

# Chargebacks and RTVs

Macy's, Inc. (MacysNet)  
 Valid as of: 9/9/2019 3:56:22 AM EST  
 Division: Macy's Account #: 05390993890  
 Vendor Name: E & E CO LTD  
 Document Number: 4800065  
 Department/Vendor: 602/935

## Check Summary

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Check Number: 1805734  
 Check Date: 8/28/2019  
 Purchase Order Number: 2455231

## Transaction Summary

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Transaction Type: 506 - DM-CARTON SHORTAGE VND RESPONSIBLE  
 Total Cost: (\$24)

Transaction Type: 561 - DM-PUERTO RICO LOGISTIC HANDLING  
 Total Cost: (\$1.08)

Transaction Type: 796 - RTV DAMAGE ALLOWANCE MDA  
 Total Cost: (\$1.2)

## Style Summary

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Receipt Number: 4071983-000  
 Carrier:  
 Freight Bill:  
 Bill of Lading: 0675716400  
 Cartons: 0  
 Weight: 0  
 Total Cost: (\$24)

Style	Qty	Rec	Qty	Diff	Order	Cost	Cost	Diff	UOM	Ext	Cost	Diff	Ext	Qty	Diff
LT 250		0		-1	\$24.00	\$0.00				\$0.00					-24

Receipt Number: 4172594-001  
 Carrier: 4800065  
 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.

Receipt Number: 4172594-001

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.

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Date: 7/9/2019 3:45:33 PM

# Master Bill Of Lading

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

Master Bill of Lading Number: 06757164000153432

**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: FedEx Freight Economy  
 Trailer number:  
 Seal number(s):  
 SCAC: FXNL  
 Pro-Number: **425688005-1**  




**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name:  
 Address:  
 City/State/Zip:  
 SPECIAL INSTRUCTIONS:  
 Load #: 50083604

Freight Charge Terms:  
 Prepaid:  Collect:  3rd Party:   
 MASTER BILL OF LANDING: WITH ATTACHED  
 (check box) UNDERLYING BILLS OF LANDING  
 Appointment Time: 2:00 AM/PM  
 Actual Driver Arrival Time: 3:50 AM/PM  
 Driver Departure Time: 4:10 AM/PM

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO		Supplier#
						DC#		
2470576	3	16.53	Y	N	06757164000153388	ST	Comb PLT 1	
2455231	10	93.25	Y	N	06757164000153371	TU	Comb PLT 1	
2456111	31	344.01	Y	N	06757164000153418	TU	Comb PLT 1	
2455231	8	61.14	Y	N	06757164000153364	ST	Comb PLT 1	
2456111	24	273.98	Y	N	06757164000153401	ST	Comb PLT 1	
2446904	2	13.22	Y	N	06757164000153425	CD	1 PLT	
2470576	1	6.83	Y	N	06757164000153395	SW	1 PLT	
<b>Grand Total</b>	<b>79</b>	<b>808.96</b>						

**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
14	Pallet			350.00		Pallet		70
		2	ctns	13.22		Comforters, Bedspreads	49017	200

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 \_\_\_\_\_

**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.  
 \_\_\_\_\_ 7/9/19

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.  
 X 1458995 4-SEP 7/9/19

Date: 7/9/2019 3:45:33 PM

# Master Bill Of Lading

Page 2 of 2

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

Master Bill of Lading Number: 06757164000153432

**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: FedEx Freight Economy  
 Trailer number:  
 Seal number(s):  
 SCAC: FXNL  
 Pro Number:

**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name:  
 Address:  
 City/State/Zip:  
 SPECIAL INSTRUCTIONS:  
 Load #: 50083604

Freight Charge Terms:  
 Prepaid:  Collect:  3rd Party:   
 MASTER BILL OF LANDING: WITH ATTACHED  
 (check box) UNDERLYING BILLS OF LANDING  
 Appointment Time: 2:00 AM PM Actual Driver Arrival Time: 3:50 AM PM Driver Departure Time: 4:10 AM PM

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							
		42	ctns	555.12		Mattress Pads	149265	100				
		21	ctns	134.14		Pillows,Valance,Towels	49390	100				
		10	ctns	83.12		Shower curtain	49385	77.5				
		4	ctns	23.36		Throws,Blankets	49040	150				
14				1158.96		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 \_\_\_\_\_

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.  
 \_\_\_\_\_ 7/9/19

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.  
 \_\_\_\_\_ 7-9-19

Date: 7/9/2019 3:46:15 PM

## Bill Of Lading

Page 1 of 1

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO		
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP				
2470576	3	16.53	Y N				
<b>Grand Total</b>	<b>3</b>	<b>16.53</b>					

CARRIER INFORMATION						PACKAGE			
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC item 360			
1	Pallet			50.00		Pallet			
		3	ctns	16.53		Throws, Blankets		49040	150
1		3		66.53		<b>Grand Total</b>			

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

\_\_\_\_\_ per \_\_\_\_\_

COD Amount: \_\_\_\_\_

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

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

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

Shipper Signature \_\_\_\_\_

## SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

 By Shipper  
 By Driver

Freight Counted:

 By Shipper  
 By Driver/pallets 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: 7/9/2019 3:47:31 PM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Tukwila DC Location #: TU
Address:	1680 Tide Court	Address:	c/o Tukwila DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Tukwila, WA 98188
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000153371		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
(402)06757164000153371		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
CARRIER NAME: FedEx Freight Economy		Appointment Time	
Responsible Acct.No:		Actual Driver Arrival Time	
Trailer number:		Driver Departure Time	
Seal number(s):		AM	AM
SCAC: FXNL		PM	PM
Pro.Number:			
SPECIAL INSTRUCTIONS:			
Load #: 50083604			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
2455231	10	93.25	Y N	
<b>Grand Total</b>	10	93.25		

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 NMFC Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	37.46		Pillows,Valance,Towels	49390	100
		7	ctns	55.79		Shower curtain	49385	77.5
1		10		143.25		<b>Grand Total</b>		

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 \_\_\_\_\_

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: 7/9/2019 3:47:02 PM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757164000153418	
Name: E & E COMPANY LTD		 (402)06757164000153418	
Address: 1680 Tide Court			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:			
VENDOR:		CARRIER NAME: FedEx Freight Economy	
<b>SHIP TO</b>		Responsible Acct.No:	
Name: Macy's Home MMG Tukwila DC Location #: TU		Trailer number:	
Address: c/o Tukwila DC		Seal number(s):	
17000 Southcenter Parkway,		SCAC: FXNL	
City/State/Zip: Tukwila, WA 98188		Pro Number:	
CID#:			
Dept: 0614			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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 #: 50083604		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
2456111	31	344.01	Y N	
<b>Grand Total</b>	31	344.01		

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(e) of NMFC Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		23	ctns	302.82		Mattress Pads	149265	100
		8	ctns	41.19		Pillows, Valance, Towels	49390	100
1		31		394.01		<b>Grand Total</b>		

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

**COD Amount:** \_\_\_\_\_

**Fee Terms:** Collect:  Prepaid:

Customer check acceptable:

**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

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

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

**Shipper Signature**

**SHIPPER SIGNATURE / DATE**  
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

**Trailer Loaded:**  By Shipper  By Driver

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

**CARRIER SIGNATURE / PICKUP DATE**  
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

**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: 06757164000153364  
  
 (402)06757164000153364

**SHIP TO**  
 Name: Macy's Home Store Stone Mountain DC Location #: ST  
 Address: c/o Stone Mountain DC  
 City/State/Zip: 4401 Sarr Parkway, Stone Mountain, GA 30083  
 CID#: \_\_\_\_\_  
 Dept: 0602 FOB:

CARRIER NAME: FedEx Freight Economy  
 Responsible Accl.No: \_\_\_\_\_  
 Trailer number: \_\_\_\_\_  
 Seal number(s): \_\_\_\_\_

SCAG: FXNL  
 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

SPECIAL INSTRUCTIONS:  
 Load #: 50083604  
 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
2455231	8	61.14	Y N	
<b>Grand Total</b>	<b>8</b>	<b>61.14</b>		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stow-ing 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		
		5	ctns	33.81		Pillows,Valance,Towels	49390	100
		3	ctns	27.33		Shower curtain	49385	77.5
1		8		111.14		<b>Grand Total</b>		

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 \_\_\_\_\_

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: 7/9/2019 3:46:48 PM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757164000153401	
Name: E & E COMPANY LTD		 (402)06757164000153401	
Address: 1680 Tide Court			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: FedEx Freight Economy	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number:	
VENDOR:		Seal number(s):	
<b>SHIP TO</b>		SCAC: FXNL	
Name: Macy's Home MMG Stone Mountain DC Location #: ST		Pro-Number:	
Address: c/o Stone Mountain DC			
City/State/Zip: 4401 Sarr Parkway, Stone Mountain, GA 30083			
CID#:			
Dept: 0614			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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 #: 50083604		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
2456111	24	273.98	Y N	
<b>Grand Total</b>	24	273.98		

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(s) of NMFC Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		19	ctns	252.30		Mattress Pads	149265	100
		5	ctns	21.68		Pillows, Valance, Towels	49390	100
1		24		323.98		<b>Grand Total</b>		

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 \_\_\_\_\_"

**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: 7/9/2019 3:45:57 PM

## Bill Of Lading

Page 1 of 1

CUSTOMER ORDER NUMBER					# PKGS					WEIGHT					PALLET/SLIP					ADDITIONAL SHIPPER INFO				
2446904					2					13.22					Y N									
<b>Grand Total</b>					<b>2</b>					<b>13.22</b>														

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		
		2	ctns	13.22		Comforters, Bedspreads	49017	200
1		2		63.22		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

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

\_\_\_\_\_ per \_\_\_\_\_

COD Amount: \_\_\_\_\_

Fee Terms: Collect:  Prepaid: Customer check acceptable: **NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

 By Shipper  
 By Driver

Freight Counted:

 By Shipper  
 By Driver/pallets said to contain  
 By Driver/Pieces


## CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Date: 7/9/2019 3:46:32 PM

# Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757164000153395	
Name:	E & E COMPANY LTD	 (402)06757164000153395	CARRIER NAME: FedEx Freight Economy Responsible Acct.No:
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:	FOB: <input type="checkbox"/>	Trailer number:	

SHIP TO		Trailer number:	
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:	0784	FOB:	<input type="checkbox"/>
Seal number(s):		SCAC: FXNL	
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 (check box)		
City/State/Zip:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
SPECIAL INSTRUCTIONS:		AM	AM	AM
Load #: 50083604		PM	PM	PM
Packing List is Attached				

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
2470576	1	6.83	Y N	
<b>Grand Total</b>	<b>1</b>	<b>6.83</b>		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	6.83		Throws,Blankets	49040	150
1		1		56.83		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <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
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<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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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## EEC show cartons scanned, loaded and billed correct

Customer PO No.	E&E SD No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Ship To	Case Pack Qty	Status
2455231	5054387	R2019061906542111	MCH70-995	Pilot Stripe Shower Curtain	00106757164001250618	0637268999	00006757166372689991	0021	3	Loaded
2455231	5054519	R2019061906542111	MCH71-1424	Hotel Glass Lotion Pump	00106757164001250618	0637269151	00006757166372691512	0733	4	Loaded
2455231	5054519	R2019061906542111	MCH71-828	Atlantic Mosaic Toothbrush Hol	00106757164001250618	0637269152	00006757166372691529	0733	4	Loaded
2455231	5054520	R2019061906542111	MCH71-501	Cape Mosaic Wastebasket	00106757164001250618	0637269153	00006757166372691536	0736	2	Loaded
2455231	5054521	R2019061906542111	MCH71-497	Cape Mosaic Lotion Pump	00106757164001250618	0637269154	00006757166372691543	0751	4	Loaded
2455231	5054529	R2019061906542111	MCH71-501	Cape Mosaic Wastebasket	00106757164001250618	0637269159	00006757166372691598	0781	2	Loaded
2455231	5054531	R2019061906542111	MCH70-981	Sanibel Shower Curtain	00106757164001250618	0637269160	00006757166372691604	0806	3	Loaded
2455231	5054531	R2019061906542111	MCH70-984	Orlando Shower Curtain	00106757164001250618	0637269161	00006757166372691611	0806	3	Loaded



September 9, 2019

Dear Customer:

The following is the proof-of-delivery for tracking number **425688005-1**.

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**Delivery Information:**

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<b>Status:</b>	Delivered	<b>Delivery date:</b>	Jul 11, 2019 12:01
<b>Signed for by:</b>	** DRIVER SPOTTED **		
<b>Service type:</b>	FedEx Freight Economy		
<b>Special Handling:</b>			

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

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**Shipping Information:**

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<b>Tracking number:</b>	425688005-1	<b>Ship date:</b>	Jul 9, 2019
		<b>Weight:</b>	350.0 lbs/158.8 kg

**Recipient:**  
SANTA FE SPRINGS, CA US

**Shipper:**  
WOODLAND, CA US

**Purchase order number:**

SEE BELOW

**Purchase order number:**

SEE BELOW

Thank you for choosing FedEx.