

Chargebacks and RTVs

Macy's, Inc. (MacysNet)

Valid as of: 5/16/2019 1:56:54 AM EST

Division: Macy's Account #: 05390993890

Vendor Name: E & E CO LTD

Document Number: 29441959

Department/Vendor: 602/935

Check Summary

Check Number: 1772219

Check Date: 5/8/2019

Reason Code: 42 DETENTION AT VENDOR

Purchase Order Number: 6110028

Transaction Summary

Transaction Type: 964 - DM FREIGHT EXPENSE OFFSET

Total Cost: (\$25)

Transaction Type: 989 - DM-FREIGHT FEE CHARGE TO VENDOR/MTO

Total Cost: (\$50)

Violation Summary

Vendor Name: E & E CO LTD/JLA HOME

Issued By:

Purchase Order: 6110028

Bill of Lading: 6757164000127075

MSID:

Receipt Number: 1792221

Receipt Date: 04/01/2019

Freight Bill: 13038394

VIO Number	Violation	Qty	UOM	Amount
242	Detention at Vendor	25	Unit	\$25.00
Comments: .50 HR DETENTION APPROVED BY MTO APPT 41432130 FB 201904041 BOL N/A				
442	Administrative Fee	1	Unit	\$50.00
Comments: .50 HR DETENTION APPROVED BY MTO APPT 41432130 FB 201904041 BOL N/A				

This is an Expense Offset for failure to
meet Macy's Vendor Standards

Date: 3/27/2019 9:51:53 AM

Master Bill Of Lading

Page 1 of 4

SHIP FROM		Master Bill of Lading Number: 06757164000128287
Name:	E & E COMPANY LTD	
Address:	1680 Tide Court	
City/State/Zip:	Woodland, CA 95776	
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Schnolder
Name:	Macy's /Bloom Consolidation Center DC#:	Trailer number: TA169622
	Div.	Seal number(s): 0966679
Address:	C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard,	SCAC: SCNN
City/State/Zip:	Santa Fe Spgs, CA 90670	Pro Number:
SID#:	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
Address:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING
City/State/Zip:	3/27	Appointment Time Actual Driver Arrival Time Driver Departure Time
SPECIAL INSTRUCTIONS:		9:00 AM PM 9:15 AM PM 11:00 AM PM
Load #: 41432130		

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
6110028	11 ✓	46.46	Y	N	06757164000127068	DV	
6110006	4 ✓	27.89	Y	N	06757164000127051	CD	1 PLT
6110006	16 ✓	110.44	Y	N	06757164000127143	AZ	1 PLT
6110028	10 ✓	60.09	Y	N	06757164000127099	TU	
6110028	26 ✓	183.30	Y	N	06757164000127082	CL	
6111381	37 ✓	584.03	Y	N	06757164000127860	CD	2 PLTS
6110028	8 ✓	42.24	Y	N	06757164000127075	AZ	
6135317	90 ✓	643.30	Y	N	06757164000126986	BA	
6111403	44 ✓	673.96	Y	N	06757164000127136	TU	
6135317	15 ✓	104.43	Y	N	06757164000127129	DV	
6135317	65 ✓	491.03	Y	N	06757164000127204	HU	
6135372	29 ✓	224.33	Y	N	06757164000127860	CD	1 PLT
6135317	76 ✓	549.44	Y	N	06757164000126993	GN	

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.
 Emme O 3-27-19

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.
 X [Signature] 3/27/19

SHIP FROM		Master Bill of Lading Number: 06757164000128287	
Name: E & E COMPANY LTD Address: 1880 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: Schnelder	
Name: Macy's /Bloom Consolidation Center DC#: _____ Div. _____ Address: C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard, City/State/Zip: Santa Fe Spgs, CA 90670 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: TA160822 Seal number(s): 0866579 SCAC: SCNN Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____ 3127		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
Load #: 41432130		Appointment Time: 9:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Actual Driver Arrival Time: 9:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
		Driver Departure Time: 11:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (GIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
6135317	74 /	528.74	Y	N	06757164000127174	HA	
6110028	8 /	48.87	Y	N	06757164000127167	HA	
6110028	37 /	260.79	Y	N	06757164000127181	CI	
6111403	27 /	413.19	Y	N	06757164000127129	DV	
6111403	81 /	1288.55	Y	N	06757164000127204	HU	
6135317	66 /	477.84	Y	N	06757164000127037	SW	
6111381	204 /	2842.32	Y	N	06757164000127877	OK	6 PLS
6135317	78 /	567.06	Y	N	06757164000127112	CL	
6110006	4 /	26.15	Y	N	06757164000127106	OK	1 PLT
6111403	89 /	1362.52	Y	N	06757164000127112	CL	
6135317	65 /	466.83	Y	N	06757164000127006	JP	
6135317	99 /	721.93	Y	N	06757164000127020	SC	
6135317	61 /	443.47	Y	N	06757164000127044	ST	

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.
Emilio 3-27-19

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.
x/MLK 3/27/19

SHIP FROM		Master Bill of Lading Number: 06757164000128287
Name:	E & E COMPANY LTD	
Address:	1880 Tide Court	
City/State/Zip:	Woodland, CA 95776	
SID#:		FOB: <input type="checkbox"/>

SHIP TO		CARRIER NAME: Schnelder
Name:	Macy's/Bloom Consolidation Center DC#:	Trailer number: TA169822
	Div.	Seal number(s): 0066579
Address:	G/O Dynamic Santa Fe Springs 14141 Alondra Boulevard,	SCAC: SCNN
		Pro Number:
City/State/Zip:	Santa Fe Spgs, CA 90670	
SID#:		FOB: <input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
Address:		
City/State/Zip:	3/27	<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING
SPECIAL INSTRUCTIONS:		Appointment Time: 9:00 AM PM
Load #: 41432130		Actual Driver Arrival Time: 9:15 AM PM
		Driver Departure Time: 11:00 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (GIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
6135372	56	444.08	Y	N	06757164000127013	PD	1 PLT
6135317	44	318.56	Y	N	06757164000127136	TU	
6135317	27	194.97	Y	N	06757164000127150	AZ	
6135317	203	1463.27	Y	N	06757164000127198	CI	
6135372	137	960.13	Y	N	06757164000127877	OK	2 PLTS
Grand Total	1791	16570.21					

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 4(e) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE	NMFG #	GLASS							
44	Pallet			2200.00				Pallet			70	
		473	ctns	7116.13				Mattress Pads		149265	100	
		120	ctns	787.55				Pillows,Valance,Towels		49390	100	
		13	ctns	67.12				Shower curtain		49385	77.5	

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(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.
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SHIPPER SIGNATURE / DATE <i>Emilio 3-27-19</i>	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 <i>[Signature] 3/27/19</i>
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Date: 3/27/2019 9:51:53 AM

Master Bill Of Lading

Page 4 of 4

SHIP FROM		Master Bill of Lading Number: 06757164000128287
Name:	E & E COMPANY LTD	
Address:	1680 Tide Court	
City/State/Zip:	Woodland, CA 95776	
SID#:		FOB: <input type="checkbox"/>

SHIP TO		CARRIER NAME: Schneider
Name:	Macy's /Bloom Consolidation Center	DC#:
		Div.
Address:	C/O Dynamo Santa Fe Springs 14141 Alondra Boulevard,	Trailer number: TA169822
		Seal number(s): 0988579
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC: SCNN
SID#:		Pro Number:
		FOB: <input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
Address:		
City/State/Zip:	3/27	<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING
SPECIAL INSTRUCTIONS:		Appointment Time: 9:00 <input type="checkbox"/> AM <input type="checkbox"/> PM
Load #: 41432130		Actual Driver Arrival Time: 9:15 <input type="checkbox"/> AM <input type="checkbox"/> PM
		Driver Departure Time: 11:00 <input type="checkbox"/> AM <input type="checkbox"/> PM


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 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		1185	ctns	8599.41		Throws,Blankets	49040	150
44				18770.21		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
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SHIPPER SIGNATURE / DATE <small>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.</small> Emyle 3-27-19	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 <small>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.</small> x M/K 3/27/19
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SHIP FROM		Bill of Lading Number: 06757184000127068
Name:	E & E COMPANY LTD	 (402)06757184000127068
Address:	1600 Tide Court	
City/State/Zip:	Woodland, CA 96776	
SID#:		
PHONE:		CARRIER NAME: Schneider
VENDOR:		Responsible Acct.No:

SHIP TO		Trailer number: TA169822
Name:	Macy's Home Store Denver DC Location #: DV	Seal number(s): 0966579
Address:	c/o Denver DC	SCAC: SCNN
City/State/Zip:	510 East 51st Avenue, Denver, CO 80216	Pro Number:
CID#:		
Dept:	0602	

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 (check box)		
City/State/Zip:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
SPECIAL INSTRUCTIONS:		AM	AM	AM
Load #: 41432130		PM	PM	PM
Packing List is Attached				

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6110028	11	46.46	Y N	
Grand Total	11	46.46		

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 so to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		10	ctns	40.73		Pillows,Valance,Towels	49390	100
		1	ctns	5.73		Shower curtain	49385	77.5
1		11		96.46		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.	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.
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Date: 3/27/2019 9:51:38 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757164000127051	
Name:	E & E COMPANY LTD	 (402)06757164000127051	
Address:	1660 Tide Court		
City/State/Zip:	Woodland, CA 96778		
SID#:			
PHONE:			
VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: Schneider	
SHIP TO		Responsible Acct.No:	
Name:	Macy's Home Store Cheshire DC Location #: CD	Trailer number: TA166822	
Address:	c/o Cheshire DC	Seal number(s): 0966579	
City/State/Zip:	475 Knotter Drive, Cheshire, CT 06410	SCAC: SCNN	
CID#:		Pro Number:	
Dept:	0602 FOB: <input type="checkbox"/>	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Name:		Master Bill of Lading: with attached underlying Bills of Lading	
Address:		(check box)	
City/State/Zip:		Appointment Time	Actual Driver Arrival Time
SPECIAL INSTRUCTIONS:		AM	AM
Load #: 41432130		PM	PM
Packing List Is Attached		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6110006	4	27.89	Y N	
Grand Total	4	27.89		

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 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		4	ctns	27.89		Pillows,Valance,Towels	49390	100
1		4		77.89		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"/>
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.	Shipper Signature
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.	

Date: 3/27/2019 9:50:50 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Goodyear DC Location #: AZ
Address:	1680 Tide Court	Address:	c/o Goodyear DC 16576 West Commerce Drive,
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Goodyear, AZ 85338
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000127143		CARRIER NAME: Schnelder	
		Responsible Acct.No:	
(402)06757164000127143		Trailer number: TA169822	
		Seal number(s): 0966579	
		SCAC: SCNN	
		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading; with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41432130		AM	AM
Packing List is Attached		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6110006	16	110.44	Y N	
Grand Total	16	110.44		

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		
		14	ctns	98.98		Pillows,Valance,Towels	49390	100
		2	ctns	11.46		Shower curtain	49385	77.5
1		16		160.44		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:

 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.

Date: 3/27/2019 9:50:36 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Tukwila DC Location #: TU
Address:	1680 Tide Court	Address:	c/o Tukwila DC
City/State/Zip:	Woodland, CA 95778	City/State/Zip:	17000 Southcenter Parkway, Tukwila, WA 98188
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06767164000127099		CARRIER NAME: Schnelder	
		Responsible Acct.No:	
(402)06767164000127099		Trailer number: TA160822	
		Seal number(s): 0986578	
		SCAO: SCNN	
		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41482130		AM	AM
Packing List is Attached		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6110028	10	60.09	Y N	
Grand Total	10	60.09		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	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(e) of NMFC Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		8	ctns	51.95		Pillows,Valance,Towels	49390	100
		2	ctns	8.14		Shower curtain	49385	77.5
1		10		110.09		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:

 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.

Date: 3/27/2019 9:51:05 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Minooka DC Location #: CL
Address:	1680 Tide Court	Address:	c/o Minooka DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	601 Midpoint Rd., Minooka, IL 60447
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 08767164000127082		Trailer number: TA169822	
		Seal number(s): 0988679	
(402)08767164000127082		SCAC: SCNN	
CARRIER NAME: Schnelder		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
<input type="checkbox"/>		3rd Party:	
(check box)		Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41432130		AM	AM
Packing List is Attached		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6110028	26	183.30	Y N	
Grand Total	26	183.30		

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 NIMPG Item 390</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			60.00		Pallet		
		22	ctns	163.30		Pillows, Valance, Towels	49390	100
		4	ctns	20.00		Shower curtain	49385	77.5
1		26		233.30		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:

 By Shipper
 By Driver

Freight Counted:

 By Shipper
 By Driver/pallets sold 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.

Date: 3/27/2019 9:50:27 AM

Bill Of Lading

Page 1 of 1

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 1880 Tide Court
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: FOB:

Bill of Lading Number: 06767164000127860

 (402)06767164000127860

SHIP TO
 Name: Macy's Home MMG Cheshire DC Location #: CD
 Address: c/o Cheshire DC
 475 Knotter Drive,
 City/State/Zip: Cheshire, CT 06410
 CID#:
 Dept: 0814 FOB:

CARRIER NAME: Schnelder
 Responsible Acct.No:
 Trailer number: TA189822
 Seal number(s): 0968579
 SCAC: SCNN
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:

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
 (check box)

SPECIAL INSTRUCTIONS:
 Load #: 41432130
 Packing List Is Attached

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
6111381	37	584.03	Y N	
6135372	29	224.33	Y N	
Grand Total	66	808.36		

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 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		36	ctns	579.07		Mattress Pads	149265	100
		1	ctns	4.96		Pillows,Valance,Towels	49390	100
		29	ctns	224.33		Throws,Blankets	49040	150
3		66		958.36		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 _____"

GOD 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: By Shipper By Driver
 Freight Counted: By Shipper By Driver/Pallets sold 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.

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 1680 Tide Court
 City/State/Zip: Woodland, CA 95778
 SID#:
 PHONE:
 VENDOR: FOB:

Bill of Lading Number: 06757184000127076



CARRIER NAME: Schnelder

Responsible Acct.No:

Trailer number: TA169822

Seal number(s): 0966579

SCAC: SCNN

Pro Number:

SHIP TO
 Name: Macy's Home Store Goodyear DC Location #: AZ
 Address: Goodyear DC Pool Stook
 16675 West Commerce Drive,
 City/State/Zip: Goodyear, AZ 85338
 CID#:
 Dept: 0602 FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

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 (check box)

SPECIAL INSTRUCTIONS:
 Load #: 41432130
 Packing List is Attached

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
6110028	8	42.24	Y N	
Grand Total	8	42.24		

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 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			60.00		Pallet		
		7	ctns	38.17		Pillows, Valance, Towels	49390	100
		1	ctns	4.07		Shower curtain	49385	77.5
1		8		92.24		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. 14708(o)(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:


- By Shipper
- By Driver

Freight Counted:

- By Shipper
- By Driver/pallets sold 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.

SHIP FROM		Bill of Lading Number: 08767164000126986	
Name: E & E COMPANY LTD Address: 1880 Tide Court City/State/Zip: Woodland, CA 96778 SID#: PHONE: VENDOR: FOB: <input type="checkbox"/>		 (402)08767164000126986	
SHIP TO		CARRIER NAME: Schneider	
Name: Macy's Home MMG Bailey Rd DC Location #: BA Address: o/o Bailey Rd DC 300 South Bailey Road, City/State/Zip: North Jackson, OH 44461 CID#: Dept: 0784 FOB: <input type="checkbox"/>		Responsible Acct.No: Trailer number: TA169822 Seal number(s): 0986679 SCAC: SONN Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: Address: City/State/Zip:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
SPECIAL INSTRUCTIONS: Load #: 41432130 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading Appointment Time: AM PM Actual Driver Arrival Time: AM PM Driver Departure Time: AM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6135317	90	643.30	Y N	
Grand Total	90	643.30		


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(c) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		90	ctns	643.30		Throws,Blankets	49040	150
2		90		743.30		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"/>
--	--

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.	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.
	Shipper Signature		

SHIP FROM		Bill of Lading Number: 06767164000127138	
Name:	E & E COMPANY LTD	 (402)06767164000127138	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776	CARRIER NAME: Schnelder	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: TA169822	
VENDOR:	FOB: <input type="checkbox"/>	Seal number(s): 0966579	
SHIP TO		SCAC: SCNN	
Name:	Macy's Home MMG Tukwila DC Location #: TU	Pro Number:	
Address:	c/o Tukwila DC		
City/State/Zip:	17000 Southcenter Parkway, Tukwila, WA 98188		
CID#:			
Dept:	0814 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"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
City/State/Zip:		Appointment Time	Actual Driver Arrival Time
SPECIAL INSTRUCTIONS:		AM	AM
Load #: 41432130		PM	PM
Packing List is Attached		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6111403	44	673.96	Y N	
6135317	44	318.66	Y N	
Grand Total	88	992.62		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	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(g) of NMFC Item 340</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		42	ctns	664.82		Mattress Pads	149265	100
		2	ctns	9.14		Pillows,Valance,Towels	49390	100
		44	ctns	318.56		Throws,Blankets	49040	160
2		88		1092.52		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"/>	
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.		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 sold to contain <input type="checkbox"/> By Driver/Placos
		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.	

SHIP FROM		Bill of Lading Number: 06767164000127129
Name: E & E COMPANY LTD		 (402)06767164000127129
Address: 1680 Tide Court		
City/State/Zip: Woodland, CA 95776		
SID#:		
PHONE:		
VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: Schnelder
		Responsible Acct.No:

SHIP TO		Trailer number: TA169822
Name: Macy's Home MMG Denver DC	Location #: DV	Seal number(s): 0968579
Address: c/o Denver DC		SCAC: SCNN
City/State/Zip: Denver, CO 80216		Pro Number:
CID#:		
Dept: 0614	FOB: <input type="checkbox"/>	

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 (check box)		
City/State/Zip:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
SPECIAL INSTRUCTIONS:		AM	AM	AM
Load #: 41432130		PM	PM	PM
Packing List is Attached				

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6111403	27	413.19	Y N	
6136317	15	104.43	Y N	
Grand Total	42	517.62		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	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(e) of NMFC Item 500</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		26	ctns	409.01		Mattress Pads	149265	100
		1	ctns	4.18		Pillows,Valance,Towels	49390	100
		15	ctns	104.43		Throws,Blankets	49040	150
2		42		617.62		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 _____	GOD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
--	--

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. <div style="text-align: right;">Shipper Signature</div>
--	---

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: <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.
--	--	--	---

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 1680 Tide Court
 City/State/Zip: Woodland, CA 95778
 SID#:
 PHONE:
 VENDOR: FOB:

Bill of Lading Number: 06767164000127204

 (402)06767164000127204

SHIP TO
 Name: Macy's Home MMG Houston DC Location #: HU
 Address: c/o Houston DC
 2103 Ernestine,
 City/State/Zip: Houston, TX 77023
 CID#:
 Dept: 0614 FOB:

CARRIER NAME: Schnelder
 Responsible Acct.No:
 Trailer number: TA169822
 Seal number(s): 0986579
SCAC: SCNN
Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
SPECIAL INSTRUCTIONS:
 Load #: 41432130
 Packing List is Attached

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: Collect: 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					ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP			
6111403	81	1288.55	Y	N		
6135317	65	491.03	Y	N		
Grand Total	146	1779.58				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	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(e) of NMFC Item 999</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Palet			150.00		Palet		
		79	ctns	1280.19		Mattress Pads	149265	100
		2	ctns	8.36		Pillows,Valance,Towels	49390	100
		65	ctns	491.03		Throws,Blankets	49040	150
3		146		1929.58		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: By Shipper By Driver
Freight Counted: By Shipper By Driver/pallets sold 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.


Date: 3/27/2019 9:51:18 AM

Bill Of Lading

Page 1 of 1

SHIP FROM					SHIP TO				
Name: E & E COMPANY LTD					Name: Macy's Home MMG Gandy DC Location #: GN				
Address: 1680 Tide Court					Address: c/o Gandy DC				
City/State/Zip: Woodland, CA 95778					City/State/Zip: Tampa, FL 33611				
SID#:					CID#:				
PHONE:					Dept: 0784				
VENDOR:					FOB: <input type="checkbox"/>				
Bill of Lading Number: 06757164000126993					CARRIER NAME: Schneider				
					Responsible Acct.No:				
(402)06757164000126993					Trailer number: TA169822				
					Seal number(s): 0066579				
					SCAC: SCNN				
					Pro Number:				
THIRD PARTY/FREIGHT CHARGES BILL TO:					Freight Charge Terms: (freight charges are prepaid unless marked otherwise)				
Name:					Prepaid: <input type="checkbox"/> Collect: X 3rd Party:				
Address:					<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading				
City/State/Zip:					(check box)				
SPECIAL INSTRUCTIONS:					Appointment Time		Actual Driver Arrival Time		Driver Departure Time
Load #: 41432130					AM		AM		AM
Packing List Is Attached					PM		PM		PM
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER			# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO		
6135317			76	549.44	Y	N			
Grand Total			76	549.44					
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	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(e) of NMFC Item 359</small>	PACKAGE		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
1	Pallet			50.00		Pallet			
		76	ctns	549.44		Throws,Blankets	49040	150	
1		76		599.44		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"/>	
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 <small>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.</small>		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 sold to contain <input type="checkbox"/> By Driver/Pieces	
		CARRIER SIGNATURE / PICKUP DATE <small>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.</small>	

SHIP FROM		Bill of Lading Number: 06757164000127174	
Name: E & E COMPANY LTD Address: 1880 Tide Court City/State/Zip: Woodland, CA 95778 SID#: PHONE: VENDOR:		 (402)06757164000127174	
SHIP TO		CARRIER NAME: Schneider	
Name: Macy's Home MMG Hayward DC Location #: HA Address: o/o Hayward DC 28701 Hall Road, City/State/Zip: Hayward, CA 94545 CID#: Dept: 0784		Responsible Acct.No: Trailer number: TA169822 Seal number(s): 0966579 SCA0: SCNN Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: Address: City/State/Zip:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
SPECIAL INSTRUCTIONS: Load #: 41432130 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading; with attached underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
8135317	74	528.74	Y N	
Grand Total	74	528.74		


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 NMFO Item 306</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		74	ctns	528.74		Throws,Blankets	49040	150
1		74		578.74		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"/>
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: <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 sold 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.	

Date: 3/27/2019 9:51:46 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06767164000127167	
Name:	E & E COMPANY LTD	 (402)06767164000127167	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA169822	
Name:	Macy's Home Store Hayward DC Location #: HA	Seal number(s): 0966579	
Address:	c/o Hayward DC	SCAC: SCNN	
	28701 Hall Road,	Pro Number:	
City/State/Zip:	Hayward, CA 94545		
CID#:			
Dept:	0602		
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 (check box) underlying Bills of Lading	
City/State/Zip:		Appointment Time	Actual Driver Arrival Time
SPECIAL INSTRUCTIONS:		AM	AM
Load #: 41432130		PM	PM
Packing List Is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6110028	8	48.87	Y N	
Grand Total	8	48.87		

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 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		7	ctns	44.80		Pillows,Valance,Towels	49390	100
		1	ctns	4.07		Shower curtain	49365	77.5
1		8		98.87		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:


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.

SHIP FROM		Bill of Lading Number: 06757164000127181										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06757164000127181										
SHIP TO		CARRIER NAME: Schneider										
Name: Macy's Home Store Los Angeles Location #: CI DC Address: c/o Los Angeles DC City/State/Zip: 16641 East Gale Avenue, City of Industry, CA 91746 CID#: _____ Dept: 0602 FOB: <input type="checkbox"/>		Responsible Acct.No: Trailer number: TA169822 Seal number(s): 0968579 SCAC: SCNN Pro Number:										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: Address: City/State/Zip:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)										
SPECIAL INSTRUCTIONS: Load #: 41492190 Packing List is Attached		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
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
6110028	37	260.79	Y N	
Grand Total	37	260.79		

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
1	Pallet			50.00		Pallet		
		35	ctns	247.14		Pillows,Valance,Towels	49390	100
		2	ctns	13.65		Shower curtain	49385	77.5
1		37		310.79		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"/>
--	--

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. <p style="text-align: right;">Shipper Signature</p>
--	---

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: <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.
--	---	---	---

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 1880 Tide Court
 City/State/Zip: Woodland, CA 95778
 SID#:
 PHONE:
 VENDOR: FOB:

Bill of Lading Number: 06757164000127006

 (402)06757164000127006

SHIP TO
 Name: Macy's Home MMG Joppa DC Location #: JP
 Address: o/o Joppa DC
 3300 Fashion Way,
 City/State/Zip: Joppa, MD 21085
 CID#:
 Dept: 0784 FOB:

CARRIER NAME: Schnelder
 Responsible Acct.No:
 Trailer number: TA169822
 Seal number(s): 0968579
 SCAC: SCNN
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 Load #: 41432130
 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
6135317	65	466.83	Y N	
Grand Total	65	466.83		

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 Sections 2(p) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			60.00		Pallet		
		65	ctns	466.83		Throws,Blankets	49040	150
1		65		516.83		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 Driver
 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.

Date: 3/27/2019 9:51:15 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06767184000127037	
Name:	E & E COMPANY LTD	 (402)06767184000127037	
Address:	1880 Tide Court		
City/State/Zip:	Woodland, CA 95778		
SID#:			
PHONE:			
VENDOR:		FOB: <input type="checkbox"/>	CARRIER NAME: Schneider
SHIP TO		Responsible Acct.No:	
Name:	Macy's Home MMG South Windsor DC	Location #:	SW
Address:	c/o South Windsor DC		
City/State/Zip:	301 Governors Hwy, South Windsor, CT 06074		
CID#:			
Dept:	0784	FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Prepaid: <input type="checkbox"/>	
Load #: 41432130		Collect: X	
Packaging List Is Attached		3rd Party: <input type="checkbox"/>	
		Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
6135317	66	477.84	Y	N	
Grand Total	66	477.84			

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 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		66	ctns	477.84		Throws, Blankets	49040	150
1		66		527.84		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 _____

GOD 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:

 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.

Date: 3/27/2019 9:51:49 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	OK
Address:	1680 Tide Court	Address:	c/o Macy's Logistics Distribution C
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	7120 E.76th Street North, OK
SID#:		City/State/Zip:	Owasso, OK 74055
PHONE:		CID#:	
VENDOR:		Dept:	0614
	FOB: <input type="checkbox"/>		FOB: <input type="checkbox"/>
Bill of Lading Number: 08767164000127877		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
(402)06767164000127877		Master Bill of Lading: with attached underlying Bills of Lading	
CARRIER NAME: Schnelder		Appointment Time	
Responsible Acct.No:		Actual Driver Arrival Time	
Trailer number: TA169822		Driver Departure Time	
Seal number(s): 0906579		AM AM AM	
SCAC: SCNN		PM PM PM	
Pro Number:			
Name:		SPECIAL INSTRUCTIONS:	
Address:		Load #: 41432130	
City/State/Zip:		Packing List Is Attached	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6111381	204	2842.32	Y N	6 PLT
6135372	137	960.13	Y N	2 PLTS
Grand Total	341	3802.45		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodity 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 500</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
8	Pallet			400.00		Pallet		
		203	ctns	2833.51		Mattress Pads	149265	100
		1	ctns	8.81		Pillows,Valance,Towels	49390	100
		137	ctns	960.13		Throws,Blankets	49040	150
8		341		4202.45		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:

 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.

Date: 3/27/2019 9:50:32 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757164000127112
Name: E & E COMPANY LTD	Address: 1880 Tide Court	 (402)06757164000127112
City/State/Zip: Woodland, CA 95776	SID#: _____	
PHONE: _____	VENDOR: _____	CARRIER NAME: Schneider
	FOB: <input type="checkbox"/>	Responsible Acct.No: _____

SHIP TO		Trailer number: TA169822
Name: Macy's Home MMG Mhooaka DC Location #: CL	Address: o/c Mhooaka DC	Seal number(s): 0988579
City/State/Zip: Mhooaka, IL 60447	CID#: _____	SCAC: SCNN
Dept: 0614	FOB: <input type="checkbox"/>	Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name: _____	Address: _____	Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>	3rd Party: _____
City/State/Zip: _____	SPECIAL INSTRUCTIONS: Load #: 41432130	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
Packing List is Attached		Appointment Time AM PM	Actual Driver Arrival Time AM PM	Driver Departure Time AM PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6111403	89	1362.52	Y N	
6135317	78	567.06	Y N	
Grand Total	167	1929.58		

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 500</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		87	ctns	1349.53		Mattress Pads	149265	100
		2	ctns	12.99		Pillows,Valance,Towels	49390	100
		78	ctns	567.06		Throws,Blankets	49040	150
4		167		2129.58		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 _____"

GOD 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:
<input checked="" type="checkbox"/> By Shipper	<input checked="" type="checkbox"/> By Shipper
<input type="checkbox"/> By Driver	<input type="checkbox"/> By Driver/pallets said to contain
	<input type="checkbox"/> By Driver/Placés

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.

Date: 3/27/2019 9:51:21 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Tulsa DC Location #: OK
Address:	1680 Tide Court	Address:	c/o Tulsa DC
City/State/Zip:	Woodland, CA 96776	City/State/Zip:	7120 E 76th St North, Owasso, OK 74065
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 08767164000127105		Trailer number: TA169822	
		Seal number(s): 0966579	
(402)06767164000127105		SCAC: SCNN	
CARRIER NAME: Schnelder		Pro Number:	
Responsible Acct.No:		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	
<input type="checkbox"/> (check box)		Appointment Time	
		Actual Driver Arrival Time	
		Driver Departure Time	
		AM AM AM	
		PM PM PM	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 41432130			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6110006	4	26.15	Y N	
Grand Total	4	26.15		

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 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		4	ctns	26.15		Pillows, Valance, Towels	49390	100
1		4		76.15		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:

 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.

Date: 3/27/2019 9:51:34 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Secaucus DC Location #: SC
Address:	1680 Tide Court	Address:	o/o Secaucus DC
City/State/Zip:	Woodland, CA 95778	City/State/Zip:	500 Meadowlands Parkway, Secaucus, NJ 07094
SID#:		CID#:	
PHONE:		Dept:	0784
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000127020		Trailer number: TA169822	
		Seal number(s): 0966579	
(402)06757164000127020		SCAC: SCNN	
CARRIER NAME: Schneider		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: <input checked="" type="checkbox"/> 3rd Party:	
<input type="checkbox"/> (check box)		Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 41432130 Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6135317	99	721.93	Y N	
Grand Total	99	721.93		

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		
		99	ctns	721.93		Throws, Blankets	49040	150
1		99		771.93		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:

 By Shipper
 By Driver

Freight Counted:

 By Shipper
 By Driver/pallets sold 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.

Date: 3/27/2010 9:51:41 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757164000127044	
Name:	E & E COMPANY LTD	 (402)06757164000127044	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:		FOB: <input type="checkbox"/>	CARRIER NAME: Schnelder
SHIP TO		Responsible Acct.No:	
Name:	Macy's Home MMG Stone Mountain DC	Location #:	ST
Address:	o/o Stone Mountain DC		Trailer number: TA169822
City/State/Zip:	4401 Sarr Parkway, Stone Mountain, GA 30083		Seal number(s): 0988579
CID#:			SCAC: SCNN
Dept:	0784	FOB: <input type="checkbox"/>	Pro Number:
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:			Prepaid:
Address:			Collect: X
City/State/Zip:			3rd Party:
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Load #: 41432130		Appointment Time	Actual Driver Arrival Time
Packing List Is Attached		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6135317	61	443.47	Y N	
Grand Total	61	443.47		

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 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		61	ctns	443.47		Throws, Blankets	49040	150
1		61		493.47		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:

By Shipper
 By Driver

Freight Counted:

By Shipper
 By Driver/pallets said to contain
 By Driver/Placas


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.

Date: 3/27/2019 9:50:37 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Portland DC Location #: PD
Address:	1880 Tide Court	Address:	o/o Portland DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	1166 Vaughn Parkway, Portland, TN 37148
SID#:		CID#:	
PHONE:		Dept:	0784
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06767164000127013		Trailer number: TA169822	
		Seal number(s): 0988878	
(402)06767164000127013		SCAC: SCNN	
CARRIER NAME: Schneider		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
<input type="checkbox"/>		3rd Party:	
(check box)		Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41432130		AM	AM
Packing List Is Attached		PM	PM
City/State/Zip:		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6136372	66	444.08	Y N	
Grand Total	66	444.08		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodity 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 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		56	ctns	444.08		Throws, Blankets	49040	150
1		56		494.08		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:

 By Shipper By Driver

Freight Counted:

 By Shipper By Driver/pallets said to contain By Driver/Plates


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.

Date: 3/27/2019 9:51:26 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Goodyear DC Location #: AZ
Address:	1680 Tide Court	Address:	a/o Goodyear DC
City/State/Zip:	Woodland, CA 95778	City/State/Zip:	16576 West Commerce Lane, Goodyear, AZ 85338
SID#:		CID#:	
PHONE:		Dept:	0784
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 08757164000127150		Trailer number: TA169822	
		Seal number(s): 0968579	
(402)08757164000127150		SCAC: SCNN	
CARRIER NAME: Schneider		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
Master Bill of Lading: with attached underlying Bills of Lading		3rd Party: <input type="checkbox"/>	
Appointment Time		Actual Driver Arrival Time	
AM		AM	
PM		PM	
Driver Departure Time		AM	
		PM	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		SPECIAL INSTRUCTIONS:	
Address:		Load #: 41432130	
City/State/Zip:		Packing List is Attached	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6135317	27	194.97	Y N	
Grand Total	27	194.97		

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		
		27	ctns	194.97		Throws, Blankets	49040	150
1		27		244.97		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"/>
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.	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.

Date: 3/27/2019 9:51:31 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		CUSTOMER ORDER INFORMATION	
Name:	E & E COMPANY LTD	Name:	Maoy's Home MMG Los Angeles Location #: Ct DC	CUSTOMER ORDER NUMBER	# PKGS
Address:	1680 Tide Court	Address:	Los Angeles Peak Fulfillment Center	6135317	203
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	15541 East Gale Ave, City of Industry, CA 91745	WEIGHT	1463.27
SID#:		CID#:		PALLET/SLIP	Y N
PHONE:		Dept:	0784	ADDITIONAL SHIPPER INFO	
VENDOR:		FOB:	<input type="checkbox"/>	Grand Total	203 1463.27
Bill of Lading Number: 08757164000127198		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		CARRIER INFORMATION	
		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>		HANDLING UNIT	
(402)06757164000127198		Master Bill of Lading: with attached underlying Bills of Lading		PACKAGE	
CARRIER NAME: Sohnelder		Appointment Time		COMMODITY DESCRIPTION	
Responsible Acct.No:		Actual Driver Arrival Time		Commodities requiring special or additional care or attention in handling or stowing initial to be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360	
Trailer number: TA169822		Driver Departure Time		PACKAGE	
Seal number(s): 0968579		AM PM		NMFC # CLASS	
SCAC: SCNN		AM PM		3 Pallet 150.00	
Pro Number:		AM PM		203 ctns 1463.27	
THIRD PARTY FREIGHT CHARGES BILL TO:		AM PM		3 203 1613.27	
Name:		Grand Total		Grand Total	
Address:					
City/State/Zip:					
SPECIAL INSTRUCTIONS:					
Load #: 41432130					
Packing List is Attached					

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"/>
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.	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/Planes
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.	
Shipper Signature	

FEC Show Cartons Scanned,
loaded and billed Correct.

ShipmentCartonDetail(400012707)

Customer PO No.	F&E SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Case Pack Qty	Status
6110028	4956972	R201903200644381	MCH71-487	Hotel Glass Tray	00106757164001147239	0634653072	00006757166346530724	4	Loaded
6110028	4956973	R201903200644381	MCH71-828	Atlantic Mosaic Toothbrush Hol	00106757164001147239	0634653073	00006757166346530731	4	Loaded
6110028	4956975	R201903200644381	MCH71-1103	Atlantic Mosaic Waste	00106757164001147239	0634653078	00006757166346530786	2	Loaded
6110028	4956975	R201903200644381	MCH71-475	Serene Lotlon Pump	00106757164001147239	0634653079	00006757166346530793	4	Loaded
6110028	4956975	R201903200644381	MCH71-476	Serene Toothbrush Holder	00106757164001147239	0634653080	00006757166346530809	4	Loaded
6110028	4956975	R201903200644381	MCH71-827	Atlantic Mosaic Lotlon Pump	00106757164001147239	0634653081	00006757166346530816	4	Loaded
6110028	4956976	R201903200644381	MCH70-979	Coral Bay Shower Curtain	00106757164001147239	0634653082	00006757166346530823	3	Loaded
6110028	4956976	R201903200644381	MCH71-826	Cape Mosaic Cover Jar	00106757164001147239	0634653083	00006757166346530830	4	Loaded