


<b>SHIP FROM</b>		<b>Bill of Lading Number:</b> 06757167000049088	
Name:	E & E COMPANY LTD	 (402)06757167000049088	
Address:	100 Clyde Alexander Lane		
City/State/Zip:	Pooler, GA 31322		
SID#:			
PHONE:		<b>CARRIER NAME:</b> Hub Group	
VENDOR:		Responsible Acct.No:	
	FOB: <input type="checkbox"/>	Trailer number: 508559	

<b>SHIP TO</b>		Seal number(s): 1870054	
Name:	Macy's HomeStore Raritan Furniture DC	Location #: RF	
Address:	401 Clearview Rd	<b>SCAC:</b> HUBG	
City/State/Zip:	Edison, NJ 08837	<b>Pro Number:</b> 0	
CID#:			
Dept:	0872	FOB: <input type="checkbox"/>	

<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>										
Name:		<b>Prepaid:</b> <input type="checkbox"/> <b>Collect:</b> <input type="checkbox"/> <b>3rd Party:</b> X										
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading										
City/State/Zip:		<table border="1"> <tr> <td>Appointment Time</td> <td>Actual Driver Arrival Time</td> <td>Driver Departure Time</td> </tr> <tr> <td>AM</td> <td>AM</td> <td>AM</td> </tr> <tr> <td>PM</td> <td>PM</td> <td>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										
<b>SPECIAL INSTRUCTIONS:</b>												
Load #: 41417810												
3555925												
Packing list is Attached												

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1361041	183	6814.32	Y N	
<b>Grand Total</b>	183	6814.32		

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
41	Pallet			2050.00		Pallet		
		183	ctns	6814.32		Furniture (Seating, Storage, Outdoor)	80580	150
41		183		8864.32		<b>Grand Total</b>		

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 _____	<b>COD Amount:</b> _____ <b>Fee Terms:</b> 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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<b>SHIPPER SIGNATURE / DATE</b> <i>[Signature]</i> 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.	<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> <i>[Signature]</i> 03/20/19 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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3/20/2019