

Deny

Chargebacks and RTVs

Macy's, Inc. (MacysNet)
 Valid as of: 1/4/2019 2:55:07 AM EST
 Division: Macy's Account #: 05390993890
 Vendor Name: E & E CO LTD
 Document Number: 4555667
 Department/Vendor: 602/935

Check Summary

Check Number: 1736924
 Check Date: 12/26/2018
 Purchase Order Number: 1798893

Transaction Summary

Transaction Type: 796 - RTV DAMAGE ALLOWANCE MDA
 Total Cost: (\$9.85)

Transaction Type: 506 - DM-CARTON SHORTAGE VND RESPONSIBLE
 Total Cost: (\$49.24)

Style Summary

Receipt Number: 3930757-000
 Carrier:
 Freight Bill:
 Bill of Lading: 0675716300
 Cartons: 0
 Weight: 0
 Total Cost: \$0

Style	Qty Rec	Qty Diff	Order Cost	Cost Diff	UOM	Ext Cost Diff	Ext Qty Diff
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No further detail exists for this transaction.

Receipt Number: 3930746-000
 Carrier:
 Freight Bill:
 Bill of Lading: 0675716300
 Cartons: 0
 Weight: 0
 Total Cost: (\$49.24)

Style	Qty Rec	Qty Diff	Order Cost	Cost Diff	UOM	Ext Cost Diff	Ext Qty Diff
LT 250	0	-1	\$49.24	\$0.00		\$0.00	-49.24

Document Number: 4555833
 Department/Vendor: 792/938

Check Summary

Check Number: 1736924
 Check Date: 12/26/2018
 Purchase Order Number: 2855996

Transaction Summary

Deny

Transaction Type: 796 - RTV DAMAGE ALLOWANCE MDA
Total Cost: (\$27.98)

Transaction Type: 506 - DM-CARTON SHORTAGE VND RESPONSIBLE
Total Cost: (\$71.66)

Style Summary

Receipt Number: 3929133-000
Carrier:
Freight Bill:
Bill of Lading: 0675716300
Cartons: 0
Weight: 0
Total Cost: (\$71.66)

Style	Qty Rec	Qty Diff	Order Cost	Cost Diff	UOM	Ext Cost Diff	Ext Qty Diff
LT 250	0	-1	\$71.66	\$0.00		\$0.00	-71.66

Receipt Number: 3932795-000
Carrier:
Freight Bill:
Bill of Lading: 0675716300
Cartons: 0
Weight: 0
Total Cost: \$0

Style	Qty Rec	Qty Diff	Order Cost	Cost Diff	UOM	Ext Cost Diff	Ext Qty Diff
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No further detail exists for this transaction.

Date: 10/31/2018 1:44:46 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000262212
Name:	E & E COMPANY LTD	
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Knight Transportation
Name:	Macy's /Bloom Consolidation Center	Trailer number: 84977
Address:	C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard,	Seal number(s): 22362945
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC: KNIG
SID#:	FOB: <input type="checkbox"/>	Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:		
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>	3rd Party: <input type="checkbox"/>
Address:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING		
City/State/Zip:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
SPECIAL INSTRUCTIONS:		12:00 AM PM	12:00 AM PM	1:55 AM PM
Load #: 41043521				

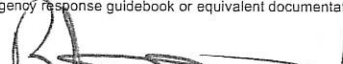
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	Supplier#
						DC#	
1798893	63	944.37	Y	N	06757163000260379	DV	
1798893	50	749.50	Y	N	06757163000260416	AZ	
1798893	296	4437.04	Y	N	06757163000260386	CL	
1798893	387	5801.13	Y	N	06757163000260393	CI	
1798893	168	2518.32	Y	N	06757163000260355	HA	
1798893	232	3477.68	Y	N	06757163000260362	GN	
1798893	217	3252.83	Y	N	06757163000260409	BA	
Grand Total	1413	21180.87					

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(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
31	Pallet			1550.00		Pallet		70
		1413	ctns	21180.87		Shower curtain	49385	77.5

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 <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>Also mo 10-31-18</i>	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>  10-31-18
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SHIP FROM				Master Bill of Lading Number: 06757163000262212					
Name: E & E COMPANY LTD									
Address: 221 Hanson Way									
City/State/Zip: Woodland, CA 95776									
SID#: _____ FOB: <input type="checkbox"/>									
SHIP TO				CARRIER NAME: Knight Transportation					
Name: Macy's /Bloom Consolidation Center				DC#: _____					
				Div. _____					
Address: C/O Dynamic Santa Fe Springs				Trailer number: 84977					
14141 Alondra Boulevard,				Seal number(s): 22362945					
City/State/Zip: Santa Fe Spgs, CA 90670				SCAC: KNIG					
SID#: _____ FOB: <input type="checkbox"/>				Pro Number: _____					
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms:					
Name: _____				Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>					
Address: _____				<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING					
City/State/Zip: _____									
SPECIAL INSTRUCTIONS: Load #: 41043521				Appointment Time		Actual Driver Arrival Time		Driver Departure Time	
				AM PM		AM PM		AM PM	
31				22730.87		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.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE		SHIPPER SIGNATURE	
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.		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.	
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	
		Shipper Signature	

SHIP FROM		Bill of Lading Number: 06757163000260409	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000260409	
SHIP TO		CARRIER NAME: Knight Transportation	
Name: Macy's Home Store Bailey Rd. DC Location #: BA Address: Bailey Rd DC Pool Stock 300 South Bailey Road, City/State/Zip: North Jackson, OH 44451 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: 84977 Seal number(s): 22362945	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: KNIG	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: Load #: 41043521 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____	
		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1798893	217	3252.83	Y N	
Grand Total	217	3252.83		

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		
		217	ctns	3252.83		Shower curtain	49385	77.5
5		217		3502.83		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. <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.	<table style="width:100%;"> <tr> <td style="width: 50%;"> Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width: 50%;"> Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces </td> </tr> </table>	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
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.		

Customer: MACY'S HOME STORE BAILEY RD. DC

Ship Date: 10/31/2018

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:


MACY'S HOME STORE
2101 EAST KEMPER ROAD
CINCINNATI, OH 45201

SHIP TO:

MACY'S HOME STORE BAILEY RD. DC
BAILEY RD DC POOL STOCK
300 SOUTH BAILEY ROAD
NORTH JACKSON, OH 44451

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
1798893	N/A	MCH70-944	086569103765	Bond Fret Shower Curtain Set	EA	4	72	18	72	18
1798893	N/A	MCH70-945	086569103772	Freda Shower Curtain Set	EA	4	244	61	244	61
1798893	N/A	MCH70-947	086569103796	Rosie Shower Curtain Set	EA	4	244	61	244	61
1798893	N/A	MCH70-948	086569103802	Brett Stripe Shower Curtain S	EA	4	72	18	72	18
1798893	N/A	MCH70-949	086569103819	Alexandria Shower Curtain Set	EA	4	236	59	236	59

Total Weight: 3252.83
 Total Quantity Ordered: 868
 Total Cartons Ordered: 217
 Total Quantity Shipped: 868
 Total Cartons Shipped: 217

SHIP FROM		Bill of Lading Number: 06757163000260355
Name:	E & E COMPANY LTD	 (402)06757163000260355
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:		
PHONE:		
VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: Knight Transportation

SHIP TO		Trailer number: 84977
Name:	Macy's Home Store Hayward DC Location #: HA	Seal number(s): 22362945
Address:	c/o Hayward DC	SCAC: KNIG
	28701 Hall Road,	Pro Number:
City/State/Zip:	Hayward, CA 94545	
CID#:		
Dept:	0602 FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:
Address:		<input type="checkbox"/> Master Bill of Lading: with attached
City/State/Zip:		(check box) underlying Bills of Lading
SPECIAL INSTRUCTIONS:		Appointment Time
Load #: 41043521		Actual Driver Arrival Time
Packing List is Attached		Driver Departure Time

CUSTOMER ORDER INFORMATION			
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP
1798893	168	2518.32	Y N
Grand Total		168	2518.32

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
4	Pallet			200.00		Pallet		
		168	ctns	2518.32		Shower curtain	49385	77.5
4		168		2718.32		Grand Total		

<p>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 _____</p>	<p>COD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
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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).

<p>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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature</p>
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<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.</p>	<p>Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>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.</p>
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Customer: MACY'S HOME STORE HAYWARD DC

Ship Date: 10/31/2018

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:


MACY'S HOME STORE
2101 EAST KEMPER ROAD
CINCINNATI, OH 45201

SHIP TO:

MACY'S HOME STORE HAYWARD DC
C/O HAYWARD DC
28701 HALL ROAD
HAYWARD, CA 94545

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
1798893	N/A	MCH70-944	086569103765	Bond Fret Shower Curtain Set	EA	4	56	14	56	14
1798893	N/A	MCH70-945	086569103772	Freda Shower Curtain Set	EA	4	188	47	188	47
1798893	N/A	MCH70-947	086569103796	Rosie Shower Curtain Set	EA	4	188	47	188	47
1798893	N/A	MCH70-948	086569103802	Brett Stripe Shower Curtain S	EA	4	56	14	56	14
1798893	N/A	MCH70-949	086569103819	Alexandria Shower Curtain Set	EA	4	184	46	184	46

Total Weight:	2518.32
Total Quantity Ordered:	672
Total Cartons Ordered:	168
Total Quantity Shipped:	672
Total Cartons Shipped:	168

SHIP FROM		Bill of Lading Number: 06757163000260386	
Name: E & E COMPANY LTD		 (402)06757163000260386	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:			
VENDOR:		CARRIER NAME: Knight Transportation	
		Responsible Acct.No:	
SHIP TO		Trailer number: 84977	
Name: Macy's Home Store Minooka DC Location #: CL		Seal number(s): 22362945	
Address: c/o Minooka DC		SCAC: KNIG	
601 Midpoint Rd.,		Pro Number:	
City/State/Zip: Minooka, IL 60447			
CID#:			
Dept: 0602			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 41043521		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	
		AM AM AM	
		PM PM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1798893	296	4437.04	Y N	
Grand Total	296	4437.04		

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		
		296	ctns	4437.04		Shower curtain	49385	77.5
6		296		4737.04		Grand Total		

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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
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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: MACY'S HOME STORE MINOOKA DC

Ship Date: 10/31/2018

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:

MACY'S HOME STORE
2101 EAST KEMPER ROAD
CINCINNATI, OH 45201

SHIP TO:


MACY'S HOME STORE MINOOKA DC
C/O MINOOKA DC
601 MIDPOINT RD.
MINOOKA, IL 60447

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
1798893	N/A	MCH70-944	086569103765	Bond Fret Shower Curtain Set	EA	4	112	28	112	28
1798893	N/A	MCH70-945	086569103772	Freda Shower Curtain Set	EA	4	336	84	336	84
1798893	N/A	MCH70-947	086569103796	Rosie Shower Curtain Set	EA	4	336	84	336	84
1798893	N/A	MCH70-948	086569103802	Brett Stripe Shower Curtain S	EA	4	112	28	112	28
1798893	N/A	MCH70-949	086569103819	Alexandria Shower Curtain Set	EA	4	288	72	288	72

Total Weight: 4437.04
 Total Quantity Ordered: 1184
 Total Cartons Ordered: 296
 Total Quantity Shipped: 1184
 Total Cartons Shipped: 296

Date: 10/31/2018 1:04:37 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000260379	
Name: E & E COMPANY LTD		 (402)06757163000260379	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:			
VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: Knight Transportation	

SHIP TO		Trailer number: 84977	
Name: Macy's Home Store Denver DC	Location #: DV	Seal number(s): 22362945	
Address: c/o Denver DC		SCAC: KNIG	
510 East 51st Avenue,		Pro Number:	
City/State/Zip: Denver, CO 80216			
CID#:			
Dept: 0602	FOB: <input type="checkbox"/>		

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
Address:		Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41043521		AM	AM
Packing List is Attached		PM	PM
			Driver Departure Time
			AM
			PM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1798893	63	944.37	Y N	
Grand Total	63	944.37		

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		
		63	ctns	944.37		Shower curtain	49385	77.5
2		63		1044.37		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.

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/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: MACY'S HOME STORE DENVER DC

Ship Date: 10/31/2018

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:


MACY'S HOME STORE
2101 EAST KEMPER ROAD
CINCINNATI, OH 45201

SHIP TO:

MACY'S HOME STORE DENVER DC
C/O DENVER DC
510 EAST 51ST AVENUE
DENVER, CO 80216

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
1798893	N/A	MCH70-944	086569103765	Bond Fret Shower Curtain Set	EA	4	24	6	24	6
1798893	N/A	MCH70-945	086569103772	Freda Shower Curtain Set	EA	4	72	18	72	18
1798893	N/A	MCH70-947	086569103796	Rosie Shower Curtain Set	EA	4	72	18	72	18
1798893	N/A	MCH70-948	086569103802	Brett Stripe Shower Curtain S	EA	4	24	6	24	6
1798893	N/A	MCH70-949	086569103819	Alexandria Shower Curtain Set	EA	4	60	15	60	15

Total Weight:	944.37
Total Quantity Ordered:	252
Total Cartons Ordered:	63
Total Quantity Shipped:	252
Total Cartons Shipped:	63

SHIP FROM		Bill of Lading Number: 06757163000260393	
Name: E & E COMPANY LTD		 (402)06757163000260393	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Knight Transportation	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: 84977	
Name: Macy's Home Store Los Angeles Location #: CI DC		Seal number(s): 22362945	
Address: c/o Los Angeles DC		SCAC: KNIG	
City/State/Zip: 15541 East Gale Avenue, City of Industry, CA 91745		Pro Number:	
CID#:			
Dept: 0602			
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	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS: Load #: 41043521		Appointment Time	Actual Driver Arrival Time
Packing List is Attached		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1798893	387	5801.13	Y N	
Grand Total	387	5801.13		

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
8	Pallet			400.00		Pallet		
		387	ctns	5801.13		Shower curtain	49385	77.5
8		387		6201.13		Grand Total		

<p>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 _____</p>	<p>COD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
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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).

<p>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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature</p>
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<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.</p>	<p>Trailer Loaded:</p> <p><input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver/Pieces</p>	<p>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.</p>
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Customer: MACY'S HOME STORE LOS ANGELES DC

Ship Date: 10/31/2018

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:

MACY'S HOME STORE
2101 EAST KEMPER ROAD
CINCINNATI, OH 45201

SHIP TO:

MACY'S HOME STORE LOS ANGELES DC
C/O LOS ANGELES DC
15541 EAST GALE AVENUE
CITY OF INDUSTRY, CA 91745


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
1798893	N/A	MCH70-944	086569103765	Bond Fret Shower Curtain Set	EA	4	180	45	180	45
1798893	N/A	MCH70-945	086569103772	Freda Shower Curtain Set	EA	4	400	100	400	100
1798893	N/A	MCH70-947	086569103796	Rosie Shower Curtain Set	EA	4	400	100	400	100
1798893	N/A	MCH70-948	086569103802	Brett Stripe Shower Curtain S	EA	4	180	45	180	45
1798893	N/A	MCH70-949	086569103819	Alexandria Shower Curtain Set	EA	4	388	97	388	97

Total Weight: 5801.13
 Total Quantity Ordered: 1548
 Total Cartons Ordered: 387
 Total Quantity Shipped: 1548
 Total Cartons Shipped: 387

Date: 10/31/2018 1:35:09 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Gandy DC Location #: GN
Address:	221 Hanson Way	Address:	c/o Gandy DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	4130 Gandy Blvd., Tampa, FL 33611
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000260362		Trailer number: 84977	
		Seal number(s): 22362945	
(402)06757163000260362		SCAC: KNIG	
CARRIER NAME: Knight Transportation		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
<input type="checkbox"/>		3rd Party:	
(check box)		Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 41043521		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	
		AM	
		PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1798893	232	3477.68	Y N	
Grand Total	232	3477.68		

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		
		232	ctns	3477.68		Shower curtain	49385	77.5
5		232		3727.68		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
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.	

Customer: MACY'S HOME STORE GANDY DC

Ship Date: 10/31/2018

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:


MACY'S HOME STORE
2101 EAST KEMPER ROAD
CINCINNATI, OH 45201

SHIP TO:

MACY'S HOME STORE GANDY DC
C/O GANDY DC
4130 GANDY BLVD.
TAMPA, FL 33611

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
1798893	N/A	MCH70-944	086569103765	Bond Fret Shower Curtain Set	EA	4	116	29	116	29
1798893	N/A	MCH70-945	086569103772	Freda Shower Curtain Set	EA	4	236	59	236	59
1798893	N/A	MCH70-947	086569103796	Rosie Shower Curtain Set	EA	4	236	59	236	59
1798893	N/A	MCH70-948	086569103802	Brett Stripe Shower Curtain S	EA	4	116	29	116	29
1798893	N/A	MCH70-949	086569103819	Alexandria Shower Curtain Set	EA	4	224	56	224	56

Total Weight: 3477.68
 Total Quantity Ordered: 928
 Total Cartons Ordered: 232
 Total Quantity Shipped: 928
 Total Cartons Shipped: 232

SHIP FROM		Bill of Lading Number: 06757163000260416	
Name:	E & E COMPANY LTD	 (402)06757163000260416	CARRIER NAME: Knight Transportation Responsible Acct.No:
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:	FOB: <input type="checkbox"/>		

SHIP TO		Trailer number: 84977	
Name:	Macy's Home Store Goodyear DC Location #: AZ	Seal number(s): 22362945	
Address:	Goodyear DC Pool Stock	SCAC: KNIG	
	16575 West Commerce Drive,	Pro Number:	
City/State/Zip:	Goodyear, AZ 85338		
CID#:			
Dept:	0602	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
SPECIAL INSTRUCTIONS:		AM	AM	AM
Load #: 41043521		PM	PM	PM
Packing List is Attached				

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
1798893	50	749.50	Y N		
Grand Total	50	749.50			

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		
		50	ctns	749.50		Shower curtain	49385	77.5
1		50		799.50		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 property 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: MACY'S HOME STORE GOODYEAR DC

Ship Date: 10/31/2018

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
MACY'S HOME STORE
2101 EAST KEMPER ROAD
CINCINNATI, OH 45201

SHIP TO:
MACY'S HOME STORE GOODYEAR DC
GOODYEAR DC POOL STOCK
16575 WEST COMMERCE DRIVE
GOODYEAR, AZ 85338

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
1798893	N/A	MCH70-944	086569103765	Bond Fret Shower Curtain Set	EA	4	24	6	24	6
1798893	N/A	MCH70-945	086569103772	Freda Shower Curtain Set	EA	4	52	13	52	13
1798893	N/A	MCH70-947	086569103796	Rosie Shower Curtain Set	EA	4	52	13	52	13
1798893	N/A	MCH70-948	086569103802	Brett Stripe Shower Curtain S	EA	4	24	6	24	6
1798893	N/A	MCH70-949	086569103819	Alexandria Shower Curtain Set	EA	4	48	12	48	12

Total Weight:	749.5
Total Quantity Ordered:	200
Total Cartons Ordered:	50
Total Quantity Shipped:	200
Total Cartons Shipped:	50

Date: 10/31/2018 2:01:12 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000262250
Name:	E & E COMPANY LTD	
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Knight Transportation
Name:	Macy's /Bloom Consolidation Center	Trailer number: 83015
Address:	C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard,	Seal number(s): 22362964
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC: KNIG
SID#:	FOB: <input type="checkbox"/>	Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
Address:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING
City/State/Zip:		Appointment Time Actual Driver Arrival Time Driver Departure Time
SPECIAL INSTRUCTIONS:	Load #: 41043535	1:00 AM PM 1:00 AM PM 2:10 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	Supplier#
						DC#	
2855996	7	126.75	Y	N	06757163000260539	GN	
2855996	72	1476.84	Y	N	06757163000260522	ST	
2855996	109	2217.75	Y	N	06757163000260515	SW	
2855996	278	5667.18	Y	N	06757163000260546	BA	
Grand Total	466	9488.52					

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(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
25	Pallet			1250.00		Pallet		70
		466	ctns	9488.52		Comforters, Bedspreads	49017	200
25				10738.52		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 <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>Almo 10-31-18</i>	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>JZ 10/31/18</i>
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Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000260539	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06757163000260539	
SHIP TO		CARRIER NAME: Knight Transportation	
Name: Macy's Home Store Gandy DC Location #: GN Address: c/o Gandy DC 4130 Gandy Blvd., City/State/Zip: Tampa, FL 33611 CID#: _____ Dept: 0792 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: 83015 Seal number(s): 22362964 SCAC: KNIG Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 41043535 Packing List is Attached		Appointment Time AM PM	Actual Driver Arrival Time AM PM
Driver Departure Time AM PM			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
2855996	7	126.75	Y N	
Grand Total	7	126.75		

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		
		7	ctns	126.75		Comforters, Bedspreads	49017	200
1		7		176.75		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. <div style="text-align: right;">Shipper Signature</div>
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: _____ Freight Counted: _____ <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <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.	

Customer: MACY'S HOME STORE GANDY DC

Ship Date: 10/31/2018

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:


MACY'S HOME STORE
2101 EAST KEMPER ROAD
CINCINNATI, OH 45201

SHIP TO:

MACY'S HOME STORE GANDY DC
C/O GANDY DC
4130 GANDY BLVD.
TAMPA, FL 33611

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
2855996	MCH10332	MCH10-332	675716657123	T Sherpa Comforter	EA	2	4	2	4	2
2855996	MCH10341	MCH10-341	675716657154	T Sherpa Comforter	EA	2	2	1	2	1
2855996	MCH10343	MCH10-343	675716657239	K Sherpa Comforter	EA	2	2	1	2	1
2855996	MCH10593	MCH10-593	086569054340	Sherpa Comforter	EA	2	6	3	6	3

Total Weight: 126.75
 Total Quantity Ordered: 14
 Total Cartons Ordered: 7
 Total Quantity Shipped: 14
 Total Cartons Shipped: 7

SHIP FROM		Bill of Lading Number: 06757163000260515
Name: E & E COMPANY LTD		 (402)06757163000260515
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#:		
PHONE:		
VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: Knight Transportation

SHIP TO		Trailer number: 83015
Name: Macy's Home Store South Windsor DC	Location #: SW	Seal number(s): 22362964
Address: c/o South Windsor DC		SCAC: KNIG
City/State/Zip: 301 Governor's Hwy, South Windsor, CT 06074		Pro Number:
CID#:		
Dept: 0792	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 (check box) underlying Bills of Lading		
City/State/Zip:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
SPECIAL INSTRUCTIONS: Load #: 41043535		AM	AM	AM
Packing List is Attached		PM	PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
2855996	109	2217.75	Y N	
Grand Total	109	2217.75		

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		
		109	ctns	2217.75		Comforters, Bedspreads	49017	200
6		109		2517.75		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:	Freight Counted:
<input type="checkbox"/> By Shipper	<input type="checkbox"/> By Shipper
<input type="checkbox"/> By Driver	<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.

Customer: MACY'S HOME STORE SOUTH WINDSOR DC

Ship Date: 10/31/2018

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
MACY'S HOME STORE
2101 EAST KEMPER ROAD
CINCINNATI, OH 45201

SHIP TO:
MACY'S HOME STORE SOUTH WINDSOR
DC
C/O SOUTH WINDSOR DC
301 GOVERNOR'S HWY
SOUTH WINDSOR, CT 06074

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
2855996	MCH10333	MCH10-333	675716657161	F/Q Sherpa Comfor	EA	2	20	10	20	10
2855996	MCH10334	MCH10-334	675716657208	K Sherpa Comforter	EA	2	8	4	8	4
2855996	MCH10342	MCH10-342	675716657192	F/Q Sherpa Comforter	EA	2	30	15	30	15
2855996	MCH10343	MCH10-343	675716657239	K Sherpa Comforter	EA	2	24	12	24	12
2855996	MCH10590	MCH10-590	086569054333	Sherpa Comforter	EA	2	18	9	18	9
2855996	MCH10591	MCH10-591	086569054364	Sherpa Comforter	EA	2	24	12	24	12
2855996	MCH10592	MCH10-592	086569054326	Sherpa Comforter	EA	2	6	3	6	3
2855996	MCH10593	MCH10-593	086569054340	Sherpa Comforter	EA	2	74	37	74	37
2855996	MCH10594	MCH10-594	086569054357	Sherpa Comforter	EA	2	14	7	14	7

Total Weight: 2217.75
 Total Quantity Ordered: 218
 Total Cartons Ordered: 109
 Total Quantity Shipped: 218
 Total Cartons Shipped: 109

Date: 10/31/2018 1:36:49 PM

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____
 PHONE: _____
 VENDOR: _____

Bill of Lading Number: 06757163000260546



CARRIER NAME: Knight Transportation

Responsible Acct.No: _____

SHIP TO

Name: Macy's Home Store Bailey Rd. DC Location #: BA
 Address: Bailey Rd DC Pool Stock
 300 South Bailey Road,
 City/State/Zip: North Jackson, OH 44451
 CID#: _____
 Dept: 0792

Trailer number: 83015

Seal number(s): 22362964

SCAC: KNIG

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 #: 41043535
 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
2855996	278	5667.18	Y N	
Grand Total	278	5667.18		

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
14	Pallet			700.00		Pallet		
		278	ctns	5667.18		Comforters, Bedspreads	49017	200
14		278		6367.18		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.

Customer: MACY'S HOME STORE BAILEY RD. DC

Ship Date: 10/31/2018

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:

MACY'S HOME STORE
2101 EAST KEMPER ROAD
CINCINNATI, OH 45201

SHIP TO:

MACY'S HOME STORE BAILEY RD. DC
BAILEY RD DC POOL STOCK
300 SOUTH BAILEY ROAD
NORTH JACKSON, OH 44451

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
2855996	MCH10332	MCH10-332	675716657123	T Sherpa Comforter	EA	2	12	6	12	6
2855996	MCH10333	MCH10-333	675716657161	F/Q Sherpa Comfor	EA	2	104	52	104	52
2855996	MCH10334	MCH10-334	675716657208	K Sherpa Comforter	EA	2	54	27	54	27
2855996	MCH10341	MCH10-341	675716657154	T Sherpa Comforter	EA	2	2	1	2	1
2855996	MCH10342	MCH10-342	675716657192	F/Q Sherpa Comforter	EA	2	88	44	88	44
2855996	MCH10343	MCH10-343	675716657239	K Sherpa Comforter	EA	2	62	31	62	31
2855996	MCH10590	MCH10-590	086569054333	Sherpa Comforter	EA	2	52	26	52	26
2855996	MCH10591	MCH10-591	086569054364	Sherpa Comforter	EA	2	54	27	54	27
2855996	MCH10592	MCH10-592	086569054326	Sherpa Comforter	EA	2	14	7	14	7
2855996	MCH10593	MCH10-593	086569054340	Sherpa Comforter	EA	2	76	38	76	38
2855996	MCH10594	MCH10-594	086569054357	Sherpa Comforter	EA	2	38	19	38	19

Total Weight: 5667.18
 Total Quantity Ordered: 556
 Total Cartons Ordered: 278
 Total Quantity Shipped: 556
 Total Cartons Shipped: 278

Customer: MACY'S HOME STORE STONE MOUNTAIN DC

Ship Date: 10/31/2018

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:

MACY'S HOME STORE
2101 EAST KEMPER ROAD
CINCINNATI, OH 45201

SHIP TO:

MACY'S HOME STORE STONE MOUNTAIN
DC
C/O STONE MOUNTAIN DC
4401 SARR PARKWAY
STONE MOUNTAIN, GA 30083

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
2855996	MCH10332	MCH10-332	675716657123	T Sherpa Comforter	EA	2	2	1	2	1
2855996	MCH10333	MCH10-333	675716657161	F/Q Sherpa Comfor	EA	2	20	10	20	10
2855996	MCH10334	MCH10-334	675716657208	K Sherpa Comforter	EA	2	4	2	4	2
2855996	MCH10341	MCH10-341	675716657154	T Sherpa Comforter	EA	2	6	3	6	3
2855996	MCH10342	MCH10-342	675716657192	F/Q Sherpa Comforter	EA	2	24	12	24	12
2855996	MCH10343	MCH10-343	675716657239	K Sherpa Comforter	EA	2	26	13	26	13
2855996	MCH10590	MCH10-590	086569054333	Sherpa Comforter	EA	2	14	7	14	7
2855996	MCH10591	MCH10-591	086569054364	Sherpa Comforter	EA	2	8	4	8	4
2855996	MCH10593	MCH10-593	086569054340	Sherpa Comforter	EA	2	16	8	16	8
2855996	MCH10594	MCH10-594	086569054357	Sherpa Comforter	EA	2	24	12	24	12

Total Weight: 1476.84
 Total Quantity Ordered: 144
 Total Cartons Ordered: 72
 Total Quantity Shipped: 144
 Total Cartons Shipped: 72

Date: 10/31/2018 1:44:46 PM

Master Bill Of Lading

Page 1 of 2

SHIP FROM		Master Bill of Lading Number: 06757163000262212
Name:	E & E COMPANY LTD	
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95778	
SID#:		FOB: <input type="checkbox"/>

SHIP TO		CARRIER NAME: Knight Transportation
Name:	Macy's /Bloom Consolidation Center DC#:	
	Div.	
Address:	C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard,	Trailer number: 84977
		Seal number(s): 22362945
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC: KNIG
SID#:		Pro Number:
		FOB: <input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
Address:		
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING
SPECIAL INSTRUCTIONS:		Appointment Time
Load #: 41043521		Actual Driver Arrival Time
		Driver Departure Time
		12:00 AM
		12:00 AM
		1:55 AM

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#
1798893	63	944.37	Y	N	06757163000260379	DV
1798893	50	749.50	Y	N	06757163000260416	AZ
1798893	296	4437.04	Y	N	06757163000260386	CL
1798893	387	5801.13	Y	N	06757163000260393	CI
1798893	168	2518.32	Y	N	06757163000260355	HA
1798893	232	3477.68	Y	N	06757163000260362	GN
1798893	217	3252.83	Y	N	06757163000260409	BA
Grand Total	1413	21180.87				

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 Item 369.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
31	Pallet			1550.00		Pallet		70
		1413	ctns	21180.87		Shower curtain	49385	77.5

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.
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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>Also mo 10-31-18</i>	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> 10-31-18
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03 036516

"Receipt not valid unless time stamped at time of delivery."



1 Sealed Trailer / Container **DYNAMIC** Worldwide

This paper is security-protected

Date: 11-1-18

Carrier: KNIGHT Worldwide

Appointment #: 41043521

Trailer Number: 84977

Tractor Number: 102849 Worldwide

Seal #: 2236945

Signature: [Handwritten Signature]
(Security Guard Signature)

This is the only receipt that will be issued. No other document will be signed nor valid as proof of delivery.

Comments:

036550

"Receipt not valid unless time stamped at time of delivery."



1 Sealed Trailer / Container **DYNAMIC** Worldwide

This paper is security-protected

Date: 11/1/18

Carrier: Knights Worldwide

Appointment #: 41043535

Trailer Number: 83015

Tractor Number: 1527020

Seal #: 22362964

Signature: FG

(Security Guard Signature)

This is the only receipt that will be issued. No other document will be signed nor valid as proof of delivery.

Comments:

