

SHIP FROM		Master Bill of Lading Number: 06757168001483451	
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: Schneider	
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: 18011 Seal number(s): 68293248 SCAC: SCNN Pro Number: 000	
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 #: 00052392048M		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
		Appointment Time Actual Driver Arrival Time Driver Departure Time 12:00 AM 1:08 AM 3:00 PM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	ADDITIONAL SHIPPER INFO			
				BOL#	DC#	Supplier#	
7652243	26	127.60	Y	N	06757168001475586	AZ	
7652243	53	255.31	Y	N	06757168001475593	BA	
7652243	30	149.16	Y	N	06757168001475609	CI	
7652243	8	39.82	Y	N	06757168001475616	CL	
7652243	4	20.24	Y	N	06757168001475630	HA	
7652243	7	33.77	Y	N	06757168001475647	JP	
7652243	119	583.33	Y	N	06757168001475654	OK	
7652243	8	40.48	Y	N	06757168001475661	SC	
7652243	16	80.30	Y	N	06757168001475678	ST	
7652243	5	24.31	Y	N	06757168001475685	SW	
7652243	1	5.39	Y	N	06757168001475692	TM	
7652243	7	34.43	Y	N	06757168001475708	TU	
7754037	21	101.97	Y	N	06757168001475586	AZ	

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>	
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. LC 6/4/25	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. M. Fulcher 6/4/25		

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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: Schneider	
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: 18011 Seal number(s): 68293248 SCAC: SCNN Pro Number: 000	
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 #: 00052392048M		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
8235969	13	169.97	Y	N	06757168001476620	SC	
8235969	46	594.68	Y	N	06757168001476651	ST	
8235969	3	37.87	Y	N	06757168001476682	SW	
8235969	6	79.26	Y	N	06757168001476712	TM	
8235969	11	139.37	Y	N	06757168001476743	TU	
8236013	1	4.73	Y	N	06757168001476392	AZ	
8236013	4	21.56	Y	N	06757168001476422	BA	
8236013	9	44.55	Y	N	06757168001476453	CI	
8236013	4	20.24	Y	N	06757168001476484	CL	
8236013	1	4.73	Y	N	06757168001476514	DV	
8236013	1	4.73	Y	N	06757168001476538	HA	
8236013	3	14.85	Y	N	06757168001476569	JP	
8236013	7	34.43	Y	N	06757168001476606	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.
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/Places	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.

Customer: MACYS HOME JOPPA DC

Ship Date: 06/04/2025

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 JOPPA DC
3300 FASHION WAY
JOPPA, MD 21085
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
8236013	N/A	MCG21-5354N	194145781563	CC 2 Pack Pillow Protector	EA	6	12	2	12	2
8236013	N/A	MCG21-5355N	194145781556	CC 2 Pack Pillow Protector	EA	6	6	1	6	1

Total Weight: 14.85
Total Quantity Ordered: 18
Total Cartons Ordered: 3
Total Quantity Shipped: 18
Total Cartons Shipped: 3