

Date: 6/4/2024 3:03:24 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757168001185911	
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: Knight Transportation	
Name:	Macys /Bloom Consolidation Center DC#:	Trailer number: 85572	
Address:	Div.	Seal number(s): 30975441 ⁰⁹	
City/State/Zip:	High Point, NC 27260	SCAC: KNIG	
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 #: 00052016923M	8:00 ^{AM} _{PM}	2:00 ^{AM} _{PM}	3:35 ^{AM} _{PM}

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#
1759697	2	26.42	Y	N	06757168001183382	BA
1759697	9	111.85	Y	N	06757168001183481	SW
1254412	1	77.00	Y	N	06757168001177787	MF
1759697	5	60.77	Y	N	06757168001183429	DV
1254566	1	95.70	Y	N	06757168001177763	CF
1759466	4	49.32	Y	N	06757168001183443	JP
1759466	6	73.98	Y	N	06757168001183450	SC
1759697	56	661.66	Y	N	06757168001183399	CI
1238627	1	95.70	Y	N	06757168001177794	RF
1759466	24	295.92	Y	N	06757168001183405	CL
1759697	27	306.05	Y	N	06757168001183412	HA
1759697	11	138.27	Y	N	06757168001183443	JP
1759697	19	228.55	Y	N	06757168001183504	TU

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

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

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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>[Signature]</i> 6/4/24	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 handbook or equivalent documentation in the vehicle. <i>[Signature]</i> 6-4-24
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Date: 6/4/2024 3:03:24 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757168001185911	
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: Knight Transportation	
Name: Macys /Bloom Consolidation Center DC#: _____ Div. _____ Address: 1124 Elon Place City/State/Zip: High Point, NC 27260 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 85572 Seal number(s): _____ SCAC: KNIG Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	

SPECIAL INSTRUCTIONS:		
Load #: 00052016923M		
Appointment Time	Actual Driver Arrival Time	Driver Departure Time
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#
1759697	9	115.37	Y	N	06757168001183375	AZ
1759697	62	764.24	Y	N	06757168001183405	CL
1754802	16	183.20	Y	N	06757168001183528	AZ
1759466	18	215.78	Y	N	06757168001183382	BA
1759697	30	332.72	Y	N	06757168001183450	SC
1759697	69	817.77	Y	N	06757168001183474	ST
1759466	17	203.23	Y	N	06757168001183399	CI
1759466	24	287.34	Y	N	06757168001183412	HA
1759466	48	548.94	Y	N	06757168001183474	ST
1754802	193	2306.43	Y	N	06757168001183535	BA
1759697	6	73.98	Y	N	06757168001183498	TM
1754802	205	2429.53	Y	N	06757168001183559	OK
1759466	7	87.19	Y	N	06757168001183481	SW

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <p style="text-align: right;">Shipper Signature _____</p>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Customer: MACYS HOME GOODYEAR DC

Ship Date: 06/04/2024

SHIP FROM:

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

BILL TO:

MACY'S CFC 111 WHS
7 W 7TH ST,
CINCINNATI, OH 45202
US

SHIP TO:

MACYS HOME GOODYEAR DC
16575 WEST COMMERCE LANE
GOODYEAR, AZ 85338
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
1754802	N/A	MCG51N-4764	194136475563	Egyptian Cotton Blanket	EA	2	32	16	32	16

Total Weight: 183.2
Total Quantity Ordered: 32
Total Cartons Ordered: 16
Total Quantity Shipped: 32
Total Cartons Shipped: 16