

FROM: MAEY
& COMPANY LTD
961 Pudong S. Road
Shanghai, SH 200127

TO: Macy's
Macy's Home Store South Windsor DC
375 Waterbury Hwy
South Windsor, CT 06074

SHIP TO POSTAL CODE (420) 06074

CARRIER:
PRD:
BIL NUMBER:

PO: 4530102 7218021 QTY: 3
MCH10-5748
DEPT: 0606 CARTON # 43 of 160

HOME TEXTILES

FOR Macy's
ST#: 0036
Macy's Home Store South Shore MA
708 Granite St
Braintree MA 02184 US

SERIAL SHIPPING CONTAINER
(00) 0 0 675716 707862626 6



Chargebacks and RTVs

Macy's, Inc. (MacysNet)
Valid as of: 4/22/2025 12:10:24 AM EST
Division: Macy's Account #: 05390993890
Vendor Name: E & E CO LTD
Document Number: 35520500
Department/Vendor: 613/938

Check Summary

Check Number: 2543473
Check Date: 4/9/2025
Reason Code: 91 MERCH. SHIPD TO INCORRECT RECV FACILITY
Purchase Order Number: 6420771

Transaction Summary

Transaction Type: 972 - DM-ST-DISTRIBUTION EXPENSE OFFSET
Total Cost: (\$260)

Violation Summary

Vendor Name: E & E CO LTD/JLA HOME
Issued By:
Purchase Order: 6420771
Bill of Lading: 6757163000998685
MSID:
Receipt Number: 7395184
Receipt Date: 03/14/2025
Freight Bill: 11108464SW8

| VIO Number | Violation | Qty | UOM | Amount |
|------------|--------------------------------|-----|--------|----------|
| 106 | Mdse shipped to wrong facility | 1 | Carton | \$260.00 |

Comments: STR 37 HA S/B SW 00006757167109352959 PD2 WK5 2025

This is an Expense Offset for failure to meet Macy's Vendor Standards

| claimID | viocode | image (click image to enlarge) |
|----------|---------|---|
| 35520500 | 106 |  |

Date: 3/7/2025 8:13:28 AM

Master Bill Of Lading

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| | | | |
|------------------|--------------------|---|--------------------------|
| SHIP FROM | | Master Bill of Lading Number: 06757163000998692 | |
| Name: | E & E COMPANY LTD | | |
| Address: | 221 Hanson Way | | |
| City/State/Zip: | Woodland, CA 95776 | | |
| SID#: | | FOB: | <input type="checkbox"/> |

| | | | |
|-----------------|----------------------------|--------------------------------|----------|
| SHIP TO | | CARRIER NAME: US Xpress | |
| Name: | MEGA-MERGE CA | DC#: | |
| Address: | 12801 Excelsior Drive | Div.: | |
| City/State/Zip: | Santa Fe Springs, CA 90670 | Trailer number: | 832050 |
| SID#: | | Seal number(s): | 63589486 |
| | | SCAC: | USXI |
| | | Pro Number: | |

| | | | |
|---|--|---|-------------------------------------|
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: | |
| Name: | | Prepaid: | <input type="checkbox"/> |
| Address: | | Collect: | <input checked="" type="checkbox"/> |
| City/State/Zip: | | 3rd Party: | <input type="checkbox"/> |
| SPECIAL INSTRUCTIONS: | | <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING | |
| Load #: 54702018 | | Appointment Time | Actual Driver Arrival Time |
| | | 8:00 AM | 7:45 AM |
| | | | Driver Departure Time |
| | | | 8:20 AM |

| CUSTOMER ORDER INFORMATION | | | | | | |
|----------------------------|-------------|-----------------|-------------------------|-------------------|-----------------------------|-----------|
| CUSTOMER ORDER NUMBER | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLEONE) | BOL# | ADDITIONAL SHIPPER INFO DC# | Supplier# |
| 6420771 | 391 | 1878.14 | Y N | 06757163000998678 | JP | |
| 6420771 | 396 | 1903.22 | Y N | 06757163000998685 | SW | |
| 6420771 | 1254 | 5999.40 | Y N | 06757163000998654 | CI | |
| 6420771 | 696 | 3310.56 | Y N | 06757163000998661 | HA | |
| Grand Total | 2737 | 13091.32 | | | | |


| 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(a) of NMFC laws 368.</small> | LTL ONLY | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 27 | Pallet | | | 1350.00 | | Pallet | | 70 |
| | | 2737 | ctns | 13091.32 | | Throws,Blankets | 49260 | 175 |
| 27 | | | | 14441.32 | | 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. | |
| SHIPPER SIGNATURE / DATE <small>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.</small> <i>Attemoll 3/7/25</i> | | SHIPPER SIGNATURE <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | |
| 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 <small>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.</small> <i>[Signature]</i> 3/7/25 | |

Date: 3/7/2025 8:13:27 AM

Bill Of Lading

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| SHIP FROM | | SHIP TO | | THIRD PARTY FREIGHT CHARGES BILL TO: | | CUSTOMER ORDER INFORMATION | | CARRIER INFORMATION | |
|---|--|--|--|---|--|--|--|---|--|
| Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/> | | Name: Macys Home Store South Windsor Location #: SW DC Address: 301 Governors Hwy City/State/Zip: South Windsor, CT 06074 CID#: _____ Dept: 0613 FOB: <input type="checkbox"/> | | Name: _____ Address: _____ City/State/Zip: _____ | | CUSTOMER ORDER NUMBER # PKGS WEIGHT PALLET/SLIP ADDITIONAL SHIPPER INFO 6420771 396 1903.22 Y N Grand Total 396 1903.22 | | HANDLING UNIT PACKAGE WEIGHT H.M. (X) COMMODITY DESCRIPTION PACKAGE QTY TYPE QTY TYPE 4 Pallet 200.00 Pallet 396 ctns 1903.22 Throws,Blankets 49260 175 4 396 2103.22 Grand Total | |
| Bill of Lading Number: 06757163000998685  (402)06757163000998685 | | CARRIER NAME: US Xpress Responsible Acct.No: _____ Trailer number: 832050 Seal number(s): 63589486 SCAC: USXI Pro Number: _____ | | 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 Actual Driver Arrival Time Driver Departure Time AM AM AM PM PM PM | | SPECIAL INSTRUCTIONS: Load #: 54702018 Packing List is Attached | |
| 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. 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. | | | |