


Date: 3/25/2019 12:37:29 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757169000005194	
Name:	E & E COMPANY LTD	 (402)06757169000005194	
Address:	602 Expansion Blvd		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:			
PHONE:		CARRIER NAME: Hub Group	
VENDOR:		Responsible Acct. No:	
SHIP TO		Trailer number: 501245	
Name:	Macy's Home Store Tukwila DC Location #: TB	Seal number(s): 1868376	
Address:	17000 Southcenter Pkwy	SCAC: HUBG	
City/State/Zip:	Tukwila, WA 98188	Pro Number:	
CID#:			
Dept:	0872		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: <input checked="" type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS: Load #: 41423560 3559970 Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
			Driver Departure Time
			AM
			PM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1380159	211	10026.97	Y N	
Grand Total	211	10026.97		

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		
		211	ctns	10026.97		Furniture (Seating, Storage, Outdoor)	80580	150
1		211		10076.97		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: 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 / 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.


[Handwritten Signature]
 03/25/19

[Handwritten Signature]
 3-25-19

Date: 3/25/2019 8:06:28 AM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 602 Expansion Blvd
 City/State/Zip: Port Wentworth, GA 31407
 SID#:
 PHONE:
 VENDOR: FOB:

Bill of Lading Number: 06757169000005200

 (402)06757169000005200

SHIP TO
 Name: Macy's Home Store Tukwila DC Location #: TB
 Address: 17000 Southcenter Pkwy
 City/State/Zip: Tukwila, WA 98188
 CID#:
 Dept: 0886 FOB:

CARRIER NAME: Hub Group
 Responsible Acct No:
 Trailer number: 560963
 Seal number(s): 0128418
SCAC: HUBG
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: 3rd Party:
 (check box) 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

SPECIAL INSTRUCTIONS:
 Load #: 41423558
 3559983
 Packing List is Attached

CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		
1345025	89	3695.12	Y N		
1380159	40	1429.10	Y N		
Grand Total	129	5124.22			

CARRIER INFORMATION						PACKAGE			
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
QTY	TYPE	QTY	TYPE			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 350.			
22	Pallet			1100.00		Pallet			
		35	ctns	1040.48		Furniture (Sleeping, Surfaces)		80580	100
		94	ctns	4083.74		Furniture (Seating, Storage, Outdoor)		80580	150
22		129		6224.22		Grand Total			

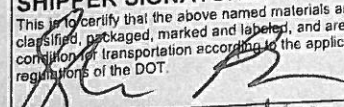
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 The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____

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

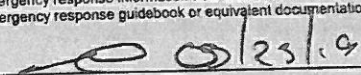
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Shipper Signature

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Trailer Loaded: By Shipper By Driver
Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

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