


SHIP FROM
 Name: E & E COMPANY LTD
 Address: 100 Clyde Alexander Lane
 City/State/Zip: Pooler, GA 31322
 SID#: _____
 PHONE: _____
 VENDOR: _____

Bill of Lading Number: 06757167000049095

 (402)06757167000049095

SHIP TO
 Name: Macy's Home Store Stone Mountain DC Location #: SB
 Address: 4401 Sarr Pkwy
 City/State/Zip: Stone Mountain, GA 30083
 CID#: _____
 Dept: 0886

CARRIER NAME: SALSON CARRIERS
 Responsible Acct.No: _____
 Trailer number: 58353
 Seal number(s): 21852052
 SCAC: SLOJ
 Pro Number: 0

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____
 SPECIAL INSTRUCTIONS:
 Load #: 41417793
 3555937
 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 Driver Departure Time
 AM AM AM
 PM PM PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1328448	86	4255.27	Y N	
1380599	43	1705.56	Y N	
Grand Total	129	5960.83		

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
32	Pallet			1600.00		Pallet		
		35	ctns	1039.47		Furniture (Sleeping, Surfaces)	80580	100
		94	ctns	4921.36		Furniture (Seating, Storage, Outdoor)	80580	150
32		129		7560.83		Grand Total		

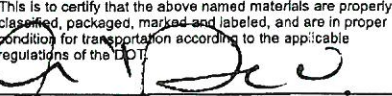
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____

COD Amount: _____
 Fee Terms: Collect: Prepaid:
 Customer check acceptable:

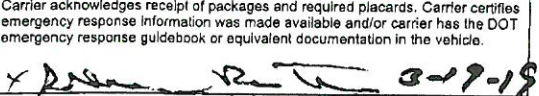
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

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.


Trailer Loaded: Freight Counted:
 By Shipper By Shipper
 By Driver 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.
 3-19-19

3/19/2019

Date: 3/21/2019 6:02:12 AM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Name: E & E COMPANY LTD		Master Bill of Lading Number: 0675716900005637	
Address: 602 Expansion Blvd		City/State/Zip: Port Wentworth, GA 31407		SID#: _____	
SHIP TO		Name: Macy's /Bloom Consolidation Center		CARRIER NAME: Schneider	
Address: C/O Dynamic High Point 1124 Elon Place,		City/State/Zip: High Point, NC 27260		Trailer number: 166630	
SID#: _____		DC#: _____ Div. _____		Seal number(s): 1868387	
THIRD PARTY FREIGHT CHARGES BILL TO:		Name: _____		SCAC: SCNN	
Address: _____		City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: Load #: 41417920		Freight Charge Terms:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
		<input checked="" type="checkbox"/> (check box)		MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
		Appointment Time AM PM		Actual Driver Arrival Time AM PM	
				Driver Departure Time AM PM	

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#
1329691	97	5950.13	Y	N	0675716900005170	SB
1380093	46	2209.07	Y	N	0675716900005125	MF
Grand Total	143	8159.20				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	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>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
6	Pallet			300.00		Pallet		70
		42	ctns	3047.22		Furniture (Sleeping, Surfaces)	80580	100
		101	ctns	5111.98		Furniture (Seating, Storage, Outdoor)	80580	150
6				8459.20		Grand Total		

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: <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. <i>John B.</i> 03/20/19	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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. <i>[Signature]</i> 3-21-19
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SHIP FROM		Master Bill of Lading Number: 06757166000374503
Name: E & E COMPANY LTD		
Address: 550 Northport Pkwy		
City/State/Zip: Port Wentworth, GA 31407		
SID#: _____	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Schneider
Name: Macy's /Bloom Consolidation Center	DC#: _____	Trailer number: 143003
	Div. _____	Seal number(s): 2191136
Address: C/O Dynamic High Point		SCAC: SCNN
1124 Elon Place,		Pro Number: _____
City/State/Zip: High Point, NC 27260		
SID#: _____	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address: _____			3rd Party: <input type="checkbox"/>
City/State/Zip: _____		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41417974		11:00 ^{AM} PM	10:40 ^{AM} PM
		Driver Departure Time	12:40 ^{AM} PM

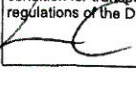
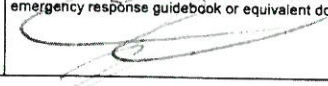
CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#
1328756	24	1402.56	Y	N	06757166000371861	SB
1328008	81	4108.12	Y	N	06757166000371847	MF
1379521	66	2798.71	Y	N	06757166000371847	MF
Grand Total	171	8309.39				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	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 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
46	Pallet			2300.00	(X)	Pallet		70
		16	ctns	982.64		Furniture (Sleeping, Surfaces)	80580	100
		155	ctns	7326.75		Furniture (Seating, Storage, Outdoor)	80580	150
46				10609.39		Grand Total		

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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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