

Chargebacks and RTVs

Macy's, Inc. (MacysNet)

Valid as of: 5/30/2019 4:54:39 AM EST

Division: Macy's Account #: 05390993890

Vendor Name: E & E CO LTD

Document Number: 4709761

Department/Vendor: 602/935

Check Summary

Check Number: 1776681

Check Date: 5/22/2019

Purchase Order Number: 4529351

Transaction Summary

Transaction Type: 796 - RTV DAMAGE ALLOWANCE MDA

Total Cost: (\$1.45)

Transaction Type: 506 - DM-CARTON SHORTAGE VND RESPONSIBLE

Total Cost: (\$20)

Style Summary

Receipt Number: 1928663-000

Carrier:

Freight Bill:

Bill of Lading: 0675716400

Cartons: 0

Weight: 0

Total Cost: (\$20)

Style	Qty	Rec	Qty	Diff	Order	Cost	Cost	Diff	UOM	Ext	Cost	Diff	Ext	Qty	Diff
LT 250		0		-1		\$20.00		\$0.00			\$0.00				-20

Receipt Number: 1928664-000

Carrier:

Freight Bill:

Bill of Lading: 0675716400

Cartons: 0

Weight: 0

Total Cost: \$0

Style	Qty	Rec	Qty	Diff	Order	Cost	Cost	Diff	UOM	Ext	Cost	Diff	Ext	Qty	Diff
-------	-----	-----	-----	------	-------	------	------	------	-----	-----	------	------	-----	-----	------

No further detail exists for this transaction.

Document Number: 4710031

Department/Vendor: 510/938

Check Summary

Check Number: 1776681

Check Date: 5/22/2019

Purchase Order Number: 4523389

Transaction Summary

Transaction Type: 796 - RTV DAMAGE ALLOWANCE MDA

Total Cost: (\$0)

Transaction Type: 506 - DM-CARTON SHORTAGE VND RESPONSIBLE

Total Cost: (\$13)

Style Summary

Receipt Number: 1928870-000

Carrier:

Freight Bill:

Bill of Lading: 0675716400

Cartons: 0

Weight: 0

Total Cost: (\$13)

Style	Qty	Rec	Qty	Diff	Order	Cost	Cost	Diff	UOM	Ext	Cost	Diff	Ext	Qty	Diff
LT 250		0		-1	\$13.00	\$0.00				\$0.00					-13

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 1680 Tide Court
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Master Bill of Lading Number: 06757164000129420

SHIP TO
 Name: Macy's /Bloom Consolidation Center DC#: _____ Div: _____
 Address: C/O Dynamo Santa Fe Springs
 14141 Alondra Boulevard,
 City/State/Zip: Santa Fe Spgs, CA 90670
 SID#: _____ FOB:

CARRIER NAME: Schnokder
 Trailer number: TA-157202
 Seal number(s): 0906998
 SCAG: SCNN
 Pro Number: _____

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

Freight Charge Terms:
 Prepaid: Collect: 3rd Party:

SPECIAL INSTRUCTIONS:
 Load #: 41449408

MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING
 Appointment Time: 8:00 AM
 Actual Driver Arrival Time: 8:00 AM
 Driver Departure Time: 11:15 AM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO		
				BOL#	DC#	Supplier#
4630088	41	441.14	Y N	06757164000129352	PD	
4523389	2	9.71	Y N	06757164000128782	AZ	
4523389	8	59.07	Y N	06757164000128799	HA	
4529351	24	303.28	Y N	06757164000128881	BA	
4529351	30	249.88	Y N	06757164000128942	JP	
4551219	9	66.87	Y N	06757164000129055	DV	
4523378	8	46.36	Y N	06757164000128713	CD	
4529351	4	47.18	Y N	06757164000128898	DV	
4530088	33	412.29	Y N	06757164000129338	CD	2 PCTS
4551219	40	285.74	Y N	06757164000129109	JP	
4523389	17	90.62	Y N	06757164000128768	BA	
4523389	15	88.59	Y N	06757164000128836	CL	
4529351	47	447.72	Y N	06757164000128904	GN	

Whom 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.
 [Signature] 4/1/19

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

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledging receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response placard or equivalent documentation in the vehicle.
 [Signature] 4-1-19

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 1680 Tide Court
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Master Bill of Lading Number: 06757164000129420

SHIP TO
 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:

CARRIER NAME: Schneider
 Trailer number: TA-157262
 Seal number(s): 0966998
 SCAC: SCNN
 Pro Number: _____

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

Freight Charge Terms:
 Prepaid: Collect: 3rd Party:
 MASTER BILL OF LANDING: WITH ATTACHED
 (check box) UNDERLYING BILLS OF LANDING

SPECIAL INSTRUCTIONS:
 Load #: 41449406

Appointment Time: 8:00 AM
 Actual Driver Arrival Time: 8:00 AM
 Driver Departure Time: 11:15 AM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
4523389	39	288.67	Y	N	06757164000128805	HU	
4523389	6	26.94	Y	N	06757164000128812	JP	
4551219	17	123.81	Y	N	06757164000129079	AZ	
4551219	39	292.55	Y	N	06757164000129093	HU	
4529351	19	143.48	Y	N	06757164000128928	HA	
4529351	29	268.06	Y	N	06757164000128935	HU	
4630121	24	322.80	Y	N	06757164000129291	JP	
4530121	41	575.03	Y	N	06757164000129307	SC	2PU
4530121	9	96.45	Y	N	06757164000129321	SW	
9300938	15	152.10	Y	N	06757164000129239	CD	1PU
4529351	73	730.24	Y	N	06757164000128959	CI	
4551219	41	306.43	Y	N	06757164000129086	HA	
4551219	69	510.65	Y	N	06757164000129123	CL	

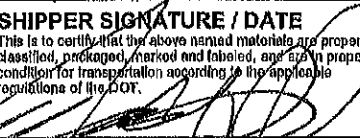
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____

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).

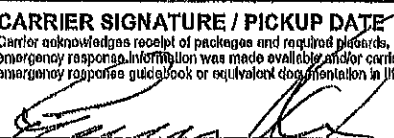
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

SHIPPER SIGNATURE / 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.

 4/1/19

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 life vehicle.

 4-1-19

SHIP FROM		Master Bill of Lading Number: 06757164000129420	
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 Dynamic Santa Fe Springs 14141 Alondra Boulevard, City/State/Zip: Santa Fe Spgs, CA 90670 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: TA-157262 Seal number(s): 0986998 SCAC: SCNN Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: 41449406		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
		Appointment Time: 8:00 AM Actual Driver Arrival Time: 8:00 AM Driver Departure Time: 11:15 AM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (GIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
4523378	64	367.58	Y	N	06757164000128720	AZ	
4530121	17	179.88	Y	N	06757164000129314	ST	
4551208	94	686.70	Y	N	06757164000129017	CD	2 PLS
9184181	17	277.07	Y	N	06757164000129185	JP	
4523389	17	110.96	Y	N	06757164000128775	GN	
4529351	11	111.04	Y	N	06757164000128911	AZ	
4529351	39	386.30	Y	N	06757164000128966	CL	
4530088	18	253.19	Y	N	06757164000129345	MB	1 PLT
4551219	42	298.74	Y	N	06757164000129062	GN	
9184188	79	1374.27	Y	N	06757164000129222	MB	5 PLS
4523378	18	101.16	Y	N	06757164000128737	MB	
4551219	37	266.79	Y	N	06757164000129048	BA	
9184181	20	349.68	Y	N	06757164000129178	BA	

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 documents. 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]
 4/1/19

[Handwritten Signature]
 4-1-19

SHIP FROM		Master Bill of Lading Number: 06757164000129420	
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 Dynamic Santa Fe Springs 14141 Alondra Boulevard,	Trailer number:	TA-157262
		Seal number(s):	0966998
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC:	SCNN
SID#:		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:	4/1	<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41449406		8:00 AM	8:00 AM
			Driver Departure Time
			11:15 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/BLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
4523389	47	336.01	Y	N	06757164000128829	CI	
4561219	141	1032.55	Y	N	06757164000129116	CI	
Grand Total	1360	12503.26					

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
49	Pallet			2450.00		Pallet		70
		158	ctns	2238.47		Comforters, Bedspreads	49017	200
		139	ctns	2033.20		Mattress Pads	149265	100
		455	ctns	3768.60		Pillows,Valance,Towels	49390	100
		41	ctns	361.06		Shower curtain	49386	77.5
		567	ctns	4101.93		Throws,Blankets	49040	150
49				14953.26		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 / DATE This is to certify that the above named materials are property 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 sealed to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required papers. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in its vehicle.
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[Handwritten Signature]
4/1/19

[Handwritten Signature]
4-1-19

Date: 4/1/2019 9:45:10 AM

Bill Of Lading

Page 1 of 1

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 1680 Tide Court
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: FOB:

Bill of Lading Number: 06757164000129352

 (402)06757164000129352

SHIP TO
 Name: Macy's Home MMG Portland DC Location #: PD
 Address: c/o Portland DC
 1156 Vaughn Parkway,
 City/State/Zip: Portland, TN 37148
 CID#:
 Dept: 0614 FOB:

CARRIER NAME: Schneider
 Responsible Acct.No:
 Trailer number: TA-157262
 Seal number(s): 0066098
SCAC: SCNN
Pro Numbers:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
SPECIAL INSTRUCTIONS:
 Load #: 4149406
 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
4530088	41	441.14	Y N	
Grand Total	41	441.14		

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(a) of NMFC Item 366</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		32	ctns	372.41		Mattress Pads	149285	100
		9	ctns	68.73		Pillows,Valance,Towels	49390	100
1		41		491.14		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(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.
 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: 08767164000128782
Name:	E & E COMPANY LTD	 (402)06767164000128782
Address:	1680 Tide Court	
City/State/Zip:	Woodland, CA 95778	
SID#:		
PHONE:		CARRIER NAME: Schnelder
VENDOR:		Responsible Aoot.No:

SHIP TO		Trailer number: TA-157282
Name:	Macy's Home Store Goodyear DC Location #: AZ	Seal number(s): 0988998
Address:	Goodyear DC Pool Stock	SCAC: SCNN
City/State/Zip:	18676 West Commerce Drive, Goodyear, AZ 85338	Pro Number:
CID#:		
Dept:	0510	

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	Driver Departure Time
SPECIAL INSTRUCTIONS:		AM	AM	AM
Load #: 41449406		PM	PM	PM
Packing List is Attached				

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4523389	2	9.71	Y N	
Grand Total	2	9.71		

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(a) of IMPO Item 359</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	5.20		Comforters, Bedspreads	49017	200
		1	ctns	4.51		Pillows, Valance, Towels	49390	100
1		2		59.71		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:
<input type="checkbox"/> By Shipper	<input type="checkbox"/> By Shipper
<input type="checkbox"/> By Driver	<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: 4/1/2019 9:45:03 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Hayward DC Location #: HA
Address:	1680 Tide Court	Address:	c/o Hayward DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Hayward, CA 94545
SID#:		CID#:	
PHONE:		Dept:	0510
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000128799		Trailer number: TA-157282	
		Seal number(s): 0966898	
(402)06757164000128799		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:
<input type="checkbox"/>		Master Bill of Lading: with attached underlying Bills of Lading	
(check box)		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
SPECIAL INSTRUCTIONS:		Driver Departure Time	AM
Load #: 41448408			PM
Packing List Is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4523389	8	59.07	Y N	
Grand Total	8	59.07		

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		
		7	ctns	55.97		Pillows,Valance,Towels	49390	100
		1	ctns	3.10		Throws,Blankets	49040	150
1		8		109.07		Grand Total		

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

Bill of Lading Number: 06767164000128942

 (402)06767164000128942

SHIP TO
 Name: Macy's Home Store Joppa DC Location #: JP
 Address: o/o Joppa DC
 3300 Fashion Way,
 City/State/Zip: Joppa, MD 21085
 CID#:
 Dept: 0602 FOB:

CARRIER NAME: Schnelder
 Responsible Acct.No:
 Trailer number: TA-167282
 Seal number(s): 0988998
 SCAC: SCNN
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 Load #: 41449406
 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
4529351	30	249.88	Y N	
Grand Total	30	249.88		

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		
		25	ctns	208.54		Pillows,Valance,Towels	49390	100
		5	ctns	41.34		Shower curtain	49385	77.5
1		30		299.88		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 Shipper
 By Driver 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: 4/1/2019 9:47:07 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757184000129055	
Name:	E & E COMPANY LTD	 (402)06757184000129055	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 96776		
SID#:			
PHONE:			
VENDOR:		FOB: <input type="checkbox"/>	CARRIER NAME: Schnelder
SHIP TO		Responsible Acct.No:	
Name:	Macy's Home MMG Denver DC	Location #:	DV
Address:	c/o Denver DC		
City/State/Zip:	510 East 51st Ave, Denver, CO 80216		
OID#:			
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"/> Collect: X 3rd Party: <input type="checkbox"/>	
Load #: 41449408		Master Bill of Lading: with attached (check box) underlying Bills of Lading	
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
4651219	9	65.87	Y N	
Grand Total	9	65.87		

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 580</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		9	ctns	65.87		Throws, Blankets	49040	150
1		9		115.87		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, or 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 certain 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: 4/1/2010 9:46:16 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Cheshire DC Location #: CD
Address:	1680 Tide Court	Address:	a/o Cheshire DC
City/State/Zip:	Woodland, CA 96776	City/State/Zip:	476 Knotter Drive, Cheshire, CT 06410
SID#:		CID#:	
PHONE:		Dept:	0510
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06767164000128713		Trailer number: TA-157262	
		Seal number(s): 0966998	
(402)06767164000128713		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	
(check box)		3rd Party:	
Master Bill of Lading: with attached underlying Bills of Lading		Appointment Time	
		Actual Driver Arrival Time	
		Driver Departure Time	
		AM	
		AM	
		PM	
		PM	
SPECIAL INSTRUCTIONS:			
Load #: 41449406			
Packaging List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4523378	8	45.36	Y N	
Grand Total	8	45.36		

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 369.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		5	ctns	28.60		Comforters, Bedspreads	49017	200
		3	ctns	16.86		Pillows, Valance, Towels	49390	100
1		8		96.36		Grand Total		

When 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: 4/1/2019 9:45:29 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Denver DC Location #: DV
Address:	1680 Tide Court	Address:	o/o Denver DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	510 East 51st Avenue, Denver, CO 80216
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 08767164000128898		Trailer number: TA-157262	
		Seal number(s): 0966998	
(402)06767164000128898		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	
AM		AM	
PM		PM	
Driver Departure Time		AM	
		PM	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 41449406			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4529361	4	47.18	Y N	
Grand Total	4	47.18		

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 389</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	32.47		Pillows,Valance,Towels	49390	100
		1	ctns	14.71		Shower curtain	49385	77.5
1		4		97.18		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: 4/1/2019 9:46:33 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Cheshire DC, Location #: CD
Address:	1880 Tide Court	Address:	c/o Cheshire DC
City/State/Zip:	Woodland, CA 95778	City/State/Zip:	475 Knotter Drive, Cheshire, CT 06410
SID#:		CID#:	
PHONE:		Dept:	0614
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 08767164000129338		Trailer number: TA-157262	
		Seal number(s): 0968998	
(402)08767164000129338		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 #: 41440406		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
4530088	33	412.29	Y N	2 Pcs
Grand Total	33	412.29		

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(b) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		22	ctns	360.66		Mattress Pads	149265	100
		11	ctns	51.63		Pillows, Valance, Towels	49390	100
2		33		512.29		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: 4/1/2019 9:47:42 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Joppa DC Location #: JP
Address:	1880 Tide Court	Address:	c/o Joppa DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	3300 Fashion Way, Joppa, MD 21085
SID#:		CID#:	
PHONE:		Dept:	0784
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 08757184000129109		Trailer number: TA-157282	
		Seal number(s): 0968998	
(402)06757164000129109		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	
3rd Party: <input type="checkbox"/>		Master Bill of Lading: with attached underlying Bills of Lading	
Appointment Time		Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM	AM
PM	PM	PM	PM

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 41449406

Packing List is Attached

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4561219	40	285.74	Y N	
Grand Total	40	285.74		

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(a) of NMFO Item 368</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		40	ctns	285.74		Throws, Blankets	49040	150
1		40		335.74		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: 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 controls 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: 4/1/2019 9:45:36 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757164000128768	
Name:	E & E COMPANY LTD	 (402)06757164000128768	
Address:	1800 Tide Court		
City/State/Zip:	Woodland, CA 96776		
SID#:			
PHONE:		CARRIER NAME: Schnelder	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA-157262	
Name:	Macy's Home Store Bailey Rd. DC Location #: BA	Seal number(s): 0968998	
Address:	Bailey Rd DC Pool Stock	SCAC: SCNN	
City/State/Zip:	300 South Bailey Road, North Jackson, OH 44451	Pro Number:	
CID#:			
Dept:	0510		
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	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41449406		AM	AM
Packing List is Attached		PM	PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4523388	17	90.62	Y N	
Grand Total	17	90.62		

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 NMF3 Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	17.25		Comforters, Bedspreads	49017	200
		12	ctns	67.17		Pillows, Valance, Towels	49390	100
		2	ctns	6.20		Throws, Blankets	49040	160
1		17		140.62		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 _____

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 add 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: 4/1/2019 9:45:58 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 #: OL
Address:	1680 Tide Court	Address:	d/o Minooka DC
City/State/Zip:	Woodland, CA 96776	City/State/Zip:	601 Midpoint Rd., Minooka, IL 60447
SID#:		CID#:	
PHONE:		Dept:	0510
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06767164000128836		Trailer number: TA-167262	
		Seal number(s): 0968998	
(402)06767164000128836		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	
Appointment Time		Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM	AM
PM	PM	PM	PM
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Address:	
City/State/Zip:		SPECIAL INSTRUCTIONS:	
Load #: 41449408		Packaging List is Attached	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4623389	15	88.69	Y N	
Grand Total	15	88.69		

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 (page 306)</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			60.00		Pallet		
		3	ctns	17.25		Comforters, Bedspreads	49017	200
		10	ctns	65.04		Pillows, Valance, Towels	49390	100
		2	ctns	6.30		Throws, Blankets	49040	150
1		15		138.59		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: 4/1/2019 9:46:50 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Maoy's Home Store Gandy DC Location #: GN
Address:	1680 Tide Court	Address:	c/o Gandy DC
City/State/Zip:	Woodland, CA 96776	City/State/Zip:	4130 Gandy Blvd., Tampa, FL 33611
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 08757164000128904		Trailer number: TA-157262	
		Seal number(s): 0966998	
CARRIER NAME: Schneider		SCAC: SCNN	
Responsible Acct.No:		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 41449406		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
4529351	47	447.72	Y N	
Grand Total	47	447.72		

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 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			60.00		Pallet		
		39	ctns	370.04		Pillows,Valance,Towels	49390	100
		8	ctns	77.68		Shower curtain	49385	77.5
1		47		497.72		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

_____ for _____

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: 4/1/2019 9:45:40 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Houston DC Location #: HU
Address:	1880 Tide Court	Address:	c/o Houston DC
City/State/Zip:	Woodland, CA 95778	City/State/Zip:	Houston, TX 77023
SID#:		CID#:	
PHONE:		Dept:	0510
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000128805		CARRIER NAME: Schnelder	
		Responsible Acct.No:	
(402)06757164000128805		Trailer number: TA-157262	
		Seal number(s): 0966998	
		SCAC: SCNN	
		Pro Number:	
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
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time Driver Departure Time
Load #: 41449408		AM	AM AM
Packing List is Attached		PM	PM PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4523389	39	288.57	Y N	
Grand Total	39	288.57		

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 NIMMO Item 389</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		11	ctns	62.30		Comforters, Bedspreads	49017	200
		28	ctns	226.27		Pillows, Valance, Towels	49390	100
1		39		338.57		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/pilots 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: 4/1/2019 9:46:26 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Joppa DC Location #: JP
Address:	1680 Tide Court	Address:	c/o Joppa DC
City/State/Zip:	Woodland, CA 95778	City/State/Zip:	3300 Fashion Way, Joppa, MD 21085
SID#:		CID#:	
PHONE:		Dept:	0510
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 08757164000128812		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
(402)08757164000128812		Master Bill of Lading: with attached underlying Bills of Lading	
CARRIER NAME: Schneider		Appointment Time	
Responsible Acct.No:		Actual Driver Arrival Time	
Trailer number: TA-157282		Driver Departure Time	
SeaL number(s): 0868998		AM	AM
SCAC: SCNN		PM	PM
Pro Number:			
THIRD PARTY FREIGHT CHARGES BILL TO:		SPECIAL INSTRUCTIONS:	
Name:		Load #: 41449406	
Address:		Packing List is Attached	
City/State/Zip:			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4623389	6	25.94	Y N	
Grand Total	6	25.94		

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 NMF 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	5.20		Comforters, Bedspreads	49017	200
		3	ctns	14.84		Pillows, Valance, Towels	49390	100
		2	ctns	6.10		Throws, Blankets	49040	150
1		6		75.94		Grand Total		

When 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 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: 4/1/2019 9:47:17 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:	o/o Goodyear DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	16876 West Commerce Lane, Goodyear, AZ 85338
SID#:		CID#:	
PHONE:		Dept:	0784
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06767164000129079		Trailer number: TA-167262	
		Seal number(s): 0988998	
(402)06767164000129079		SCAC: SCNN	
GARRIER NAME: Schnelder		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	
SPECIAL INSTRUCTIONS:			
Load #: 41449406			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4551210	17	123.81	Y N	
Grand Total	17	123.81		

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		
		17	ctns	123.81		Throws,Blankets	49040	150
1		17		173.81		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: 4/1/2019 9:47:21 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Houston DC Location #: HU
Address:	1880 Tide Court	Address:	c/o Houston DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Houston, TX 77023
SID#:		CID#:	
PHONE:		Dept:	0784
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 08767164000129093		Trailer number: TA-157282	
		Seal number(s): 0988998	
(402)08767164000129093		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 #: 41449406 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
4561219	39	292.55	Y N	
Grand Total	39	292.55		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or allowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 319</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		39	ctns	292.55		Throws,Blankets	49040	150
1		39		342.55		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: 4/1/2019 9:45:43 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Hayward DC Location #: HA
Address:	1680 Tide Court	Address:	o/o Hayward DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Hayward, CA 94545
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 08767164000128928		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		CARRIER NAME: Schnalder	
(402)06767164000128928		Responsible Acct.No:	
Trailer number: TA-157262		Seal number(s): 0966098	
SCAC: SCNN		Pro Number:	
Name:		Prepaid:	
Address:		Collect: X	
City/State/Zip:		3rd Party:	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Load #: 41449406		Appointment Time	
Packing List is Attached		Actual Driver Arrival Time	
		Driver Departure Time	
		AM	
		PM	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4529351	19	143.48	Y N	
Grand Total	19	143.48		

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 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		18	ctns	137.75		Pillows,Valance,Towels	49380	100
		1	ctns	5.73		Shower curtain	49385	77.5
1		19		193.48		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(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.

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: 08757164000128935
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06767164000128935
City/State/Zip: Woodland, CA 95778	SID#:	
PHONE:	VENDOR:	GARRIER NAME: Schnelder
	FOB: <input type="checkbox"/>	Responsible Acct.No:

SHIP TO		Trailer number: TA-167262
Name: Macy's Home Store Houston DC Location #: HU	Address: c/o Houston DC	Seal number(s): 0066998
City/State/Zip: Houston, TX 77023	CID#:	SCAC: SCNN
Dept: 0802	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: X	3rd Party:
City/State/Zip:		Master Bill of Lading: with attached underlying Bills of Lading		
SPECIAL INSTRUCTIONS: Load #: 41449406		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Packing List Is Attached		AM	AM	AM
		PM	PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4529361	29	268.06	Y N	
Grand Total		29	268.06	

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 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		26	ctns	252.53		Pillows,Valance,Towels	49390	100
		3	ctns	15.53		Shower curtain	49385	77.5
1		29		318.06		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(a)(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 type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallots 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: 4/1/2019 9:45:26 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Joppa DC Location #: JP
Address:	1680 Tide Court	Address:	c/o Joppa DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	3300 Fashion Way, Joppa, MD 21085
SID#:		CID#:	
PHONE:		Dept:	0614
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06767164000129291		Trailer number: TA-167262	
		Seal number(s): 0966998	
(402)06767164000129291		SCAC: SCNN	
CARRIER NAME: Schnelder		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	
Appointment Time		Actual Driver Arrival Time	
AM		AM	
PM		PM	
Driver Departure Time		AM	
		PM	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 41449406			
Packing List Is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4630121	24	322.80	Y N	
Grand Total	24	322.80		

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 389</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		19	ctns	301.90		Mattress Pads	149265	100
		5	ctns	20.90		Pillows, Valance, Towels	49390	100
1		24		372.80		Grand Total		

When 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/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.

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

Bill of Lading Number: 06757164000129307

 (402)06757164000129307

SHIP TO
 Name: Macy's Home MMG Secaucus DC Location #: 3C
 Address: c/o Secaucus DC
 500 Meadowlands Parkway,
 City/State/Zip: Secaucus, NJ 07094
 CID#:
 Dept: 0614 FOB:

CARRIER NAME: Schnelder
 Responsible Acct.No:
 Trailer number: TA-157262
 Seal number(s): 0966998
SCAC: SCNN
Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
SPECIAL INSTRUCTIONS:
 Load #: 41449406
 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
4530121	41	575.03	Y N	<i>IPCT</i>
Grand Total	41	575.03		

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 insure safe transportation with ordinary care. See Section 2(a) of NMFC Item 385</small>	PACKAGE	
	QTY	TYPE				NMFC #	CLASS
2	Pallet		100.00		Pallet		
		35	ctns	544.54	Mattress Pads	149265	100
		6	ctns	30.49	Pillows,Valance,Towels	49390	100
2		41		675.03	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
 Name: E & E COMPANY LTD
 Address: 1680 Tide Court
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: FOB:

Bill of Lading Number: 08757164000129321

 (402)06767164000129321

SHIP TO
 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: 0814 FOB:

CARRIER NAME: Schneider
 Responsible Acct.No:
 Trailer number: TA-157282
 Seal number(s): 0968998
SCAC: SCNN
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 Load #: 41449406
 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		
4530121	9	96.45	Y N		
Grand Total	9	96.45			

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		
		6	ctns	83.91		Mattress Pads	149265	100
		3	ctns	12.54		Pillows, Valance, Towels	49390	100
1		9		146.45		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 law/fil 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: 06757164000129239										
Name: E & E COMPANY LTD Address: 1880 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000129239										
SHIP TO		CARRIER NAME: Schnelder										
Name: Macy's Home MMG Cheshire DC Location #: GD Address: o/o Cheshire DC 475 Knotter Drive, City/State/Zip: Cheshire, CT,06410 CID#: _____ Dept: 0611		Responsible Acct.No: _____ Trailer number: TA-157262 Seal number(s): 0986988 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: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 41449406 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	
9300938	15	152.10	Y N	<i>ZPT</i>	
Grand Total	15	152.10			


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 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		15	ctns	152.10		Throws, Blankets	49040	150
1		15		202.10		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 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 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: 4/1/2019 9:45:19 AM

Bill Of Lading

Page 1 of 1

SHIP FROM					Bill of Lading Number: 06757164000128959			
Name: E & E COMPANY LTD					 (402)06757164000128959			
Address: 1680 Tide Court								
City/State/Zip: Woodland, CA 95776								
SID#:								
PHONE:					CARRIER NAME: Schnelder			
VENDOR:					Responsible Acct.No:			
SHIP TO					Trailer number: TA-157262			
Name: Maoy's Home Store Los Angeles Location #: CI DC					Seal number(s): 0666998			
Address: o/o Los Angeles DC					SCAC: SCNN			
City/State/Zip: 15541 East Gale Avenue, City of Industry, CA 91745					Pro Number:			
CID#:								
Dept: 0802								
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:					Appointment Time Actual Driver Arrival Time Driver Departure Time			
SPECIAL INSTRUCTIONS: Load #: 41449406					AM AM AM			
Packaging List Is Attached					PM PM PM			
CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO			
4529361		73	730.24	Y N				
Grand Total		73	730.24					
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		
		61	ctns	625.06		Pillows,Valance,Towels	49390	100
		12	ctns	105.18		Shower curtain	49385	77.5
1		73		780.24		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 _____		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.	
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.		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.	
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	
Shipper Signature			

SHIP FROM		Bill of Lading Number: 06757164000129086	
Name: E & E COMPANY LTD		 (402)06757164000129086	
Address: 1680 Tide Court			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:			
VENDOR:		CARRIER NAME: Schnelder	
		Responsible Acct.No:	
SHIP TO		Trailer number: TA-157262	
Name: Macy's Home MMG Hayward DC Location #: HA		Seal number(s): 0966998	
Address: o/o Hayward DC		SCAC: SCNN	
City/State/Zip: Hayward, CA 94545		Pro Number:	
CID#:			
Dept: 0784			
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	
City/State/Zip:		(check box) Underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 41449406		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	
		AM AM AM	
		PM PM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4551219	41	306.43	Y N	
Grand Total	41	306.43		


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 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		41	ctns	306.43		Throws, Blankets	49040	150
1		41		356.43		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(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.	
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: 1880 Tide Court
 City/State/Zip: Woodland, CA 95778
 SID#:
 PHONE:
 VENDOR: FOB:

Bill of Lading Number: 06757164000129123



(402)06757164000129123

SHIP TO

Name: Macy's Home MMG Minooka DC Location #: CL
 Address: c/o Minooka DC
 601 Midpoint Rd.,
 City/State/Zip: Minooka, IL 60447
 CID#:
 Dept: 0784 FOB:

CARRIER NAME: Schnelder
 Responsible Acct.No:
 Trailer number: TA-167262
 Seal number(s): 0966998
 SCAC: SCNN
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 Load #: 41449406
 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
 (check box)

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
4551219	69	510.65	Y N	
Grand Total	69	510.65		

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		
		69	ctns	510.65		Throws, Blankets	49040	150
1		69		560.65		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
 Name: E & E COMPANY LTD
 Address: 1680 Tide Court
 City/State/Zip: Woodland, CA 95778
 SID#:
 PHONE:
 VENDOR: FOB:

Bill of Lading Number: 06757164000128720

 (402)06757164000128720

SHIP TO
 Name: Macy's Home Store Goodyear DC Location #: AZ
 Address: c/o Goodyear DC
 16576 West Commerce Drive,
 City/State/Zip: Goodyear, AZ 85398
 CID#:
 Dept: 0510 FOB:

CARRIER NAME: Schnelder
 Responsible Acct.No:
 Trailer number: TA-157262
 Seal number(s): 0966988
 SCAC: SCNN
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 Load #: 41449406
 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
4523378	64	357.56	Y N	
Grand Total	64	357.56		

CARRIER INFORMATION						COMMODITY DESCRIPTION		PACKAGE	
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	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 360		NMFC #	CLASS
QTY	TYPE	QTY	TYPE						
1	Pallet			50.00		Pallet			
		5	ctns	28.50		Comforters, Bedspreads		49017	200
		45	ctns	276.06		Pillows, Valance, Towels		49390	100
		14	ctns	53.00		Throws, Blankets		49040	150
1		64		407.56		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 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: 06757164000129314
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06757164000129314
City/State/Zip: Woodland, CA 96776	SID#:	
PHONE:	VENDOR:	CARRIER NAME: Schnelder
	FOB: <input type="checkbox"/>	Responsible Acct.No:

SHIP TO		Trailer number: TA-157262
Name: Macy's Home MMG Stone Mountain DC	Location #: ST	Seal number(s): 0966898
Address: c/o Stone Mountain DC	City/State/Zip: 4401 Sarr Parkway, Stone Mountain, GA 30083	SCAC: 8CNN
CID#:	Dept: 0614	Pro Number:
	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:	Address:	Prepaid:	Collect: <input checked="" type="checkbox"/> 3rd Party:
City/State/Zip:		<input type="checkbox"/>	Master Bill of Lading: with attached underlying Bills of Lading
SPECIAL INSTRUCTIONS: Load #: 41449406		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
4530121	17	179.68	Y N	
Grand Total	17	179.68		


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 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			60.00		Pallet		
		12	ctns	158.00		Mattress Pads	149265	100
		5	ctns	21.68		Pillows, Valance, Towels	49390	100
1		17		229.68		Grand Total		

<p>When 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 _____</p>	<p>GOD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
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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).

<p>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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature</p>
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<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.</p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p>Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>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.</p>
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SHIP FROM		Bill of Lading Number: 08767164000129017	
Name: E & E COMPANY LTD Address: 1880 Tide Court City/State/Zip: Woodland, CA 95778 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06767164000129017	
SHIP TO		CARRIER NAME: Schneider	
Name: Macy's Home MMG Cheshire DC Location #: CD Address: o/o Cheshire DC 475 Knotter Drive, City/State/Zip: Cheshire, CT 06410 CID#: _____ Dept: 0784 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: TA-157282 Seal number(s): 0866998 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: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bill of Lading (check box)	
SPECIAL INSTRUCTIONS: Load #: 41449406 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
4551208	94	685.70	Y N	2 P U S
Grand Total	94	685.70		

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 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		94	ctns	685.70		Throws, Blankets	49040	150
2		94		785.70		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(a)(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: Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <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		Bill of Lading Number: 06757164000129185
Name: E & E COMPANY LTD		 (402)06757164000129188
Address: 1680 Tide Court		
City/State/Zip: Woodland, CA 95776		
SID#:		
PHONE:		CARRIER NAME: Schneider
VENDOR:	FOB: <input type="checkbox"/>	Responsible Acct.No:

SHIP TO		Trailer number: TA-157262
Name: Macy's Home MMG Joppa DC	Location #: JP	Seal number(s): 0966998
Address: c/o Joppa DC		SCAC: SCNN
3300 Fashion Way,		Pro Number:
City/State/Zip: Joppa, MD 21086		
CID#:		
Dept: 0703	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	
City/State/Zip:		(check box)		
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 41449406		AM	AM	AM
Packing List is Attached		PM	PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9184181	17	277.07	Y N	
Grand Total	17	277.07		


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		
		17	ctns	277.07		Comforters, Bedspreads	49017	200
1		17		327.07		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(a)(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/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: 06767164000128775										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06767164000128775										
SHIP TO		CARRIER NAME: Schneider										
Name: Macy's Home Store Gandy DC Location #: GN Address: o/o Gandy DC 4130 Gandy Blvd., City/State/Zip: Tampa, FL 33611 CID#: _____ Dept: 0510		Responsible Acct.No: _____ Trailer number: TA-157262 Seal number(s): 0866998 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: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)										
SPECIAL INSTRUCTIONS: Load #: 41449406 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
4523389	17	110.96	Y N	
Grand Total	17	110.96		

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(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	17.25		Comforters, Bedspreads	49017	200
		13	ctns	90.51		Pillows, Valance, Towels	49390	100
		1	ctns	3.20		Throws, Blankets	49040	150
1		17		160.96		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. <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 sack 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: 4/1/2019 9:46:46 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:	1880 Tide Court	Address:	Goodyear DC Pool Stock
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	16575 West Commerce Drive, Goodyear, AZ 85338
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000128911		CARRIER NAME: Schneider	
		Responsible Acct.No:	
(402)06757164000128911		Trailer number: TA-157262	
		Seal number(s): 0966998	
		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	
Load #: 41449408		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	
		AM AM AM	
		PM PM PM	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4629361	11	111.04	Y N	
Grand Total	11	111.04		

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 380.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		9	ctns	97.52		Pillows,Valance,Towels	49390	100
		2	ctns	13.52		Shower curtain	49385	77.5
1		11		161.04		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: 06767184000128966	
Name: E & E COMPANY LTD		 (402)06767184000128966	
Address: 1880 Tide Court			
City/State/Zip: Woodland, GA 95778		CARRIER NAME: Schnelder	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: TA-157262	
VENDOR:		Seal number(s): 0966998	
SHIP TO		SCAC: SCNN	
Name: Macy's Home Store Minooka DC Location #: CL		Pro Number:	
Address: o/a Minooka DC			
City/State/Zip: Minooka, IL 60447			
CID#:			
Dept: 0802			
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: Load #: 41449406 Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4529361	39	386.30	Y N	
Grand Total	39	386.30		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special 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 500</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		31	ctns	325.05		Pillows, Valance, Towels	49390	100
		8	ctns	61.25		Shower curtain	49385	77.5
1		39		436.30		Grand Total		

<p>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 _____</p>	<p>COD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
<p>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</p>	
<p>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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature</p>
<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.</p>	<p>Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>
<p>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.</p>	

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 1680 Tide Court
 City/State/Zip: Woodland, GA 30678
 SID#:
 PHONE:
 VENDOR: FOB:

Bill of Lading Number: 06757164000129345

 (402)06757164000129345

SHIP TO
 Name: MB Location #: MB
 Address: 333 Caperton Blvd
 MB
 City/State/Zip: Martinsburg, WV 25403
 CID#:
 Dept: 0614 FOB:

CARRIER NAME: Schnolder
 Responsible Acct.No:
 Trailer number: TA-167262
 Seal number(s): 0966098
 SCAC: SCNN
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 Load #: 41449408
 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
4530088	18	253.19	Y N	<i>IPOT</i>
Grand Total	18	253.19		

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 389</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		13	otns	211.78		Matress Pads	149265	100
		5	otns	41.41		Pillows, Valance, Towels	49390	100
1		18		303.19		Grand Total		

When 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 Shipper
 By Driver By Driver/pallets tied 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: 08757164000129222										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000129222										
SHIP TO		CARRIER NAME: Schnelder										
Name: MB Location #: MB Address: 333 Caperton Blvd MB City/State/Zip: Martinsburg, WV 25403 CID#: _____ Dept: 0703		Responsible Acct.No: _____ Trailer number: TA-157282 Seal number(s): 0966998 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: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 41449406 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
9184188	79	1374.27	Y N	SPOTS
Grand Total	79	1374.27		


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(a) of NMFO Item 300.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
5	Pallet			260.00		Pallet		
		79	ctns	1374.27		Comforters, Bedspreads	49017	200
5		79		1624.27		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: Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <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: 4/1/2019 9:45:47 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Martinsburg Location #: MB DC
Address:	1880 Tide Court	Address:	c/o Martinsburg DC - MB
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	393 Caperton Blvd, Martinsburg, WV 25403
SID#:		CID#:	
PHONE:		Dept:	0510
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 08757164000128737		CARRIER NAME: Sohnelder	
		Responsible Acct.No:	
(402)08757164000128737		Trailer number: TA-157262	
		Seal number(s): 0968998	
		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	
Load #: 41449408		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	
		AM AM AM	
		PM PM PM	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4523378	18	101.16	Y N	
Grand Total	18	101.16		

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		
		18	ctns	101.16		Pillows,Valance,Towels	49390	100
1		18		151.16		Grand Total		

Where the rate is dependent on value, shippers are required to stated 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 permits. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Date: 4/1/2019 9:47:03 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Bailey Rd DC Location #: BA	Name:	
Address:	1880 Tide Court	Address:	o/o Bailey Rd DC	Address:	
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	300 South Bailey Road, North Jackson, OH 44461	City/State/Zip:	
SID#:		CID#:		SPECIAL INSTRUCTIONS:	
PHONE:		Dept:	0784	Load #:	41449406
VENDOR:		FOB:	<input type="checkbox"/>	Packing List is Attached	
Bill of Lading Number: 06757164000129048		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		Appointment Time	
		CARRIER NAME: Schneider		Actual Driver Arrival Time	
		Responsible Acct.No:		Driver Departure Time	
		Trailer number: TA-167262		AM	
		Seal number(s): 0986098		PM	
		GCAC: SCNN		AM	
		Pro Number:		PM	
		Prepaid: <input type="checkbox"/>		Master Bill of Lading: with attached underlying Bills of Lading	
		Collect: X		3rd Party:	
		3rd Party:			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4551219	37	266.79	Y N	
Grand Total	37	266.79		

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(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		37	ctns	266.79		Throws, Blankets	49040	150
1		37		316.79		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 _____

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: 4/1/2019 9:45:23 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Bailey Rd DC Location #: BA
Address:	1680 Tide Court	Address:	c/o Bailey Rd DC
City/State/Zip:	Woodland, CA 95778	City/State/Zip:	300 South Bailey Road, North Jackson, OH 44461
SID#:		CID#:	
PHONE:		Dept:	0703
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000129178		Trailer number: TA-167262	
		Seal number(s): 0966008	
(402)06757164000129178		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	
Appointment Time		Actual Driver Arrival Time	
AM		AM	
PM		PM	
Driver Departure Time		AM	
		PM	

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 41449408

Packing List Is Attached

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9184181	20	349.68	Y N	
Grand Total	20	349.68		

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			50.00		Pallet		
		20	ctns	349.68		Comforters, Bedspreads	49017	200
1		20		399.68		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: 4/1/2019 9:46:41 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Los Angeles Location #: CI DC
Address:	1000 Tide Court	Address:	c/o Los Angeles DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	16541 East Gale Avenue, City of Industry, CA 91745
SID#:		CID#:	
PHONE:		Dept:	0510
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000128829		Trailer number: TA-157262	
		Seal number(s): 0988998	
(402)06757164000128829		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 #: 41449406		Appointment Time	Actual Driver Arrival Time
Packing List Is Attached		AM	AM
		PM	PM
THIRD PARTY FREIGHT CHARGES BILL TO:		Driver Departure Time	AM
Name:			PM
Address:			
City/State/Zip:			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4523389	47	336.01	Y N	
Grand Total	47	336.01		

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 NMFO Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		10	ctns	56.00		Comforters, Bedspreads	49017	200
		36	ctns	276.91		Pillows, Valance, Towels	49390	100
		1	ctns	3.10		Throws, Blankets	49040	150
1		47		386.01		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: 06757164000129116
Name:	E & E COMPANY LTD	 (402)06757164000129116
Address:	1680 Tide Court	
City/State/Zip:	Woodland, CA 95776	
SID#:		
PHONE:		
VENDOR:		CARRIER NAME: Schneider
	FOB: <input type="checkbox"/>	Responsible Acct.No:

SHIP TO		Trailer number: TA-167262
Name:	Macy's Home MMG Los Angeles Location #: CI DC	Seal number(s): 0968998
Address:	Los Angeles Peak Fulfillment Center	SCAC: SCNN
City/State/Zip:	15641 East Gale Ave, City of Industry, CA 91746	Pro Number:
CID#:		
Dept:	0784	FOB: <input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	Collect: X
Address:			3rd Party:
City/State/Zip:		<input type="checkbox"/>	Master Bill of Lading: with attached underlying Bills of Lading
SPECIAL INSTRUCTIONS: Load #: 41449408		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
4551219	141	1032.55	Y N	
Grand Total		141	1032.55	

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
2	Pallet			100.00		Pallet		
		141	ctns	1032.55		Throws, Blankets	49040	150
Grand Total		2		1132.55				

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

EEC Show Cartons Scanned, loaded and billed correct.

ShipmentCartonDetail(400012895)

Customer PO No.	E&E SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Case Pack Qty	Status
4529351	4961632	R201903260701413	MCH71-1102	Atlantic Mosaic Tissue cover	00106757164001152097	0634828466	00006757166348284663	2	Loaded
4529351	4961632	R201903260701413	MCH71-1103	Atlantic Mosaic Waste	00106757164001152097	0634828467	00006757166348284670	2	Loaded
4529351	4961632	R201903260701413	MCH71-489	Hotel Glass Cotton Jar	00106757164001152097	0634828468	00006757166348284687	4	Loaded
4529351	4961646	R201903260701413	MCH70-988	Spa Waffle Shower Curtain	00106757164001152097	0634828499	00006757166348284991	3	Loaded
4529351	4961646	R201903260701413	MCH70-998	Deillah Shower Curtain	00106757164001152097	0634828500	00006757166348285004	3	Loaded
4529351	4961646	R201903260701413	MCH71-1102	Atlantic Mosaic Tissue cover	00106757164001152097	0634828501	00006757166348285011	2	Loaded
4529351	4961646	R201903260701413	MCH71-1103	Atlantic Mosaic Waste	00106757164001152097	0634828502	00006757166348285028	2	Loaded
4529351	4961646	R201903260701413	MCH71-825	Cape Mosaic Soap Dish	00106757164001152097	0634828503	00006757166348285035	4	Loaded
4529351	4961646	R201903260701413	MCH71-827	Atlantic Mosaic Lotion Pump	00106757164001152097	0634828504	00006757166348285042	4	Loaded
4529351	4961646	R201903260701413	MCH71-829	Atlantic Mosaic Soap Dish-Ova	00106757164001152097	0634828505	00006757166348285059	4	Loaded
4529351	4961646	R201903260701413	MCH71-831	Atlantic Mosaic Tray	00106757164001152097	0634828506	00006757166348285066	4	Loaded
4529351	4961648	R201903260701413	MCH70-1135	Kalapi Shower Curtain	00105757164001152097	0634828508	00006757166348285080	3	Loaded
4529351	4961648	R201903260701413	MCH70-1135	Kalapi Shower Curtain	00106757164001152097	0634828509	00006757166348285097	3	Loaded
4529351	4961648	R201903260701413	MCH71-475	Serene Lotion Pump	00106757164001152097	0634828510	00006757166348285103	4	Loaded
4529351	4961648	R201903260701413	MCH71-487	Hotel Glass Tray	00106757164001152097	0634828511	00006757166348285110	4	Loaded
4529351	4961648	R201903260701413	MCH71-503	Stowe Toothbrush Holder	00106757164001152097	0634828512	00006757166348285127	4	Loaded
4529351	4961649	R201903260701413	MCH70-1135	Kalapi Shower Curtain	00106757164001152097	0634828513	00006757166348285134	3	Loaded
4529351	4961650	R201903260701413	MCH70-984	Orlando Shower Curtain	00106757164001152097	0634828514	00006757166348285141	3	Loaded
4529351	4961650	R201903260701413	MCH71-477	Serene Cotton Jar	00106757164001152097	0634828515	00006757166348285158	4	Loaded
4529351	4961651	R201903260701413	MCH70-988	Spa Waffle Shower Curtain	00106757164001152097	0634828516	00006757166348285165	3	Loaded
4529351	4961651	R201903260701413	MCH71-475	Serene Lotion Pump	00106757164001152097	0634828517	00006757166348285172	4	Loaded
4529351	4961652	R201903260701413	MCH71-828	Atlantic Mosaic Toothbrush Hol	00106757164001152097	0634828518	00006757166348285189	4	Loaded
4529351	4961653	R201903260701413	MCH71-497	Cape Mosaic Lotion Pump	00106757164001152097	0634828519	00006757166348285196	4	Loaded
4529351	4961653	R201903260701413	MCH71-501	Cape Mosaic Wastebasket	00106757164001152097	0634828520	00006757166348285202	2	Loaded
4529351	4961654	R201903260701413	MCH71-486	Hotel Glass Soap Dish	00106757164001152097	0634828521	00006757166348285219	4	Loaded
4529351	4961655	R201903260701413	MCH70-998	Deillah Shower Curtain	00106757164001152097	0634828522	00006757166348285226	3	Loaded
4529351	4961656	R201903260701413	MCH71-1102	Atlantic Mosaic Tissue cover	00106757164001152097	0634828523	00006757166348285233	2	Loaded
4529351	4961656	R201903260701413	MCH71-486	Hotel Glass Soap Dish	00106757164001152097	0634828524	00006757166348285240	4	Loaded
4529351	4961658	R201903260701413	MCH71-832	Sunset Ombre Lotion Pump	00106757164001152097	0634828526	00006757166348285264	4	Loaded
4529351	4961659	R201903260701413	MCH71-499	Cape Mosaic Tray	00106757164001152097	0634828527	00006757166348285271	4	Loaded
4529351	4961660	R201903260701413	MCH71-499	Cape Mosaic Tray	00106757164001152097	0634828528	00006757166348285288	4	Loaded
4529351	4961661	R201903260701413	MCH71-836	Sunset Ombre Tissue Cover	00106757164001152097	0634828529	00006757166348285295	2	Loaded
4529351	4961662	R201903260701413	MCH71-489	Hotel Glass Cotton Jar	00106757164001152097	0634828530	00006757166348285301	4	Loaded
4529351	4961662	R201903260701413	MCH71-498	Cape Mosaic Toothbrush Holder	00106757164001152097	0634828531	00006757166348285318	4	Loaded
4529351	4961663	R201903260701413	MCH71-475	Serene Lotion Pump	00106757164001152097	0634828532	00006757166348285325	4	Loaded
4529351	4961664	R201903260701413	MCH71-1103	Atlantic Mosaic Waste	00106757164001152097	0634828533	00006757166348285332	2	Loaded
4529351	4961664	R201903260701413	MCH71-500	Cape Mosaic Tissue Cover	00106757164001152097	0634828534	00006757166348285349	2	Loaded
4529351	4961664	R201903260701413	MCH71-837	Sunset Ombre Wastebasket	00106757164001152097	0634828535	00006757166348285356	2	Loaded
4529351	4961665	R201903260701413	MCH70-1141	Elm Waffle Shower Curtain	00106757164001152097	0634828536	00006757166348285363	3	Loaded
4529351	4961665	R201903260701413	MCH71-487	Hotel Glass Tray	00106757164001152097	0634828537	00006757166348285370	4	Loaded
4529351	4961665	R201903260701413	MCH71-489	Hotel Glass Cotton Jar	00106757164001152097	0634828538	00006757166348285387	4	Loaded
4529351	4961665	R201903260701413	MCH71-489	Hotel Glass Cotton Jar	00106757164001152097	0634828539	00006757166348285394	4	Loaded
4529351	4961665	R201903260701413	MCH71-489	Hotel Glass Cotton Jar	00106757164001152097	0634828540	00006757166348285407	4	Loaded
4529351	4961665	R201903260701413	MCH71-502	Stowe Lotion Pump	00106757164001152097	0634828541	00006757166348285410	4	Loaded
4529351	4961665	R201903260701413	MCH71-828	Atlantic Mosaic Toothbrush Hol	00106757164001152097	0634828542	00006757166348285424	4	Loaded
4529351	4961665	R201903260701413	MCH71-829	Atlantic Mosaic Soap Dish-Ova	00106757164001152097	0634828543	00006757166348285431	4	Loaded
4529351	4961665	R201903260701413	MCH71-831	Atlantic Mosaic Tray	00106757164001152097	0634828544	00006757166348285448	4	Loaded
4529351	4961666	R201903260701413	MCH71-497	Cape Mosaic Lotion Pump	00106757164001152097	0634828545	00006757166348285455	4	Loaded
4529351	4961666	R201903260701413	MCH71-499	Cape Mosaic Tray	00106757164001152097	0634828546	00006757166348285462	4	Loaded
4529351	4961666	R201903260701413	MCH71-500	Cape Mosaic Tissue Cover	00106757164001152097	0634828547	00006757166348285479	2	Loaded
4529351	4961666	R201903260701413	MCH71-825	Cape Mosaic Soap Dish	00106757164001152097	0634828548	00006757166348285486	4	Loaded
4529351	4961667	R201903260701413	MCH70-977	Paris Shower Curtain	00106757164001152097	0634828549	00006757166348285493	3	Loaded
4529351	4961668	R201903260701413	MCH71-498	Cape Mosaic Toothbrush Holder	00106757164001152097	0634828550	00006757166348285509	4	Loaded
4529351	4961668	R201903260701413	MCH71-499	Cape Mosaic Tray	00106757164001152097	0634828551	00006757166348285516	4	Loaded
4529351	4961669	R201903260701413	MCH71-497	Cape Mosaic Lotion Pump	00106757164001152097	0634828552	00006757166348285523	4	Loaded
4529351	4961669	R201903260701413	MCH71-499	Cape Mosaic Tray	00106757164001152097	0634828553	00006757166348285530	4	Loaded
4529351	4961670	R201903260701413	MCH71-476	Serene Toothbrush Holder	00106757164001152097	0634828554	00006757166348285547	4	Loaded
4529351	4961671	R201903260701413	MCH71-502	Stowe Lotion Pump	00106757164001152097	0634828555	00006757166348285554	4	Loaded
4529351	4961672	R201903260701413	MCH71-486	Hotel Glass Soap Dish	00106757164001152097	0634828556	00006757166348285561	4	Loaded
4529351	4961672	R201903260701413	MCH71-489	Hotel Glass Cotton Jar	00106757164001152097	0634828557	00006757166348285578	4	Loaded
4529351	4961672	R201903260701413	MCH71-498	Cape Mosaic Toothbrush Holder	00106757164001152097	0634828558	00006757166348285585	4	Loaded
4529351	4961672	R201903260701413	MCH71-500	Cape Mosaic Tissue Cover	00106757164001152097	0634828559	00006757166348285592	2	Loaded
4529351	4961672	R201903260701413	MCH71-501	Cape Mosaic Wastebasket	00106757164001152097	0634828560	00006757166348285608	2	Loaded
4529351	4961673	R201903260701413	MCH71-497	Cape Mosaic Lotion Pump	00106757164001152097	0634828561	00006757166348285615	4	Loaded
4529351	4961674	R201903260701413	MCH71-834	Sunset Ombre Tumbler	00106757164001152097	0634828562	00006757166348285622	4	Loaded
4529351	4961674	R201903260701413	MCH71-837	Sunset Ombre Wastebasket	00106757164001152097	0634828563	00006757166348285639	2	Loaded
4529351	4961675	R201903260701413	MCH71-827	Atlantic Mosaic Lotion Pump	00106757164001152097	0634828564	00006757166348285646	4	Loaded
4529351	4961676	R201903260701413	MCH70-988	Spa Waffle Shower Curtain	00106757164001152097	0634828565	00006757166348285653	3	Loaded
4529351	4961676	R201903260701413	MCH71-501	Cape Mosaic Wastebasket	00106757164001152097	0634828566	00006757166348285660	2	Loaded
4529351	4961676	R201903260701413	MCH71-827	Atlantic Mosaic Lotion Pump	00106757164001152097	0634828567	00006757166348285677	4	Loaded
4529351	4961676	R201903260701413	MCH71-828	Atlantic Mosaic Toothbrush Hol	00106757164001152097	0634828568	00006757166348285684	4	Loaded
4529351	4961677	R201903260701413	MCH70-1001	Serene Shower Curtain	00106757164001152097	0634828569	00006757166348285691	3	Loaded
4529351	4961678	R201903260701413	MCH71-501	Cape Mosaic Wastebasket	00106757164001152097	0634828570	00006757166348285707	2	Loaded

SHIP FROM		Master Bill of Lading Number: 06757164000129413	
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 Dynamic Santa Fe Springs 14141 Alondra Boulevard, City/State/Zip: Santa Fe Spgs, CA 90670 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: TA130967 Seal number(s): 0906006 SCAC: 6CNN Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: 41449408		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
		Appointment Time: 9:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM Actual Driver Arrival Time: 8:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM Driver Departure Time: 11:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
9184181	6	137.24	Y	N	06757164000129215	ST	
4523378	14	81.36	Y	N	06757164000128744	OK	1 PUT
4523389	2	9.02	Y	N	06757164000128874	TU	
4530121	23	285.27	Y	N	06757164000129390	BA	
4523378	23	131.90	Y	N	06757164000128751	PD	2 PUT
4523389	33	235.06	Y	N	06757164000128843	SC	
4551219	28	204.22	Y	N	06757164000129154	ST	
9397348	12	79.32	Y	N	06757164000129369	CD	1 PUT
4523389	9	40.59	Y	N	06757164000128850	SW	
9300938	114	1155.96	Y	N	06757164000129246	MB	3 PUTS
4529351	38	404.83	Y	N	06757164000128997	ST	
9397348	90	594.90	Y	N	06757164000129376	MB	2 PUTS
9397348	94	621.34	Y	N	06757164000129383	PD	2 PUTS

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 to 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(e)(1)(A) and (B).

RECEIVED, subject to individually determined rebates 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. _____ 4/1/19	Trailer Loaded: <input type="checkbox"/> By Shipper <input checked="" 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 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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SHIP FROM		Master Bill of Lading Number: 08757164000129413	
Name: E & E COMPANY LTD	Address: 1880 Tide Court	City/State/Zip: Woodland, CA 95776	SID#: _____ FOB: <input type="checkbox"/>
SHIP TO		CARRIER NAME: Schnaider	
Name: Macy's /Bloom Consolidation Center	DC#: _____ Div. _____	Trailer number: TA139967	Seal number(s): 0966906
Address: C/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"/>	Freight Charge Terms:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Name: _____	Address: _____	<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
City/State/Zip: _____	SPECIAL INSTRUCTIONS: Load #: 41449408	Appointment Time: 9:00 AM	Actual Driver Arrival Time: 8:00 AM
		Driver Departure Time: 11:30 AM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#	
4529351	38	353.97	Y N	06757164000128973	SC		
9300938	119	1206.66	Y N	06757164000129253	PD		3 PLTS
4551208	42	316.12	Y N	06757164000129024	PD		1 PLT
4551219	58	418.80	Y N	06757164000129147	SW		
4551219	31	221.85	Y N	06757164000129161	TU		
9184181	34	745.02	Y N	06757164000129192	SC		
9184181	17	301.25	Y N	06757164000129208	SW		
4530121	40	434.17	Y N	06757164000129406	GN		
4551219	83	604.07	Y N	06757164000129130	SC		
9184188	74	1273.70	Y N	06757164000129260	PD		5 PLTS
4523389	12	68.21	Y N	06757164000128867	ST		
4529351	12	114.71	Y N	06757164000128980	SW		
4529351	12	85.48	Y N	06757164000129000	TU		

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(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.
 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.

 4/1/19

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.

SHIP FROM		Master Bill of Lading Number: 06757164000129413	
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. _____	Trailer number: TA139967	Seal number(s): 0966906
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"/>	Freight Charge Terms:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Name: _____	Address: _____	<input checked="" type="checkbox"/> MASTER BILL OF LANDING; WITH ATTACHED UNDERLYING BILLS OF LANDING	
City/State/Zip: _____	SPECIAL INSTRUCTIONS: Load #: 41449408	Appointment Time: 9:00 AM/PM	Actual Driver Arrival Time: 8:00 AM/PM
		Driver Departure Time: 11:30 AM/PM	


CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
			Y	N		DC#	Supplier#
4551208	271	1896.91	Y	N	06757164000129031	OK	
Grand Total	1329	12021.93					

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(e) of NMFC Item 360.</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
43	Pallet			2160.00		Pallet			70
		137	ctns	2490.01		Comforters, Bedspreads	49017		200
		37	ctns	599.70		Mattress Pads	149265		100
		188	ctns	1400.84		Pillows, Valance, Towels	49390		100
		16	ctns	167.83		Shower curtain	49385		77.5
		951	ctns	7363.55		Throws, Blankets	49040		160
43				14171.93		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: <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 <small>Title 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>	Trailer Loaded: <input type="checkbox"/> By Shipper <input checked="" 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>
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[Handwritten Signature]
4/1/19

SHIP FROM		Bill of Lading Number: 06757164000129215
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06757164000129215
City/State/Zip: Woodland, CA 95776	SID#:	
PHONE:	VENDOR:	CARRIER NAME: Schnelder
FOB: <input type="checkbox"/>		Responsible Acct.No:

SHIP TO		Trailer number: TA139967
Name: Maoy's Home MMG Stone Mountain DC	Location #: ST	Seal number(s): 0868908
Address: o/o Stone Mountain DC	City/State/Zip: 4401 Sarr Parkway, Stone Mountain, GA 30083	SCAC: SONN
CID#:	Dept: 0703	Pro Number:
FOB: <input type="checkbox"/>		

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:	Address:	Prepaid:	Collect: <input checked="" type="checkbox"/> 3rd Party:
City/State/Zip:		<input type="checkbox"/>	Master Bill of Lading: with attached underlying Bills of Lading
		(check box)	

SPECIAL INSTRUCTIONS:	Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 41449408	AM	AM	AM
Packing List is Attached	PM	PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
0184181	6	137.24	Y N	
Grand Total	6	137.24		

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 NMFO Item 363</small>	PACKAGE			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
1	Pallet			50.00		Pallet				
		6	ctns	137.24		Comforters, Bedspreads	49017	200		
1		6		187.24		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 _____	GOD 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


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.
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SHIP FROM		Bill of Lading Number: 06757164000128744	
Name: E & E COMPANY LTD		 (402)06757164000128744	
Address: 1680 Tide Court			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Schnelder	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA139967	
Name: Macy's Home Store Tulsa DC Location #: OK		Seal number(s): 0966906	
Address: o/o Tulsa DC		SCAC: SONN	
7120 E 76th St North,		Pro Number:	
City/State/Zip: Owasso, OK 74066			
CID#:			
Dept: 0510			
FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: Load #: 41449408		Appointment Time	Actual Driver Arrival Time
Packing List is Attached		AM	AM
		PM	PM
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4523378	14	81.36	Y N	<i>J.P.T.</i>
Grand Total	14	81.36		

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(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		13	ctns	73.06		Pillows,Valance,Towels	49390	100
		1	ctns	8.30		Throws,Blankets	49040	150
1		14		131.36		Grand Total		

<p>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 _____"</p>	<p>GOD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
<p>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</p>	
<p>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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature</p>
<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.</p>	<p>Trailer Loaded: Freight Counted:</p> <p><input type="checkbox"/> By Shipper <input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets sold to contain</p> <p><input type="checkbox"/> By Driver/Pieces</p>
<p>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.</p>	

SHIP FROM		Bill of Lading Number: 06757184000128874										
Name: E & E COMPANY LTD Address: 1880 Tide Court City/State/Zip: Woodland, CA 95778 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757184000128874										
SHIP TO		CARRIER NAME: Schneider										
Name: Macy's Home Store Tukwila DC Location #: TU Address: c/o Tukwila DC 17000 Southcenter Parkway, City/State/Zip: Tukwila, WA 98188 CID#: _____ Dept: 0510		Responsible Acct.No: _____ Trailer number: TA138867 Seal number(s): 0986808 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"/> Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 41449408 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
4523389	2	9.02	Y N	
Grand Total	2	9.02		

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 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	9.02		Pillows,Valance,Towels	49380	100
1		2		59.02		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>
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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: 4/1/2019 9:52:31 AM

Bill Of Lading


Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757164000129390										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06757164000129390										
SHIP TO		CARRIER NAME: Schnelder										
Name: Macy's Home MMG Bailey Rd DC Location #: BA Address: c/o Bailey Rd DC 300 South Bailey Road, City/State/Zip: North Jackson, OH 44451 CID#: _____ Dept: 0614 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: TA139967 Seal number(s): 0906906 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: _____ 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 #: 41449408 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
4530121	23	285.27	Y N	
Grand Total	23	285.27		

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 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		17	ctns	254.00		Mattress Pads	149265	100
		6	ctns	31.27		Pillows,Valance,Towels	49390	100
1		23		335.27		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. <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		Bill of Lading Number: 06767164000128761
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06767164000128761
City/State/Zip: Woodland, CA 95776	SID#:	
PHONE:	VENDOR:	CARRIER NAME: Schneider
	FOB: <input type="checkbox"/>	Responsible Acct.No:

SHIP TO		Trailer number: TA139967
Name: Macy's Home Store Portland DC Location #: PD	Address: c/o Portland DC	Seal number(s): 0966906
City/State/Zip: Portland, TN 37148	1165 Vaughn Parkway,	SCAC: SCNN
CID#:	Dept: 0610	Pro Number:
	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name:	Address:	Prepaid:	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	Driver Departure Time
Load #: 41449408		AM	AM	AM
Packing List is Attached		PM	PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4523378	23	131.90	Y N	LDU
Grand Total	23	131.90		

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			60.00		Pallet		
		20	ctns	112.40		Pillows,Valance,Towels	49390	100
		3	ctns	19.60		Throws,Blankets	49040	150
1		23		181.90		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(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.


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: 06767164000128843	
Name: E & E COMPANY LTD Address: 1880 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06767164000128843	
SHIP TO		CARRIER NAME: Schneider	
Name: Macy's Home Store Secaucus DC Location #: SC Address: c/o Secaucus DC 500 Meadowlands Parkway, City/State/Zip: Secaucus, NJ 07094 CID#: _____ Dept: 0510 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: TA139967 Seal number(s): 0906806 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: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 41449408 Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4523389	33	235.06	Y N	
Grand Total	33	235.06		

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		
		5	ctns	27.05		Comforters, Bedspreads	49017	200
		24	ctns	195.61		Pillows, Valance, Towels	49390	100
		4	ctns	12.40		Throws, Blankets	49040	150
1		33		285.06		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>
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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.
--	---	---	---

Date: 4/1/2019 9:51:46 AM

Bill Of Lading

Page 1 of 1

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: 08767164000129369

 (402)08767164000129369

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: 0689 FOB:

CARRIER NAME: Schneider
 Responsible Acct.No:
 Trailer number: TA139967
 Seal number(s): 0966906
 SCAC: SCNN
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 Load #: 41449408
 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
9397348	12	79.32	Y	N	1805
Grand Total	12	79.32			

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(a) of NMFC Item 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			60.00		Pallet		
		12	ctns	79.32		Throws, Blankets	49040	150
1		12		129.32		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: 4/1/2019 9:51:35 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store South Windsor DC
Address:	1600 Tide Court	Address:	o/o South Windsor DC
City/State/Zip:	Woodland, CA 96776	City/State/Zip:	301 Governor's Hwy, South Windsor, CT 06074
SID#:		CID#:	
PHONE:		Dept:	0510
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000128850		Trailer number: TA199867	
		Seal number(s): 0968908	
(402)06757164000128850		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:
<input type="checkbox"/>		Master Bill of Lading: with attached underlying Bills of Lading	
(check box)		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
THIRD PARTY FREIGHT CHARGES BILL TO:		Driver Departure Time	AM
Name:			PM
Address:		SPECIAL INSTRUCTIONS:	
City/State/Zip:		Load #: 41449408	
Packing List is Attached		Appointment Time	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4523389	9	40.59	Y N	
Grand Total	9	40.59		

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 NMFO Item 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		9	ctns	40.59		Pillows, Valance, Towels	49390	100
1		9		90.59		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: 4/1/2019 9:51:43 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	MB
Address:	1680 Tide Court	Location #:	MB
City/State/Zip:	Woodland, CA 95776	Address:	333 Caperton Blvd
SID#:		City/State/Zip:	MB
PHONE:		City/State/Zip:	Martinsburg, WV 26403
VENDOR:		CID#:	
	FOB: <input type="checkbox"/>	Dept:	0811
			FOB: <input type="checkbox"/>
Bill of Lading Number: 06757164000129246		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
(402)06757164000129246		Master Bill of Lading: with attached underlying Bills of Lading	
CARRIER NAME: Schnelder		Appointment Time	
Responsible Acct.No:		Actual Driver Arrival Time	
Trailer number: TA139967		Driver Departure Time	
Seal number(s): 0988906		AM	
SCAC: SCNN		PM	
Pro Number:		PM	
THIRD PARTY FREIGHT CHARGES BILL TO:		Name:	
Address:		City/State/Zip:	
SPECIAL INSTRUCTIONS:		Load #: 41449408	
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9300938	114	1155.96	Y N	3 PITS
Grand Total	114	1155.96		

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 389</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		114	ctns	1155.96		Throws, Blankets	49040	150
3		114		1305.96		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/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: 4/1/2019 9:52:08 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 08767164000128997	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95778 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)08767164000128997	
SHIP TO		CARRIER NAME: Schneider	
Name: Macy's Home Store Stone Mountain DC Location #: ST Address: o/o Stone Mountain DC City/State/Zip: 4401 Sarr Parkway, Stone Mountain, GA 30083 CID#: _____ Dept: 0802 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: TA139967 Seal number(s): 0988908	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: SCNN Pro Number: _____	
Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____	
SPECIAL INSTRUCTIONS: Load #: 41449408 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading Appointment Time: _____ Actual Driver Arrival Time: _____ Driver Departure Time: _____ AM PM AM PM AM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4529351	38	404.83	Y N	
Grand Total	38	404.83		

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 so to ensure safe transportation with ordinary care. See Section 2(c) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		32	ctns	325.70		Pillows,Valance,Towels	49390	100
		6	ctns	79.13		Shower curtain	49385	77.5
1		38		454.83		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: <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>
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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.
--	--	--	---

Date: 4/1/2019 9:51:02 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06767164000129376										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 96776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000129376										
SHIP TO		CARRIER NAME: Schneider										
Name: MB Location #: MB Address: 333 Caperton Blvd MB City/State/Zip: Martinsburg, WV 25403 CID#: _____ Dept: 0889		Responsible Acct.No: _____ Trailer number: TA139967 Seal number(s): 0966906 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: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 41449408 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
9397348	90	594.90	Y N	2 PUS
Grand Total	90	594.90		

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(a) of NMFC Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		90	ctns	594.90		Throws, Blankets	49040	160
2		90		694.90		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. <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.	<table style="width:100%;"> <tr> <td style="width:50%;"> Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width:50%;"> Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces </td> </tr> </table>	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
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		Bill of Lading Number: 06757164000129383	
Name: E & E COMPANY LTD Address: 1880 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06757164000129383	
SHIP TO		CARRIER NAME: Schneider	
Name: Macy's Home MMG Portland DC Location #: PD Address: c/o Portland DC 1156 Vaughn Parkway, City/State/Zip: Portland, TN 37148 CID#: _____ Dept: 0889 FOB: <input type="checkbox"/>		Responsible Acct.No: Trailer number: TA139967 Seal number(s): 0966906 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: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: Load #: 41449408 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
9397348	94	621.34	Y N	2 PLS
Grand Total	94	621.34		

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 399</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		94	ctns	621.34		Throws, Blankets	49040	150
2		94		721.34		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 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 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: 4/1/2019 9:52:40 AM

Bill Of Lading

Page 1 of 1

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: 08757164000129253

 (402)08757164000129253

SHIP TO
 Name: Macy's Home MMG Portland DC Location #: PD
 Address: c/o Portland DC
 1155 Vaughn Parkway,
 City/State/Zip: Portland, TN 37148
 CID#:
 Dept: 0611 FOB:

CARRIER NAME: Schnelder
 Responsible Acct.No:
 Trailer number: TA139967
 Seal number(s): 0966906
 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: 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

SPECIAL INSTRUCTIONS:
 Load #: 41449408
 Packing List is Attached

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
9300938	119	1206.66	Y N	3 PUS	
Grand Total	119	1206.66			

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(a) of NMFC Item 500</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		119	ctns	1206.66		Throws, Blankets	49040	150
3		119		1356.66		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: 4/1/2019 9:51:39 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:	1680 Tide Court	Address:	a/o Portland DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	1156 Vaughn Parkway, Portland, TN 37148
SID#:		CID#:	
PHONE:		Dept:	0784
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 08757164000129024		Trailer number: TA139967	
		Seal number(s): 0988008	
(402)06757164000129024		SCAC: SCNN	
CARRIER NAME: Schneider		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	
		PM	
		PM	
SPECIAL INSTRUCTIONS:		CUSTOMER ORDER INFORMATION	
Load #: 41449408		CUSTOMER ORDER NUMBER	
Packing List is Attached		# PKGS	
		WEIGHT	
		PALLET/SLIP	
		ADDITIONAL SHIPPER INFO	
		4551208	
		42	
		316.12	
		Y N	
		I.P.E.T	
		Grand Total	
		42	
		316.12	

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 389</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		42	ctns	316.12		Throws, Blankets	49040	150
1		42		366.12		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 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>	

SHIP FROM		Bill of Lading Number: 06757164000129147
Name:	E & E COMPANY LTD	 (402)06757164000129147
Address:	1680 Tide Court	
City/State/Zip:	Woodland, CA 96776	
SID#:		
PHONE:		
VENDOR:		CARRIER NAME: Schneider
	FOB: <input type="checkbox"/>	Responsible Acct.No:

SHIP TO		Trailer number: TA139967
Name:	Macy's Home MMG South Windsor DC	Seal number(s): 0868808
Address:	o/o South Windsor DC	SCAC: SCNN
City/State/Zip:	301 Governors Hwy, South Windsor, CT 06074	Pro Number:
CID#:		
Dept:	0784	FOB: <input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	Collect: X
Address:			3rd Party:
City/State/Zip:		<input type="checkbox"/>	Master Bill of Lading: with attached underlying Bills of Lading
SPECIAL INSTRUCTIONS: Load #: 41449408		Appointment Time	Actual Driver Arrival Time
Banking List is Attached		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4551219	58	418.80	Y N	
Grand Total	58	418.80		

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		
		58	ctns	418.80		Throws, Blankets	49040	150
1		58		468.80		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: <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: 4/1/2019 9:51:15 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Maoy's Home MMG Tukwila DC Location #: TU
Address:	1680 Tide Court	Address:	o/o Tukwila DC
City/State/Zip:	Woodland, CA 95778	City/State/Zip:	Tukwila, WA 98188
SID#:		CID#:	
PHONE:		Dept:	0784
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000129161		Trailer number: TA139967	
		Seal number(s): 0886906	
(402)06757164000129161		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	
(check box)		3rd Party: <input type="checkbox"/>	
Master Bill of Lading: with attached underlying Bills of Lading		Appointment Time	
		Actual Driver Arrival Time	
		Driver Departure Time	
SPECIAL INSTRUCTIONS:		AM	
Load #: 41449408		PM	
Packing List is Attached		PM	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4651219	31	221.85	Y N	
Grand Total	31	221.85		

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(a) of NMFC Item 360</small>	PACKAGE	
	QTY	TYPE				NMFC #	CLASS
1	Pallet		50.00		Pallet		
		31	221.85		Throws, Blankets	49040	150
1		31	271.85		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(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.

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 equipment documentation in the vehicle.

Date: 4/1/2019 9:51:50 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:	c/o Secaucus DC
City/State/Zip:	Woodland, CA 95778	City/State/Zip:	600 Meadowlands Parkway, Secaucus, NJ 07094
SID#:		CID#:	
PHONE:		Dept:	0703
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06767164000129192		Trailer number: TA139967	
		Seal number(s): 0986906	
(402)06767164000129192		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	
(check box)		3rd Party: <input type="checkbox"/>	
Master Bill of Lading: with attached underlying Bills of Lading		Appointment Time	
		Actual Driver Arrival Time	
		Driver Departure Time	
		AM	
		AM	
		PM	
		PM	
SPECIAL INSTRUCTIONS:			
Load #: 41449408			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9184181	34	745.02	Y N	
Grand Total	34	745.02		

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(a) of NMFC Item 300.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		34	ctns	745.02		Comforters, Bedspreads	49017	200
2		34		845.02		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(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.

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: 4/1/2019 9:52:17 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757164000129208	
Name:	E & E COMPANY LTD	 (402)06757164000129208	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA138967	
Name:	Macy's Home MMG South Windsor DC	Seal number(s): 0966806	
Address:	c/o South Windsor CT	SCAC: SCNN	
City/State/Zip:	301 Governors Hwy, South Windsor, CT 06074	Pro Number:	
CID#:			
Dept:	0703	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: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 41449408		Actual Driver Arrival Time	
Packing List Is Attached		Driver Departure Time	
		AM AM AM	
		PM PM PM	


CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9184181	17	301.25	Y N	
Grand Total	17	301.25		

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 NMPC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		17	ctns	301.25		Comforters, Bedspreads	49017	200
1		17		351.25		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.	


SHIP FROM		Bill of Lading Number: 06767164000129406										
Name: E & E COMPANY LTD Address: 1880 Tide Court City/State/Zip: Woodland, CA 96778 SID#: _____ PHONE: _____ VENDOR: _____		 (402)08767164000129406										
SHIP TO		CARRIER NAME: Schnelder										
Name: Maoy's Home MMG Gandy DC Location #: GN Address: c/o Gandy DC 4130 Gandy Blvd., City/State/Zip: Tampa, FL 33611 CID#: _____ Dept: 0814		Responsible Acct.No: _____ Trailer number: TA139967 Seal number(s): 0986906 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: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 41449408 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
4530121	40	434.17	Y N	
Grand Total	40	434.17		

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(c) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		20	ctns	346.70		Mattress Pads	149265	100
		20	ctns	88.47		Pillows,Valance,Towels	49390	100
1		40		484.17		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.	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"> Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width:50%;"> Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces </td> </tr> </table>	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
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: 1600 Tide Court
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: FOB:

Bill of Lading Number: 06757164000129130

 (402)06757164000129130

SHIP TO
 Name: Macy's Home MMG Secaucus DC Location #: SC
 Address: c/o Secaucus DC
 500 Meadowlands Parkway,
 City/State/Zip: Secaucus, NJ 07094
 CID#:
 Dept: 0784 FOB:

CARRIER NAME: Schnelder
 Responsible Acct.No:
 Trailer number: TA139967
 Seal number(s): 0988906
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 #: 41449408
 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
4551219	83	604.07	Y N	
Grand Total	83	604.07		

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(a) of NMFC Item 300.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		83	ctns	604.07		Throws,Blankets	48040	150
3		83		754.07		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		Bill of Lading Number: 06757164000129260	
Name: E & E COMPANY LTD	Address: 1880 Tide Court	 (402)06757164000129260	
City/State/Zip: Woodland, CA 96776	SID#:		
PHONE:	VENDOR:	CARRIER NAME: Schneider	
FOB: <input type="checkbox"/>		Responsible Acct.No:	
SHIP TO		Trailer number: TA139967	
Name: Macy's Home MMG Portland DC	Location #: PD	Seal number(s): 0000906	
Address: c/o Portland DC	1155 Vaughn Parkway,	SCAC: SCNN	
City/State/Zip: Portland, TN 37148	CID#:	Pro Number:	
Dept: 0703	FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:	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: Load #: 41449408		Appointment Time	Actual Driver Arrival Time
Packng List is Attached		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9184188	74	1273.70	Y N	SPTS
Grand Total	74	1273.70		

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 389.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
5	Pallet			260.00		Pallet		
		74	ctns	1273.70		Comforters, Bedspreads	49017	200
5		74		1523.70		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(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.

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 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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SHIP FROM		Bill of Lading Number: 06757164000128867
Name: E & E COMPANY LTD		 (402)06757164000128867
Address: 1880 Tide Court		
City/State/Zip: Woodland, CA 95776		
SID#:		
PHONE:		CARRIER NAME: Schnelder
VENDOR:	FOB: <input type="checkbox"/>	Responsible Acct.No:

SHIP TO		Trailer number: TA139967
Name: Macy's Home Store Stone Mountain DC	Location #: ST	Seal number(s): 0966906
Address: c/o Stone Mountain DC		
City/State/Zip: 4401 Sarr Parkway, Stone Mountain, GA 30083		SCAC: SCNN
CID#:		Pro Number:
Dept: 0510	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	
City/State/Zip:		(check box)		
SPECIAL INSTRUCTIONS: Load #: 41449408		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Packing List Is Attached		AM PM	AM PM	AM PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4523389	12	68.21	Y N	
Grand Total	12	68.21		


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 389</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	6.75		Comforters, Bedspreads	49017	200
		10	ctns	69.26		Pillows, Valance, Towels	49390	100
		1	ctns	3.20		Throws, Blankets	49040	150
1		12		118.21		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. <p style="text-align: right;">Shipper Signature</p>
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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 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.
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SHIP FROM		Bill of Lading Number: 06757164000128980	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000128980	
Name: _____ Location #: _____ Address: _____ City/State/Zip: _____ CID#: _____ Dept: _____		CARRIER NAME: Schneider Responsible Acct.No: _____ Trailer number: TA139967 Seal number(s): 0966906	
SHIP TO		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: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 41449408 Packing List Is Attached		Appointment Time: _____ Actual Driver Arrival Time: _____ Driver Departure Time: _____ AM PM AM PM AM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4529351	12	114.71	Y N	
Grand Total	12	114.71		

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(a) of NMFPA Item 380</small>	PACKAGE		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
1	Pallet			50.00		Pallet			
		12	ctns	114.71		Pillows,Valance,Towels	49390	100	
1		12		164.71		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 controls 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 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		Bill of Lading Number: 06767164000129000	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06767164000129000	
SHIP TO		CARRIER NAME: Schnelder	
Name: Macy's Home Store Tukwila DC Location #: TU Address: c/o Tukwila DC 17000 Southcenter Parkway, City/State/Zip: Tukwila, WA 98188 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: TA139967 Seal number(s): 0986906 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: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: Load #: 41449408 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
4529351	12	85.48	Y N	
Grand Total	12	85.48		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or storage 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		
		10	cins	75.68		Pillows,Valance,Towels	49380	100
		2	cins	9.80		Shower curtain	49385	77.5
1		12		135.48		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. <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.	<table style="width:100%;"> <tr> <td style="width: 50%;"> Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width: 50%;"> Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces </td> </tr> </table>	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
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 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.		

EEC Show Cartons Scanned, loaded and billed correct.

ShipmentCartonDetail(400012886)

Customer PO No.	E&E SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Case Pack Qty	Status
4523389	4961440	R2019032606442510	MCH50-759	Lillana Hooded Throw	00106757164001153544	0634815261	00006757166348152610	2	Loaded
4523389	4961441	R2019032606442510	MCH20-813	F Lillana Sheet Set	00106757164001153544	0634815262	00006757166348152627	2	Loaded
4523389	4961441	R2019032606442510	MCH20-817	F Dusty The Dino Sheet Set	00106757164001153544	0634815263	00006757166348152634	2	Loaded
4523389	4961441	R2019032606442510	MCH30-747	Lillana Back Rest	00106757164001153544	0634815264	00006757166348152641	2	Loaded
4523389	4961442	R2019032606442510	MCH20-817	F Dusty The Dino Sheet Set	00106757164001153544	0634815265	00006757166348152658	2	Loaded
4523389	4961444	R2019032606442510	MCH10-776	T Dusty The Dino Comf Mfml Set	00106757164001153544	0634815266	00006757166348152665	1	Loaded
4523389	4961444	R2019032606442510	MCH20-812	T Lillana Sheet Set	00106757164001153544	0634815267	00006757166348152672	2	Loaded
4523389	4961444	R2019032606442510	MCH20-812	T Lillana Sheet Set	00106757164001153544	0634815268	00006757166348152689	2	Loaded
4523389	4961444	R2019032606442510	MCH20-813	F Lillana Sheet Set	00106757164001153544	0634815269	00006757166348152696	2	Loaded
4523389	4961444	R2019032606442510	MCH20-816	T Dusty The Dino Sheet Set	00106757164001153544	0634815270	00006757166348152702	2	Loaded
4523389	4961444	R2019032606442510	MCH20-817	F Dusty The Dino Sheet Set	00106757164001153544	0634815271	00006757166348152719	2	Loaded
4523389	4961454	R2019032606442510	MCH20-813	F Lillana Sheet Set	00106757164001153544	0634815281	00006757166348152818	2	Loaded