

Date: 1/28/2019 12:01:18 PM

# Master Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757164000113054	
Name:	E & E COMPANY LTD		
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>
<b>SHIP TO</b>		<b>CARRIER NAME:</b> Schnalder	
Name:	Macy's /Bloom Consolidation Center	DC#:	
		Div.	
Address:	O/O Dynamic Santa Fe Springs 14141 Alondra Boulevard,	Trailer number:	TA156031
		Seal number(s):	0872712
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC:	SONN
SID#:		Pro Number:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/>	MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
Load #: 41288717		10:00 <input checked="" type="checkbox"/> AM	10:30 <input checked="" type="checkbox"/> AM
		Driver Departure Time	12:00 <input checked="" type="checkbox"/> AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
9211488	62	2584.00	Y	N	06757164000113047	GD	2 PLS
9211488	466	19004.00	Y	N	06757164000113030	MB	9 PLS
9211488	477	19880.00	Y	N	06757164000113023	PD	9 PLS
<b>Grand Total</b>	995	41468.00					


HANDLING UNIT						PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE	NMFC #	CLASS							
995	ctns			41468.00		49040	150		Throws, Blankets			
995				41468.00					<b>Grand Total</b>			

<p>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 _____"</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>	
<p><b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</b></p>			
<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><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.</p> <p><i>[Signature]</i>                  1/28/19</p>		<p><b>Trailer Loaded:</b>  <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver</p> <p><b>Freight Counted:</b>  <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver/pallets said to contain  <input type="checkbox"/> By Driver/Pieces</p>	
		<p><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.</p> <p><i>[Signature]</i></p>	


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## Bill Of Lading

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SHIP FROM					SHIP TO			
Name: E & E COMPANY LTD					Bill of Lading Number: 06757164000113047			
Address: 1680 Tide Court								
City/State/Zip: Woodland, CA 95776					(402)06757164000113047			
SID#:					CARRIER NAME: Schnelder			
PHONE:					Responsible Acct.No:			
VENDOR:					Trailer number: TA168031			
FOB: <input type="checkbox"/>					Seal number(s): 0972712			
Name: Macy's Home MMG Cheshire DC Location #: CD					SCAC: SCNN			
Address: o/o Cheshire DC					Pro Number:			
476 Knotter Drive,								
City/State/Zip: Cheshire, CT 06410								
CID#:								
Dept: 0811								
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"/>			
Address:					Collect: X			
City/State/Zip:					3rd Party: <input type="checkbox"/>			
SPECIAL INSTRUCTIONS:					Master Bill of Lading: w/ attached			
Load #: 41268717					(check box) underlying Bills of Lading			
Packing List Is Attached					Appointment Time			
					Actual Driver Arrival Time			
					Driver Departure Time			
					AM			
					PM			
					AM			
					PM			
CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO			
9211488		62	2584.00	Y N	2 PLTS			
<b>Grand Total</b>		62	2584.00					
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 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
62	ctns			2584.00		Throws, Blankets	49040	160
62				2584.00		<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: <input type="checkbox"/> Prepaid: <input type="checkbox"/>	
		Customer check acceptable: <input type="checkbox"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</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.		Shipper Signature	
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.	

<b>SHIP FROM</b>		Bill of Lading Number: 08757164000113030
Name: E & E COMPANY LTD	Address: 1800 Tide Court	 (402)08757164000113030
City/State/Zip: Woodland, CA 95778	SID#:	
PHONE:	VENDOR:	<b>CARRIER NAME:</b> Schneider
	FOB: <input type="checkbox"/>	Responsible Acct.No:

<b>SHIP TO</b>		Trailer number: TA156031
Name: MB	Location #: MB	Seal number(s): 0972712
Address: 333 Caperton Blvd	City/State/Zip: Martinsburg, WV 25403	<b>SCAC:</b> SCNN
City/State/Zip: MB	CID#:	<b>Pro Number:</b>
Dept: 0811	FOB: <input type="checkbox"/>	

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name:	Address:	Prepaid: <input type="checkbox"/>	Collect: X	3rd Party:
City/State/Zip:		Master Bill of Lading: with attached underlying Bills of Lading		
SPECIAL INSTRUCTIONS: Load #: 41268717 Packing List is Attached		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
		AM PM	AM PM	AM PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9211488	456	19004.00	Y N	9 PLTS
<b>Grand Total</b>	456	19004.00		


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 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
456	ctns			19004.00		Throws, Blankets	48040	150
456				19004.00		<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 _____"	<b>GOD Amount:</b> _____ <b>Fee Terms:</b> 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(e)(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</b>
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<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.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input 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.
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<b>SHIP FROM</b>		Bill of Lading Number: 08757164000113023					
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)08757164000113023					
<b>SHIP TO</b>		CARRIER NAME: Schnelder					
Name: Macy's Home MMG Portland DC Location #: PD Address: c/o Portland DC 1155 Vaughn Parkway, City/State/Zip: Portland, TN 37148 CID#: _____ Dept: 0611		Responsible Acd.No: _____ Trailer number: TA156031 Seal number(s): 0972712 SCAC: SCNN Pro Number: _____					
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)					
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading					
SPECIAL INSTRUCTIONS: Load #: 41268717 Packing List is Attached		Appointment Time AM PM	Actual Driver Arrival Time AM PM				
<b>CUSTOMER ORDER INFORMATION</b>							
<b>CUSTOMER ORDER NUMBER</b>	<b># PKGS</b>	<b>WEIGHT</b>	<b>PALLET/SLIP</b>				
9211488	477	19880.00	Y N				
<b>Grand Total</b>		477	19880.00				
<b>ADDITIONAL SHIPPER INFO</b>							
9 PLTS							
<b>CARRIER INFORMATION</b>							
<b>HANDLING UNIT</b>		<b>PACKAGE</b>		<b>COMMODITY DESCRIPTION</b>		<b>PACKAGE</b>	
				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 360			
<b>QTY</b>	<b>TYPE</b>	<b>QTY</b>	<b>TYPE</b>	<b>WEIGHT</b>	<b>H.M. (X)</b>	<b>NMFC #</b>	<b>CLASS</b>
477	ctns			19880.00		49040	150
477				19880.00		<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 _____	<b>COD Amount:</b> _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</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;"><b>Shipper Signature</b></div>
<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.	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
<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.	













9211488	4873729	R201901211153583	MCC50-1085	CC Plush Throw	00106757164001066806	0632848888	00006757166328488883	4	Loaded
9211488	4873729	R201901211153583	MCC50-1085	CC Plush Throw	00106757164001066806	0632848889	00006757166328488890	4	Loaded
9211488	4873729	R201901211153583	MCC50-1085	CC Plush Throw	00106757164001066806	0632848890	00006757166328488906	4	Loaded
9211488	4873729	R201901211153583	MCC50-1085	CC Plush Throw	00106757164001066776	0632848891	00006757166328488913	4	Loaded
9211488	4873729	R201901211153583	MCC50-1085	CC Plush Throw	00106757164001066776	0632848892	00006757166328488920	4	Loaded
9211488	4873729	R201901211153583	MCC50-1085	CC Plush Throw	00106757164001066776	0632848893	00006757166328488937	4	Loaded
9211488	4873729	R201901211153583	MCC50-1085	CC Plush Throw	00106757164001066776	0632848894	00006757166328488944	4	Loaded
9211488	4873729	R201901211153583	MCC50-1085	CC Plush Throw	00106757164001066776	0632848895	00006757166328488951	4	Loaded
9211488	4873729	R201901211153583	MCC50-1085	CC Plush Throw	00106757164001066776	0632848896	00006757166328488968	4	Loaded
9211488	4873729	R201901211153583	MCC50-1085	CC Plush Throw	00106757164001066776	0632848897	00006757166328488975	4	Loaded
9211488	4873729	R201901211153583	MCC50-1085	CC Plush Throw	00106757164001066776	0632848898	00006757166328488982	4	Loaded
9211488	4873729	R201901211153583	MCC50-1085	CC Plush Throw	00106757164001066905	0632848899	00006757166328488999	4	Loaded
9211488	4873729	R201901211153583	MCC50-1085	CC Plush Throw	00106757164001066776	0632848900	00006757166328489002	4	Loaded
9211488	4873729	R201901211153583	MCC50-1085	CC Plush Throw	00106757164001066851	0632848901	00006757166328489019	4	Loaded
9211488	4873729	R201901211153583	MCC50-1085	CC Plush Throw	00106757164001066851	0632848902	00006757166328489026	4	Loaded
9211488	4873729	R201901211153583	MCC50-1085	CC Plush Throw	00106757164001066905	0632848903	00006757166328489033	4	Loaded
9211488	4873729	R201901211153583	MCC50-1085	CC Plush Throw	00106757164001066905	0632848904	00006757166328489040	4	Loaded
9211488	4873729	R201901211153583	MCC50-1085	CC Plush Throw	00106757164001066905	0632848905	00006757166328489057	4	Loaded
9211488	4873729	R201901211153583	MCC50-1085	CC Plush Throw	00106757164001066905	0632848906	00006757166328489064	4	Loaded
9211488	4873729	R201901211153583	MCC50-1085	CC Plush Throw	00106757164001066905	0632848907	00006757166328489071	4	Loaded