

Date: 2/2/2024 10:34:45 AM

**Master Bill Of Lading**

Page 1 of 4

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757168001096149	
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:	Macy's /Bloom Consolidation Center DC#:	Trailer number: 27337	
	Div.	Seal number(s): 5628072	
Address:	1124 Elon Place	SCAC: CGOR	
City/State/Zip:	High Point, NC 27260	Pro Number: 00000	
SID#:	FOB: <input type="checkbox"/>		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
Load #: 00051862633M		10:00 PM	9:33 PM
		Driver Departure Time	10:50 PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
6831169	5	26.95	Y	N	06757168001094978	BA	
6831455	12	131.79	Y	N	06757168001095074	JP	
6831455	6	62.76	Y	N	06757168001095210	TU	
6793076	12	120.57	Y	N	06757168001095203	TM	
6831169	3	16.17	Y	N	06757168001095050	HA	
6831455	4	41.73	Y	N	06757168001094930	AZ	
6546841	1	95.70	Y	N	06757168001092998	CX	
6831455	5	53.40	Y	N	06757168001095166	SW	
6793076	12	119.91	Y	N	06757168001095067	HA	
6831169	2	10.78	Y	N	06757168001095197	TM	
6831521	7	37.73	Y	N	06757168001095838	OK	
6831521	10	53.90	Y	N	06757168001095821	BA	
6793076	14	155.13	Y	N	06757168001095098	JP	

<p>When 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><b>COD Amount \$</b> _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
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**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

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><b>SHIPPER SIGNATURE / DATE</b></p> <p>This is to certify that the above named materials are properly classifed, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p> <p><i>[Signature]</i> 2/2/24</p>	<p><b>Trailer Loaded:</b></p> <p><input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver</p>	<p><b>Freight Counted:</b></p> <p><input checked="" 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><b>CARRIER SIGNATURE / PICKUP DATE</b></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> <p><i>[Signature]</i> 2-2-24</p>
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City/State/Zip:	Port Wentworth, GA 31407		
SID#:	FOB: <input type="checkbox"/>		
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Name:	Macy's /Bloom Consolidation Center DC#: Div.	Trailer number: 27337	
Address:	1124 Elon Place	Seal number(s): 5628072	
City/State/Zip:	High Point, NC 27260	SCAC: CGOR	
SID#:	FOB: <input type="checkbox"/>	Pro Number: 00000	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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 (check box) UNDERLYING BILLS OF LANDING	
City/State/Zip:		Appointment Time	Actual Driver Arrival Time
<b>SPECIAL INSTRUCTIONS:</b>		AM	AM
Load #: 00051682633M		PM	PM
		Driver Departure Time	
		AM	
		PM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
6831455	16	172.86	Y	N	06757168001095180	TM	
6831169	1	5.39	Y	N	06757168001094947	AZ	
6831455	29	295.86	Y	N	06757168001095104	SC	
6831521	3	16.17	Y	N	06757168001095814	AZ	
6457675	1	90.39	Y	N	06757168001089288	TO	
6793076	23	225.84	Y	N	06757168001095128	SC	
6831189	2	10.78	Y	N	06757168001095081	JP	
6831455	12	130.14	Y	N	06757168001094961	BA	
6831169	1	5.39	Y	N	06757168001095036	CL	
6831455	47	498.99	Y	N	06757168001095135	ST	
6793076	30	300.27	Y	N	06757168001094954	AZ	
6831169	12	64.68	Y	N	06757168001095005	CI	
6831169	5	26.95	Y	N	06757168001095111	SC	

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

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

<p><b>SHIPPER SIGNATURE / DATE</b></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><b>Trailer Loaded:</b></p> <p><input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver</p>	<p><b>Freight Counted:</b></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><b>CARRIER SIGNATURE / PICKUP DATE</b></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>
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Shipper Signature

Customer: MACYS HOME SECAUCUS DC

Ship Date: 02/02/2024

**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
6793076	100177267TW	MCG51N-4763	194136475600	Egyptian Cotton Blanket	EA	2	4	2	4	2
6793076	100177267QN	MCG51N-4764	194136475563	Egyptian Cotton Blanket	EA	2	2	1	2	1
6793076	100177267KG	MCG51N-4765	194136475525	Egyptian Cotton Blanket	EA	2	2	1	2	1
6793076	100177267TW	MCG51N-4766	194136475617	Egyptian Cotton Blanket	EA	2	2	1	2	1
6793076	100177267QN	MCG51N-4767	194136475570	Egyptian Cotton Blanket	EA	2	4	2	4	2
6793076	100177267KG	MCG51N-4768	194136475532	Egyptian Cotton Blanket	EA	2	4	2	4	2
6793076	100177267QN	MCG51N-4770	194136475549	Egyptian Cotton Blanket	EA	2	4	2	4	2
6793076	100177267KG	MCG51N-4771	194136475501	Egyptian Cotton Blanket	EA	2	4	2	4	2
6793076	100177267TW	MCG51N-4772	194136475594	Egyptian Cotton Blanket	EA	2	8	4	8	4
6793076	100177267QN	MCG51N-4773	194136475556	Egyptian Cotton Blanket	EA	2	8	4	8	4
6793076	100177267KG	MCG51N-4774	194136475518	Egyptian Cotton Blanket	EA	2	4	2	4	2

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**Total Weight:** 225.84  
**Total Quantity Ordered:** 46  
**Total Cartons Ordered:** 23  
**Total Quantity Shipped:** 46  
**Total Cartons Shipped:** 23