


Date: 3/19/2019 9:51:56 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757167000049057
Name: E & E COMPANY LTD	Address: 100 Clyde Alexander Lane	 (402)06757167000049057
City/State/Zip: Pooler, GA 31322	SID#:	

PHONE:	FOB: <input type="checkbox"/>	CARRIER NAME: Knight Transportation
VENDOR:		Responsible Acct.No:

SHIP TO		Trailer number: 80271
Name: Macy's Home Store Miami DC	Location #: MF	Seal number(s): 21852077
Address: 7100 NW 32nd Ave		SCAC: KNIG
City/State/Zip: Miami, FL 33147		Pro Number: 0
CID#:		
Dept: 0886	FOB: <input type="checkbox"/>	

Empty
68831
KNIG

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: <input type="checkbox"/>
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:		
Load #: 41415626		Appointment Time: AM
3555550		Actual Driver Arrival Time: AM
Packing List is Attached		Driver Departure Time: AM
		PM

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1327986	89	1929.58	Y N	
1364165	162	5371.06	Y N	
Grand Total	231	7300.64		

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
37	Pallet			1850.00		Pallet		
		48	ctns	947.46		Furniture (Sleeping, Surfaces)	80580	100
		183	ctns	6353.18		Furniture (Seating, Storage, Outdoor)	80580	150
37		231		9150.64				

Received by Fernando Hill 3/20/19 9:50 a.m.

SECURITY GATE STAMP	
DATE: 3/20/19	
TRAILER #: 80271	
APPOINTMENT #: 41415626	

<small>When the rate is dependent on value, shippers are required to state specifically in writing the agreed declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be as follows:</small>	G.P. Amount: 21852077 Fee Terms: Collect <input checked="" type="checkbox"/> Prepaid <input type="checkbox"/> A.P. ASSOCIATE NAME:
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NOTE: Liability Limitation for loss of damage in this shipment may be as follows: (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's stamp acknowledges receipt of the goods only and does not confirm or acknowledge contents.

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> <i>[Signature]</i> 3/19/2019	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 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> <i>[Signature]</i>
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Date: 3/20/2019 10:27:03 AM

Bill Of Lading

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

Bill of Lading Number: 08757167000049040

 (402)06757167000049040

SHIP TO
 Name: Macy's Home Store Miami DC Location #: MF
 Address: 7100 NW 32nd Ave
 City/State/Zip: Miami, FL 33147
 CID#: _____
 Dept: 0886

CARRIER NAME: Knight Transportation
 Responsible Acct.No: _____
 Trailer number: 81776
 Seal number(s): 1870057
 SCAC: KNIG
 Pro Number: 0

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
 Appointment Time: AM PM Actual Driver Arrival Time: AM PM Driver Departure Time: AM PM

SPECIAL INSTRUCTIONS:
 Load #: 41415522
 3555535
 Packing List is Attached

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1327986	210	12244.93	Y N	
Grand Total	210	12244.93		

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(a) of NMFC Form 548</small>	PACKAGE	
	QTY	TYPE				NMFC #	CLASS
40	Pallet		2000.00		Pallet	80580	100
		53 ctns	2317.68		Furniture (Sleeping, Surfaces)	80580	150
		157 ctns	9927.25		Furniture (Seating, Storage, Outdoor)		
40		210	14244.93				

*Received
 9:45 a.m.
 3/21/19
 Fernando Hill*

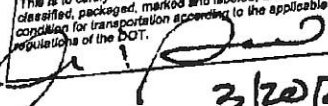
SECURITY GATE STAMP
 DATE: 3/21/19
 TRAILER #: 81776
 APPOINTMENT #: 41415522
 SEAL #: 1870057

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 _____

GOV ACCOUNT NAME: _____
 A.P. ASSOCIATE NAME: _____
 Fee Terms: Collect: Prepaid:
NOTICE TO CARRIER
 Customer check and bill of lading

NOTE Liability Limitation for loss or damage in this shipment
 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.

 3/20/2019

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.
 & Arthur Neal