

Date: 3/23/2019 8:18:16 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: \_\_\_\_\_

Bill of Lading Number: 06757169000005088



CARRIER NAME: Hub Group  
 Responsible Acct.No: \_\_\_\_\_

**SHIP TO**

Name: Macy's Home Store Minooka DC Location #: CX  
 Address: 601A Midpoint Rd  
 City/State/Zip: Minooka, IL 60447  
 CID#: \_\_\_\_\_  
 Dept: 0886

Trailer number: HGWU652357  
 Seal number(s): 1868369  
 SCAC: HUBG  
 Pro Number: 41423689

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid:  Collect:  3rd Party:

Master Bill of Lading: with attached underlying Bills of Lading (check box)

City/State/Zip: \_\_\_\_\_

SPECIAL INSTRUCTIONS:  
 Load #: 41423689  
 3559743  
 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
1345740	243	14341.11	Y N	
<b>Grand Total</b>	243	14341.11		

**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		
		114	ctns	6934.18		Furniture (Sleeping, Surfaces)	80580	100
		129	ctns	7406.93		Furniture (Seating, Storage, Outdoor)	80580	150
1		243		14391.11		<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 \_\_\_\_\_

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.

*Raymond Jones* 3/23/19

03/23/19

Date: 3/21/2019 1:11:42 PM

# Bill Of Lading

Page 1 of 1

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

Bill of Lading Number: 06757169000005095



**CARRIER NAME:** Hub Group

Responsible Acct No:

Trailer number: HCEU 039136

Seal number(s): 1868380

**SCAC:** HUBG

**Pro Number:**

**SHIP TO**  
 Name: Macy's Home Store Minoocka DC Location #: CX  
 Address: 601A Midpoint Rd  
 City/State/Zip: Minoocka, IL 60447  
 CID#:  
 Dept: 0886

FOB:

**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:**  X

Master Bill of Lading: with attached underlying Bills of Lading (check box)

**SPECIAL INSTRUCTIONS:**  
 Load # - 41423688  
 3559842  
 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
1345740	21	1331.92	Y N	
1381875	123	4921.77	Y N	
<b>Grand Total</b>	<b>144</b>	<b>6253.69</b>		

**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		
		7	ctns	436.52		Furniture (Sleeping, Surfaces)	80580	100
		137	ctns	5817.17		Furniture (Seating, Storage, Outdoor)	80580	150
1		144		6303.69		<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 \_\_\_\_\_

**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

**Shipper Signature**

**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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