

Date: 10/1/2024 9:07:17 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 PHONE: 530-669-5991
 VENDOR:

Bill of Lading Number: 06757163000938865



SHIP TO

Name: HomeGoods Distribution Center #881
 Address: 401 WESTMONT DR.
 City/State/Zip: SAN PEDRO, CA 90731
 CID#: _____ FOB:
 Dept: 48

CARRIER NAME: MAERSK

Responsible Acct.No:
 Trailer number: 14LH544761
 Seal number(s): 8096210

SCAC: MAEU

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:

Master Bill of Lading: with attached underlying Bills of Lading (check box)

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

SPECIAL INSTRUCTIONS:

Load #: 5280125
 Packing List is Attached

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
10-479133DEPT#48	43	988.59	Y N	
Grand Total	43	988.59		

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 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		43	ctns	988.59		Framed Goods	76580 Sub 5	125
2		43		1088.59		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: 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: 10/1/2024 9:07:16 AM

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 PHONE: 530-669-5991
 VENDOR:

Bill of Lading Number: 06757163000938889



(402)06757163000938889

SHIP TO

Name: HomeGoods Distribution Center #882
 Address: 6803 SOUTH PALO VERDE RD
 City/State/Zip: TUCSON, AZ 85756
 CID#: _____ FOB:
 Dept: 48

CARRIER NAME: MAERSK
 Responsible Acct.No:
 Trailer number: 14LH544761
 Seal number(s): 8096210

SCAC: MAEU
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:

SPECIAL INSTRUCTIONS:
 Load #: 5280125
 Packing List is Attached

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
20-479133DEPT#48	30	611.60	Y N	
Grand Total	30	611.60		

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
1	Pallet			50.00		Pallet		
		30	ctns	611.60		Framed Goods	76580 Sub 5	125
1		30		661.60		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: 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).

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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.

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: 10/1/2024 9:07:16 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000938926	
Name: E & E COMPANY LTD	 (402)06757163000938926		
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
PHONE: 530-669-5991			
VENDOR:			

SHIP TO		CARRIER NAME: MAERSK	
Name: HomeGoods Distribution Center #885	Responsible Acct.No:		
Address: 1415 BLUE HILL AVE	Trailer number: 14LH544761		
City/State/Zip: BLOOMFIELD, CT 06002	Seal number(s): 8096210		
CID#: _____	SCAC: MAEU		
Dept: 48	Pro Number:		
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 (check box)		
City/State/Zip:	Appointment Time	Actual Driver Arrival Time	Driver Departure Time
	AM	AM	AM
	PM	PM	PM
SPECIAL INSTRUCTIONS: Load #: 5280125 Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
50-479158DEPT#48	12	153.24	Y N	
Grand Total	12	153.24		

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		
		12	ctns	153.24		Framed Goods	76580 Sub 5	125
1		12		203.24		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"/>
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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.
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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 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.
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Date: 10/1/2024 9:07:15 AM

Bill Of Lading

Page 1 of 1

SHIP FROM				SHIP TO					
Name: E & E COMPANY LTD				Name: HomeGoods Distribution Center #884					
Address: 221 Hanson Way				Address: 125 LOGISTICS CENTER PKWY					
City/State/Zip: Woodland, CA 95776				City/State/Zip: JEFFERSON, GA 30549					
PHONE: 530-669-5991				CID#: _____ FOB: <input type="checkbox"/>					
VENDOR: _____				Dept: 48					
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: (freight charges are prepaid unless marked otherwise)					
Name: _____				Prepaid: _____ Collect: X 3rd Party: _____					
Address: _____				Master Bill of Lading: with attached (check box) <input type="checkbox"/> underlying Bills of Lading					
City/State/Zip: _____				Appointment Time		Actual Driver Arrival Time		Driver Departure Time	
SPECIAL INSTRUCTIONS:				AM		AM		AM	
Load #: 5280125				PM		PM		PM	
Packing List is Attached									
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER			# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO		
40-479158DEPT#48			104	1328.08	Y	N			
Grand Total			104	1328.08					
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	
5	Pallet			250.00		Pallet			
		104	ctns	1328.08		Framed Goods	76580 Sub 5	125	
5		104		1578.08		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: 10/1/2024 9:07:15 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000938896
Name: E & E COMPANY LTD		 (402)06757163000938896
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
PHONE: 530-669-5991		
VENDOR:		

SHIP TO		CARRIER NAME: MAERSK
Name: HomeGoods Distribution Center #882		Responsible Acct.No:
Address: 6803 SOUTH PALO VERDE RD		Trailer number: 14LH544761
City/State/Zip: TUCSON, AZ 85756		Seal number(s): 8096210
CID#: _____ FOB: <input type="checkbox"/>		SCAC: MAEU
Dept: 48		Pro Number:

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:		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Appointment Time</th> <th>Actual Driver Arrival Time</th> <th>Driver Departure Time</th> </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
Appointment Time	Actual Driver Arrival Time	Driver Departure Time								
AM	AM	AM								
PM	PM	PM								
SPECIAL INSTRUCTIONS: Load #: 5280125 Packing List is Attached										

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
20-479158DEPT#48	10	127.70	Y N	
Grand Total	10	127.70		

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	127.70		Framed Goods	76580 Sub 5	125
1		10		177.70		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.

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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 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.
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Date: 10/1/2024 9:07:13 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 PHONE: 530-669-5991
 VENDOR:

Bill of Lading Number: 06757163000938902



SHIP TO

Name: HomeGoods Distribution Center #884
 Address: 125 LOGISTICS CENTER PKWY
 City/State/Zip: JEFFERSON, GA 30549
 CID#: _____ FOB:
 Dept: 48

CARRIER NAME: MAERSK

Responsible Acct.No:
 Trailer number: 14LH544761
 Seal number(s): 8096210

SCAC: MAEU
 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:

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

SPECIAL INSTRUCTIONS:
 Load #: 5280125
 Packing List is Attached

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
40-479133DEPT#48	202	4102.81	Y	N	
Grand Total	202	4102.81			

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
6	Pallet			300.00		Pallet		
		202	ctns	4102.81		Framed Goods	76580 Sub 5	125
6		202		4402.81		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: 10/1/2024 9:07:13 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 PHONE: 530-669-5991
 VENDOR:

Bill of Lading Number: 06757163000938933



(402)06757163000938933

SHIP TO

Name: HomeGoods Distribution Center #886
 Address: 2900 ELLSWORTH BAILEY RD
 City/State/Zip: LORDSTOWN, OH 44481
 CID#: _____ FOB:
 Dept: 48

CARRIER NAME: MAERSK
 Responsible Acct.No:
 Trailer number: 14LH544761
 Seal number(s): 8096210

SCAC: MAEU
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:**
 Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 Load #: 5280125
 Packing List is Attached

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
60-479158DEPT#48	11	140.47	Y	N	
Grand Total	11	140.47			

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		
		11	ctns	140.47		Framed Goods	76580 Sub 5	125
1		11		190.47		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: 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).

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SHIPPER SIGNATURE / DATE
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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: 10/1/2024 9:07:12 AM

Bill Of Lading

Page 1 of 1

SHIP FROM				SHIP TO					
Name: E & E COMPANY LTD				Name: HomeGoods Distribution Center #881					
Address: 221 Hanson Way				Address: 401 WESTMONT DR.					
City/State/Zip: Woodland, CA 95776				City/State/Zip: SAN PEDRO, CA 90731					
PHONE: 530-669-5991				CID#: _____ FOB: <input type="checkbox"/>					
VENDOR: _____				Dept: 48					
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: (freight charges are prepaid unless marked otherwise)					
Name: _____				Prepaid: _____ Collect: X 3rd Party: _____					
Address: _____				Master Bill of Lading: with attached (check box) <input type="checkbox"/> underlying Bills of Lading					
City/State/Zip: _____				Appointment Time		Actual Driver Arrival Time		Driver Departure Time	
SPECIAL INSTRUCTIONS: Load #: 5280125 Packing List is Attached				AM PM		AM PM		AM PM	
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER			# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO		
10-479158DEPT#48			28	357.56	Y	N			
Grand Total			28	357.56					
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			
		28	ctns	357.56		Framed Goods	76580 Sub 5	125	
2		28		457.56		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.



Packing List

Vendor Name: E & E COMPANY LTD
Vendor Phone:

Ship Date: 10/01/2024

Authorization #:
Carrier Name: MAERSK
Carrier Truck #: 14LH54
Seal #: 809621

Ship To: 881
HOMEGOODS DISTRIBUTION
CENTER #881
401 WESTMONT DR.
SAN PEDRO, CA 90731

Customer PO #: 10-479133DEPT#48
Dept. #: 48

Page-Line No.	Item #	Description	Color	Preticketed	Store Ready Pack	Vendor Pack	Nest Code	Master Carton	M Ca It (Y)
1	HG95G-4304	2420 BEACH AND BOATS (New Shel	Multi	No	0	2		No	No
2	HG95G-4583	30x30 single mat multi coastal	Multi	No	0	2		No	No



Packing List

Vendor Name: E & E COMPANY LTD
Vendor Phone:

Ship Date: 10/01/2024

Authorization #:
Carrier Name: MAERSK
Carrier Truck #: 14LH54
Seal #: 809621

Ship To: 882
HOMEGOODS DISTRIBUTION
CENTER #882
6803 SOUTH PALO VERDE RD
TUCSON, AZ 85756

Customer PO #: 20-479133DEPT#48
Dept. #: 48

Page-Line No.	Item #	Description	Color	Preticketed	Store Ready Pack	Vendor Pack	Nest Code	Master Carton	M Ca It (Y
1	HG95G-4304	2420 BEACH AND BOATS (New Shel	Multi	No	0	2		No	No
2	HG95G-4542	2024 OVERLAPPING ECLIPSE 9 (Sh	Multi	No	0	2		No	No
3	HG95G-4583	30x30 single mat multi coastal	Multi	No	0	2		No	No



Packing List

Vendor Name: E & E COMPANY LTD
Vendor Phone:

Ship Date: 10/01/2024

Authorization #:
Carrier Name: MAERS
Carrier Truck #: 14LH54
Seal #: 809621

Ship To: 885
HOMEGOODS DISTRIBUTION
CENTER #885
1415 BLUE HILL AVE
BLOOMFIELD, CT 06002

Customer PO #: 50-479158DEPT#48
Dept. #: 48

Page-Line No.	Item #	Description	Color	Preticketed	Store Ready Pack	Vendor Pack	Nest Code	Master Carton	M Ca It (Y
1	HG95C-2678	7120 Golden Seascape 70	Multi	No	0	2		No	No



Packing List

Vendor Name: E & E COMPANY LTD
Vendor Phone:

Ship Date: 10/01/2024

Authorization #:
Carrier Name: MAERSK
Carrier Truck #: 14LH54
Seal #: 809621

Ship To: 884
HOMEGOODS DISTRIBUTION
CENTER #884
125 LOGISTICS CENTER PKWY
JEFFERSON, GA 30549

Customer PO #: 40-479158DEPT#48
Dept. #: 48

Page-Line No.	Item #	Description	Color	Preticketed	Store Ready Pack	Vendor Pack	Nest Code	Master Carton	M Ca It (Y)
1	HG95C-2678	7120 Golden Seascape 70	Multi	No	0	2		No	No



Packing List

Vendor Name: E & E COMPANY LTD
Vendor Phone:

Ship Date: 10/01/2024

Authorization #:
Carrier Name: MAERSK
Carrier Truck #: 14LH54
Seal #: 809621

Ship To: 882
HOMEGOODS DISTRIBUTION
CENTER #882
6803 SOUTH PALO VERDE RD
TUCSON, AZ 85756

Customer PO #: 20-479158DEPT#48
Dept. #: 48

Page-Line No.	Item #	Description	Color	Preticketed	Store Ready Pack	Vendor Pack	Nest Code	Master Carton	M Ca It (Y
1	HG95C-2678	7120 Golden Seascape 70	Multi	No	0	2		No	No



Packing List

Vendor Name: E & E COMPANY LTD
Vendor Phone:

Ship Date: 10/01/2024

Authorization #:
Carrier Name: MAERS
Carrier Truck #: 14LH54
Seal #: 809621

Ship To: 887
HOMEGOODS DISTRIBUTION
CENTER #887
850 NORTHFIELD DRIVE
BROWNSBURG, IN 46112

Customer PO #: 70-479158DEPT#48
Dept. #: 48

Page-Line No.	Item #	Description	Color	Preticketed	Store Ready Pack	Vendor Pack	Nest Code	Master Carton	M Ca It (Y
1	HG95C-2678	7120 Golden Seascape 70	Multi	No	0	2		No	No



Packing List

Vendor Name: E & E COMPANY LTD
Vendor Phone:

Ship Date: 10/01/2024

Authorization #:
Carrier Name: MAERS
Carrier Truck #: 14LH54
Seal #: 809621

Ship To: 884
HOMEGOODS DISTRIBUTION
CENTER #884
125 LOGISTICS CENTER PKWY
JEFFERSON, GA 30549

Customer PO #: 40-479133DEPT#48
Dept. #: 48

Page-Line No.	Item #	Description	Color	Preticketed	Store Ready Pack	Vendor Pack	Nest Code	Master Carton	M Ca It (Y
1	HG95G-4304	2420 BEACH AND BOATS (New Shel	Multi	No	0	2		No	No
2	HG95G-4542	2024 OVERLAPPING ECLIPSE 9 (Sh	Multi	No	0	2		No	No
3	HG95G-4583	30x30 single mat multi coastal	Multi	No	0	2		No	No



Packing List

Vendor Name: E & E COMPANY LTD
Vendor Phone:

Ship Date: 10/01/2024

Authorization #:
Carrier Name: MAERSK
Carrier Truck #: 14LH54
Seal #: 809621

Ship To: 886
HOMEGOODS DISTRIBUTION
CENTER #886
2900 ELLSWORTH BAILEY RD
LORDSTOWN, OH 44481

Customer PO #: 60-479158DEPT#48
Dept. #: 48

Page-Line No.	Item #	Description	Color	Preticketed	Store Ready Pack	Vendor Pack	Nest Code	Master Carton	M Ca It (Y
1	HG95C-2678	7120 Golden Seascape 70	Multi	No	0	2		No	No



Packing List

Vendor Name: E & E COMPANY LTD
Vendor Phone:

Ship Date: 10/01/2024

Authorization #:
Carrier Name: MAERS
Carrier Truck #: 14LH54
Seal #: 809621

Ship To: 881
HOMEGOODS DISTRIBUTION
CENTER #881
401 WESTMONT DR.
SAN PEDRO, CA 90731

Customer PO #: 10-479158DEPT#48
Dept. #: 48

Page-Line No.	Item #	Description	Color	Preticketed	Store Ready Pack	Vendor Pack	Nest Code	Master Carton	M Ca It (Y
1	HG95C-2678	7120 Golden Seascape 70	Multi	No	0	2		No	No