTD		 (402)06757168000787512	
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407		CARRIER NAME: CARGO TRANSPORTERS	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 273550	
VENDOR:		Seal number(s): 5628577	
FOB: <input type="checkbox"/>		SCAC: CGOR	
SHIP TO		Pro Number:	
Name: Macys Home Store Los Angeles Location #: CI		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: 15541 East Gale Avenue		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
City/State/Zip: City of Industry, CA 91745		<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	
Name:		PM	
Address:		AM	
City/State/Zip:		PM	
SPECIAL INSTRUCTIONS:		AM	
Load #: 00051285713M		PM	
Packing List is Attached		PM	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4919962	4	20.28	Y N	
Grand Total	4	20.28		

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		
		4	ctns	20.28		Shower curtain	49385	77.5
1		4		70.28		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: 9/8/2022 1:18:56 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Los Angeles DC Location #: CI
Address:	311 International Trade Pkwy	Address:	15541 East Gale Ave
City/State/Zip:	Port Wentworth, GA 31407	City/State/Zip:	City of Industry, CA 91745
SID#:		CID#:	
PHONE:		Dept:	0784
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757168000786652		Trailer number: 273550	
		Seal number(s): 5628577	
(402)06757168000786652		SCAC: CGOR	
CARRIER NAME: CARGO TRANSPORTERS		Pro Number:	
Responsible Acct.No:		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	
<input type="checkbox"/>		(check box)	
Appointment Time		Actual Driver Arrival Time	
AM		AM	
PM		PM	
Driver Departure Time		AM	
		PM	
SPECIAL INSTRUCTIONS:		THIRD PARTY FREIGHT CHARGES BILL TO:	
Load #: 00051285713M		Name:	
Packing List is Attached		Address:	
		City/State/Zip:	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4801118	2	22.48	Y N	
Grand Total	2	22.48		

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 359</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	22.48		Runners, Placemats, Napkins	49505	77.5
1		2		72.48		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.

SHIP FROM		Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		Bill of Lading Number: 06757168000787529  (402)06757168000787529	
SHIP TO		Name: Macys Home Store Minooka DC Location #: CL Address: 601 Midpoint Rd. City/State/Zip: Minooka, IL 60447 CID#: _____ Dept: 0602 FOB: <input type="checkbox"/>		CARRIER NAME: CARGO TRANSPORTERS Responsible Acct.No: _____ Trailer number: 273550 Seal number(s): 5628577 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: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: Load #: 00051285713M 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
4919962	7	36.48	Y	N	
Grand Total	7	36.48			

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		
		7	ctns	36.48		Shower curtain	49385	77.5
1		7		86.48		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: 9/8/2022 1:18:44 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000786690	
Name:	E & E COMPANY LTD	 (402)06757168000786690	
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 Hayward DC	Location #:	HA
Address:	28701 Hall Road	Trailer number: 273550	
City/State/Zip:	Hayward, CA 94545	Seal number(s): 5628577	
CID#:		SCAC: CGOR	
Dept:	0784	Pro Number:	
FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Load #: 00051285713M		<input type="checkbox"/> Master Bill of Lading: with attached	
Packing List is Attached		(check box) underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
			Driver Departure Time
			AM
			PM
			PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
4801118	109	1284.40	Y	N	
Grand Total	109	1284.40			

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 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		109	ctns	1284.40		Runners, Placemats, Napkins	49505	77.5
1		109		1334.40		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: 9/8/2022 1:18:40 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Secaucus DC Location #: SC
Address:	311 International Trade Pkwy	Address:	500 Meadowlands Parkway
City/State/Zip:	Port Wentworth, GA 31407	City/State/Zip:	Secaucus, NJ 07094
SID#:		CID#:	
PHONE:		Dept:	0784
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757168000787161		Trailer number: 273550	
		Seal number(s): 5628577	
(402)06757168000787161		SCAC: CGOR	
CARRIER NAME: CARGO TRANSPORTERS		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Trailer number: 273550		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Seal number(s): 5628577		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SCAC: CGOR		Appointment Time	
Pro Number:		Actual Driver Arrival Time	
Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		Driver Departure Time	
Prepaid: <input type="checkbox"/> Collect: X 3rd Party:		AM AM AM	
<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading		PM PM PM	
SPECIAL INSTRUCTIONS:		Packing List is Attached	
Load #: 00051285713M			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
4922635	10	110.38	Y	N	
Grand Total	10	110.38			

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	110.38		Runners, Placemats, Napkins	49505	77.5
1		10		160.38		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.