

SHIP FROM		Master Bill of Lading Number: 06757168001476910
Name: E & F COMPANY LTD	Address: 311 International Trade Pkwy	SCANNED
City/State/Zip: Port Wentworth, GA 31407	SID#:	

SHIP TO		CARRIER NAME: Schneider
Name: Macys Merge Center co Dynamir Div.	Address: 1124 Elon Place	Trailer number: 61697
City/State/Zip: High Point, NC 27280	SID#:	Seal number(s): 68293246
		SCAC: SCNN
		Pro Number: 0000

THIRD PARTY FREIGHT CHARGES B/L TO:		Freight Charge Terms:	
Name:	Address:	Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
City/State/Zip:		3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: 00052367253M		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
		Appointment Time: 12:00 AM	Actual Driver Arrival Time: 11:58 PM
			Driver Departure Time: 1:10 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
8092342	16	181.44	Y	N	06757168001469981	TM	
8097380	1	11.45	Y	N	06757168001469943	ST	
8091022	7	70.25	Y	N	06757168001469899	JP	
8092342	3	32.37	Y	N	06757168001469776	AZ	
8091022	2	22.68	Y	N	06757168001469943	ST	
8092342	12	130.14	Y	N	06757168001469790	BA	
8095367	3	24.45	Y	N	06757168001476804	BA	
8091022	9	95.18	Y	N	06757168001469981	TM	
8094597	17	91.63	Y	N	06757168001469844	CL	
8094597	2	10.78	Y	N	06757168001469868	DV	
8094597	8	43.12	Y	N	06757168001470017	TU	
8097270	5	54.83	Y	N	06757168001469813	CI	
8097270	1	11.45	Y	N	06757168001469899	JP	

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: 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 / 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.
 [Signature] 6/2/25

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.
 [Signature] 6-2-25

SHIP FROM		Master Bill of Lading Number: 06757168001476910	
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: 61697 Seal number(s): 68293246 SCAC: SCNN Pro Number: 0000	
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 #: 00052387253M		<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 (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#	
8091022	6	66.94	Y	N	06757168001469967	SW	
8092342	28	309.82	Y	N	06757168001469837	CL	
8092342	9	100.41	Y	N	06757168001469875	HA	
8092342	18	190.70	Y	N	06757168001470000	TU	
8094597	11	55.33	Y	N	06757168001469905	JP	
8092342	2	23.78	Y	N	06757168001469851	DV	
8094597	57	307.23	Y	N	06757168001469806	BA	
8094597	24	122.76	Y	N	06757168001469936	SC	
8097270	2	22.90	Y	N	06757168001470000	TU	
8091022	7	76.19	Y	N	06757168001469813	CI	
8091022	14	151.72	Y	N	06757168001469875	HA	
8094597	69	371.91	Y	N	06757168001469912	OK	
8094597	25	122.87	Y	N	06757168001469974	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 SECAUCUS DC

Ship Date: 06/02/2025

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 SECAUCUS DC
 500 MEADOWLANDS PARKWAY
 SECAUCUS, NJ 07094
 US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
8094597	N/A	MCG21-5354	194145781563	CC 2 Pack Pillow Protector	EA	6	60	10	60	10
8094597	N/A	MCG21-5355N	194145781556	CC 2 Pack Pillow Protector	EA	6	84	14	84	14

Total Weight:	122.76
Total Quantity Ordered:	144
Total Cartons Ordered:	24
Total Quantity Shipped:	144
Total Cartons Shipped:	24