

CB1900160

277



DELIVERY RECEIPT



2200 FORWARD DRIVE
HARRISON, AR 72601

fedex.com 1.866.393.4585

Consignee
MACY'S EAST FURNITURE
401 CLEARVIEW RD
Store: RF
EDISON
NJ 08837-3736 US

Trailer # X5217

Shipper
E&E COMPANY LTD
550 NORTHPORT PKWY
PORT WENTWORTH
GA 31407-9286 US

Freight Bill 2917191200 R0

Ship Date 02/13/2019 Bill of Lading SEE BELOW

P.O. SEE BELOW Shipper Reference

Origin SAV Destination SBR

FedEx Freight Economy

PIECES	PKG	H/U	HM	DESCRIPTION	WT(LBS)	NMFC	PCF CLASS	DATE	TOTAL CHARGE
4				COLLECT - WILL INVOICE THIRD PARTY	200				

** BY ACCEPTING THE SHIPMENT, YOU AGREE TO BE FULLY RESPONSIBLE FOR ANY ADDITIONAL APPLICABLE CHARGES FOR DELIVERY SERVICES RENDERED INCLUD

ACCESSORIAL SERVICES PERFORMED:

- INSIDE DELIVERY
- RESIDENTIAL LIMITED ACCESS
- SORT & SEGREGATE
- LIFT GATE
- DETENTION
- OTHERS

Delv. Driver & #: *A. Chavetski* 1359565

Date: *02.19.19* Arrive: *1155* Depart: *1248*

of Skids: *4* # of Pcs: *4* OS&D #:

Shipment received in apparent good order with wrap intact unless otherwise noted.

Received by: *Elyah Washington* Exceptions: *8-19-19*


- Over
- Damage
- Short
- Wrap Broken



COLLECT - WILL INVOICE
RESPONSIBLE PARTY
DRIVER COL REL AUTH #002912

Customer Requirements/Appointment Instruction

APPOINTMENT FROM 08:00 TO 14:00
APPT 021919 14:00SETUP021819|13:56
MELISSA COLEMAN US (678)406-7264
APPT# 14031501

C151900786

SHIP FROM		Bill of Lading Number: 06757166000348467
Name:	E & E COMPANY LTD	 (402)06757166000348467
Address:	550 Northport Pkwy	
City/State/Zip:	Port Wentworth, GA 31407	
SID#:		
PHONE:		
VENDOR:		FOB: <input type="checkbox"/>

SHIP TO		CARRIER NAME: FedEx Freight Economy
Name:	Macy's HomeStore Raritan Furniture DC	Location #: RF
Address:	401 Clearview Rd	Responsible Acct.No:
City/State/Zip:	Edison, NJ 08837	Trailer number: 3130
CID#:		Seal number(s):
Dept:	0872	FOB: <input type="checkbox"/>
		SCAC: FXNL Pro Number: 29171912  291719120-0 

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	Collect: X
Address:		3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 00041317532S		AM	11:25 AM
3451075		PM	
Packing List is Attached		Driver Departure Time	11:32 AM

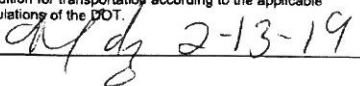
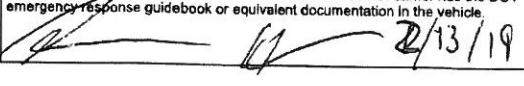
CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7053560	4	150.12	Y N	
Grand Total	4	150.12		

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(a) of NMFC Item 369</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		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"/>
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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 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: <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.  2/13/19
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Customer: MACY'SHOMESTORERARITAN FURNITURE DC

Ship Date: 02/13/2019

SHIP FROM:

E & E COMPANY LTD
550 NORTHPORT PKWY
PORT WENTWORTH, GA 31407

BILL TO:

MACY.COM (DC FOR FUR)
7 W 7TH ST,
CINCINNATI, OH 45202
US

SHIP TO:

MACY'SHOMESTORERARITAN FURNITURE
DC
401 CLEARVIEW RD
EDISON, NJ 08837
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
7053560	N/A	MP100-0467	086569943668	Delta Accent Chair	EA	1	4	4	4	4

Total Weight: 150.12
Total Quantity Ordered: 4
Total Cartons Ordered: 4
Total Quantity Shipped: 4
Total Cartons Shipped: 4