

Date: 2/24/2025 1:22:33 PM

Master Bill Of Lading

Page 1 of 3

SHIP FROM		Master Bill of Lading Number: 06757168001408072	
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: FedEx Freight Economy	
Name:	Macys Merge Center co Dynamic	DC#:	
		Div.	
Address:	1124 Elon Place	Trailer number:	V13504
		Seal num	
City/State/Zip:	High Point, NC 27260	SCAC:	
SID#:		Pro Numl	



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	
Load #: 00052292631S		<input type="checkbox"/> UNDERLYING BILLS OF LANDING	
Appointment Time	Actual Driver Arrival Time	Driver Departure Time	
AM	AM	AM	
PM	PM	PM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		Supplier#
			BOL#	DC#	BOL#	DC#	
6511620	1	11.45	Y	N	06757168001405439	CI	
6511620	1	13.21	Y	N	06757168001405453	CL	
6511620	5	64.29	Y	N	06757168001405576	TM	
6513380	1	11.45	Y	N	06757168001405484	HA	
6512456	2	9.46	Y	N	06757168001405491	HA	
6512456	5	23.65	Y	N	06757168001405521	SC	
6512456	3	14.85	Y	N	06757168001405422	BA	
6512456	3	16.17	Y	N	06757168001405514	OK	
6512456	3	14.85	Y	N	06757168001405569	SW	
6512456	4	20.90	Y	N	06757168001405583	TM	
6513380	1	11.45	Y	N	06757168001405590	TU	
6512456	3	14.19	Y	N	06757168001405606	TU	
6513380	1	13.21	Y	N	06757168001405453	CL	

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.	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. <i>[Signature]</i> 2/24/25

OG 2-24-25

Sms xmas

Date: 2/24/2025 1:22:33 PM

Master Bill Of Lading

Page 2 of 3

SHIP FROM		Master Bill of Lading Number: 06757168001408072	
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: FedEx Freight Economy	
Name: Macys Merge Center co Dynamic DC#: _____ Div. _____ Address: 1124 Elon Place City/State/Zip: High Point, NC 27260 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: X13506 Seal number(s): _____ SCAC: FXNL Pro Number: 281912861	
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"/>	
SPECIAL INSTRUCTIONS: Load #: 00052292631S		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO	
					BOL#	DC#
6511620	1	13.21	Y	N	06757168001405484	HA
6512456	8	40.48	Y	N	06757168001405460	CL
6513380	10	119.12	Y	N	06757168001405439	CI
6513655	11	125.95	Y	N	06757168001405682	BA
6513380	12	143.78	Y	N	06757168001405538	ST
6513380	1	13.21	Y	N	06757168001405552	SW
6512456	8	38.50	Y	N	06757168001405446	CI
6513380	2	26.42	Y	N	06757168001405415	AZ
6511620	7	79.49	Y	N	06757168001405538	ST
6512456	6	28.38	Y	N	06757168001405507	JP
6512456	6	28.38	Y	N	06757168001405545	ST
Grand Total	105	896.05				

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.	This 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 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.

Tracking ID: 9354711122

Local Scan Time

SHOPRUNNER by FedEx

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SHOP NOW



Delivered

Thursday, 2/27/25 at 2:38 PM

Signed for by: ** DRIVER SPOTTED **

View more details

Obtain proof of delivery

Report missing package

From

PORT WENTWORTH,GA US

Origin Terminal

SAVANNAH, GA

To

HIGH POINT,NC US

Destination Terminal

HIGH POINT, NC

View delivery address

Customer: MACYS HOME SOUTH WINDSOR DC

Ship Date: 02/24/2025

SHIP FROM:

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

BILL TO:

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

SHIP TO:

MACYS HOME SOUTH WINDSOR DC
301 GOVERNORS HWY
SOUTH WINDSOR, CT 06074
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
6513380	N/A	MCG51N-4765	194136475525	Egyptian Cotton Blanket	EA	2	2	1	2	1

Total Weight: 13.21
Total Quantity Ordered: 2
Total Cartons Ordered: 1
Total Quantity Shipped: 2
Total Cartons Shipped: 1