

Date: 9/6/2022 2:05:00 PM

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757168000790376	
Name:	E & E COMPANY LTD		
Address:	311 International Trade Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:		FOB: <input type="checkbox"/>	
<b>SHIP TO</b>		<b>CARRIER NAME: CARGO TRANSPORTERS</b>	
Name:	Macys /Bloom Consolidation Center DC#:		
	Div.		
Address:	1124 Elon Place	Trailer number:	273275
		Seal number(s):	5628598
City/State/Zip:	High Point, NC 27260	SCAC:	CGOR
SID#:		Pro Number:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
<b>SPECIAL INSTRUCTIONS:</b>		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
Load #: 00051283012M		Appointment Time	Actual Driver Arrival Time
		1:00 AM	1:00 AM
			Driver Departure Time
			2:25 AM

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#
4799193	11	87.23	Y	N	06757168000782876	AZ
4797147	40	412.80	Y	N	06757168000783569	SC
9094541	21	145.04	Y	N	06757168000782975	JP
9094541	6	41.44	Y	N	06757168000782944	CL
9094541	21	145.04	Y	N	06757168000783019	TU
4797147	41	414.54	Y	N	06757168000783514	CL
9094541	66	455.84	Y	N	06757168000782937	CI
4797147	9	92.48	Y	N	06757168000783521	DV
4797147	39	396.16	Y	N	06757168000783552	JP
4797147	40	417.15	Y	N	06757168000783491	BA
4799193	16	172.72	Y	N	06757168000782883	BA
4797147	32	322.39	Y	N	06757168000783583	SW
9094541	18	124.32	Y	N	06757168000782951	HA

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 \_\_\_\_\_

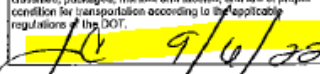
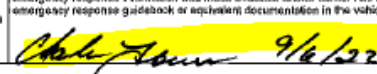
**COD Amount \$** \_\_\_\_\_

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. 14708(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.

<b>SHIPPER SIGNATURE / DATE</b> 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.  9/6/22	<b>Trailer/Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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.  9/6/22
	Shipper Signature		

Date: 9/6/2022 2:05:00 PM

# Master Bill Of Lading

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<b>SHIP FROM</b>		Master Bill of Lading Number: 06757168000790376	
Name: <b>E &amp; E COMPANY LTD</b> Address: <b>311 International Trade Pkwy</b> City/State/Zip: <b>Port Wentworth, GA 31407</b> SID#: _____ FOB: <input type="checkbox"/>			
<b>SHIP TO</b>		<b>CARRIER NAME: CARGO TRANSPORTERS</b>	
Name: <b>Macys /Bloom Consolidation Center</b> DC#: _____ Div. _____ Address: <b>1124 Eion Placo</b> City/State/Zip: <b>High Point, NC 27260</b> SID#: _____ FOB: <input type="checkbox"/>		Trailer number: <b>273275</b> Seal number(s): <b>5628598</b> SCAC: <b>CGOR</b> Pro Number: _____	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS:</b> Load #: 00051283012M		<input checked="" type="checkbox"/> <b>MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING</b>	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
9094548	35	241.85	Y	N	06757168000782708	OK	
4799193	8	63.44	Y	N	06757168000782890	OK	
4797147	28	273.18	Y	N	06757168000783576	ST	
9094541	45	310.80	Y	N	06757168000782999	ST	
9094541	3	20.72	Y	N	06757168000782920	BA	
9094541	15	103.60	Y	N	06757168000783002	SW	
9094548	52	359.03	Y	N	06757168000782692	AZ	
4797147	80	892.39	Y	N	06757168000783507	CI	
4797147	30	299.03	Y	N	06757168000783545	HU	
4797147	38	421.42	Y	N	06757168000783538	HA	
4375264	1	99.08	Y	N	06757168000783385	MF	
4797147	20	209.78	Y	N	06757168000783590	TU	
9094541	105	725.20	Y	N	06757168000782982	SC	

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 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

**COD Amount \$** \_\_\_\_\_

Fee Terms: Collect:  Prepaid:

Customer check acceptable:

**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.

<b>SHIPPER SIGNATURE / DATE</b> 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.	<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>SHIPPER SIGNATURE</b> _____ _____ <b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Customer: MACYS HOME SECAUCUS DC

Ship Date: 09/06/2022

**SHIP FROM:**

E & E COMPANY LTD  
311 INTERNATIONAL TRADE PKWY  
PORT WENTWORTH, GA 31407

**BILL TO:**

MACY'S HOME MMG  
2101 EAST KEMPER ROAD  
CINCINNATI, OH 45241  
US

**SHIP TO:**

MACYS HOME SECAUCUS DC  
500 MEADOWLANDS PARKWAY  
SECAUCUS, NJ 07094  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9094541	10015434100	MCG73-3909	766380645223	Unicorn Towel	EA	6	210	35	210	35
9094541	1001543430	MCG73-3910	766380364186	Elephant Towel	EA	6	210	35	210	35
9094541	10015434200	MCG73-3911	766380364179	Dino Towel	EA	6	210	35	210	35

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Total Weight: 725.2  
Total Quantity Ordered: 630  
Total Cartons Ordered: 105  
Total Quantity Shipped: 630  
Total Cartons Shipped: 105