



**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 550 Northport Pkwy  
 City/State/Zip: Port Wentworth, GA 31407  
 SID#: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 VENDOR: \_\_\_\_\_

Bill of Lading Number: 06757166000348467  
  
 (402)06757166000348467

**SHIP TO**  
 Name: Macy'sHomeStoreRaritan Location #: RF  
 Furniture DC  
 Address: 401 Clearview Rd  
 City/State/Zip: Edison, NJ 08837  
 CID#: \_\_\_\_\_  
 Dept: 0872

CARRIER NAME: FedEx Freight Economy  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: 3130  
 Seal number(s): \_\_\_\_\_  
 SCAC: FXNL  
 Pro Number: 29171912  
  
**291719120-0**  


**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 SPECIAL INSTRUCTIONS:  
 Load #: 00041317532S  
 3451075  
 Packing List is Attached

**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  
 Appointment Time: \_\_\_\_\_ Actual Driver Arrival Time: 11:25 AM Driver Departure Time: 11:30 AM  
 PM PM PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7053560	4	150.12	Y N	
<b>Grand Total</b>	4	150.12		

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		
		4	ctns	150.12		Furniture (Seating, Storage, Outdoor)	80580	150
1		4		200.12		<b>Grand Total</b>		



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.  
 \_\_\_\_\_ 2-13-19

**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.  
 \_\_\_\_\_ 2/13/19