


Date: 10/4/2018 6:43:49 PM

# Bill Of Lading

<b>SHIP FROM</b>		<b>Bill of Lading Number:</b> 06757166000282310	
Name: E & E COMPANY LTD Address: 550 Northport Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757166000282310	
<b>SHIP TO</b>		<b>CARRIER NAME:</b> Schneider	
Name: Macy's Home Store Houston DC Location #: HF Address: 2103 Ernestine City/State/Zip: Houston, TX 77023 CID#: _____ Dept: _____		Responsible Acct.No: _____ Trailer number: 162555 Seal number(s): 9297288	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>SCAC:</b> SCNN	
Name: _____ Address: _____ City/State/Zip: _____		<b>Pro Number:</b> _____	
SPECIAL INSTRUCTIONS: Load #: 40932316 3092430 Packing List is Attached		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b> Prepaid: _____ Collect: <b>X</b> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading Appointment Time: 13:30 AM/PM Actual Driver Arrival Time: 13:30 AM/PM Driver Departure Time: 6:45 AM/PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6279777	141	7775.84	Y N	
<b>Grand Total</b>	141	7775.84		

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		
37	Pallet			1850.00		Pallet				
		116	ctns	6491.82		Furniture (Seating, Storage, Outdoor)	80580		150	
		25	ctns	1284.02		Furniture (Sleeping, Surfaces)	80580		100	
37		141		9625.84		<b>Grand Total</b>				

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.

<b>SHIPPER SIGNATURE / DATE</b> 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. <i>James Mack 10/4/18</i>	<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input checked="" type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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>Opalio Dem 10/04/18</i>
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