




Date: 2/22/2019 6:10:10 AM

Bill Of Lading

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SHIP FROM		Bill of Lading Number: 06757166000356820	
Name:	E & E COMPANY LTD	 (402)06757166000356820	
Address:	550 Northport Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:			
PHONE:			
VENDOR:		CARRIER NAME: FedEx Freight Economy Responsible Acct.No:	
SHIP TO		Trailer number: 4868	 435148017-3 
Name:	Macy's Home Store Miami DC Location #: MF	Seal number(s):	
Address:	7100 NW 32nd Ave	SCAC: FXNL	
City/State/Zip:	Miami, FL 33147	Pro Number: 43514E	
CID#:			
Dept:	0886		
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:		Appointment Time Actual Driver Arrival Time Driver Departure Time	
SPECIAL INSTRUCTIONS:		AM PM	AM PM
Load #: 00041344969S		8:57 PM	9:10 PM
3481048			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
8183030	13	579.63	Y N	
8183943	7	285.71	Y N	
Grand Total	20	865.34		

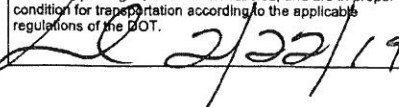
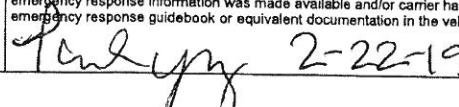
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 366</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		14	ctns	734.17		Furniture (Seating, Storage, Outdoor)	80580	150
		6	ctns	131.17		Furniture (Sleeping, Surfaces)	80580	100
3		20		1015.34		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.

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.  2/22/19	Trailer Loaded: <input 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.  2-22-19
	Shipper Signature		