

Chargebacks and RTVs

Macy's, Inc. (MacysNet)
 Valid as of: 9/18/2019 4:51:23 AM EST
 Division: Macy's Account #: 05390993890
 Vendor Name: E & E CO LTD
 Document Number: 4811546
 Department/Vendor: 602/935

Check Summary

Check Number: 1809920
 Check Date: 9/11/2019
 Purchase Order Number: 3430810

Transaction Summary

Transaction Type: 506 - DM-CARTON SHORTAGE VND RESPONSIBLE
 Total Cost: (\$36)

Transaction Type: 796 - RTV DAMAGE ALLOWANCE MDA
 Total Cost: (\$0)

Style Summary

Receipt Number: 4281424-000
 Carrier:
 Freight Bill:
 Bill of Lading: 0675716400
 Cartons: 0
 Weight: 0
 Total Cost: (\$36)

Style	Qty Rec	Qty Diff	Order Cost	Cost Diff	UOM	Ext Cost Diff	Ext Qty Diff
LT250.	0	-1	\$36.00	\$0.00		\$0.00	-36

Document Number: 4811547
 Department/Vendor: 602/935

Check Summary

Check Number: 1809920
 Check Date: 9/11/2019
 Purchase Order Number: 3430810

Transaction Summary

Transaction Type: 506 - DM-CARTON SHORTAGE VND RESPONSIBLE
 Total Cost: (\$37.5)

Transaction Type: 796 - RTV DAMAGE ALLOWANCE MDA
 Total Cost: (\$0)

Style Summary

Receipt Number: 4281424-000
 Carrier:

Freight Bill:
Bill of Lading: 0675716400
Cartons: 0
Weight: 0
Total Cost: (\$37.5)

Style	Qty Rec	Qty Diff	Order Cost	Cost Diff	UOM	Ext Cost Diff	Ext Qty Diff
LT250.	0	-1	\$37.50	\$0.00		\$0.00	-37.5

Date: 7/24/2019 2:05:28 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: 06757164000156655

SHIP TO
 Name: Macy's /Bloom Consolldation 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: NEW LEGEND TRUCKING
 Trailer number: W09717
 Seal number(s): 0966633
SCAC: LEGS
 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 UNDERLYING BILLS OF LANDING

SPECIAL INSTRUCTIONS:
 Load #: 50109644

Appointment Time: 2:00 AM PM
 Actual Driver Arrival Time: 12:30 AM PM
 Driver Departure Time: 2:30 AM PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		Supplier#
			BOL#	DC#	BOL#	DC#	
3446562	25	198.25	Y	N	06757164000156600	PD	1 PLT
3446573	24	162.82	Y	N	06757164000156617	SC	
3431734	27	251.45	Y	N	06757164000156563	OK	1 PLT
3446573	14	93.86	Y	N	06757164000156624	SW	
3430810	24	182.42	Y	N	06757164000156495	SC	
3430810	53	522.01	Y	N	06757164000156501	ST	
3432658	127	1528.63	Y	N	06757164000156594	SW	
3446562	16	125.78	Y	N	06757164000156631	OK	1 PLT
3431734	24	207.00	Y	N	06757164000156556	PD	1 PLT
3432658	139	2245.58	Y	N	06757164000156587	ST	
3430810	16	123.98	Y	N	06757164000156518	SW	
3431701	262	3648.78	Y	N	06757164000156525	PD	8 PLTS
3431734	10	83.37	Y	N	06757164000156549	CD	1 PLT

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.
 _____ 7/24/19

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.
 _____ 7/24/19

Date: 7/24/2019 2:05:28 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757164000156655	
Name:	E & E COMPANY LTD	Address:	1680 Tide Court
City/State/Zip:	Woodland, CA 95776	SID#:	FOB: <input type="checkbox"/>

SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING	
Name:	Macy's /Bloom Consolidation Center	DC#:	Div.
Address:	C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard,	Trailer number:	W09717
City/State/Zip:	Santa Fe Spgs, CA 90670	Seal number(s):	0966633
SID#:	FOB: <input type="checkbox"/>	SCAC:	LEGS
		Pro Number:	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address:		3rd Party: <input type="checkbox"/>	
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS: Load #: 50109644		Appointment Time 2:00 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Actual Driver Arrival Time 12:30 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM
		Driver Departure Time 2:30 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO
						DC# Supplier#
3431701	225	3290.16	Y	N	06757164000156532	OK 8' PLTS
3432658	270	3615.14	Y	N	06757164000156570	SC
Grand Total	1256	16279.23				

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 NMFD Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
40	Pallet			2000.00		Pallet		70
		883	ctns	13618.95		Mattress Pads	149265	100
		213	ctns	1374.70		Pillows,Valance,Towels	49390	100
		81	ctns	704.87		Shower curtain	49385	77.5
		79	ctns	580.71		Throws,Blankets	49040	150
40				18279.23		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 _____	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 / 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. <i>[Signature]</i> 7/24/19	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. <i>[Signature]</i> 7/24/19
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Date: 7/24/2019 2:04:51 PM

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 95776				City/State/Zip: Secaucus, NJ 07094							
SID#:				CID#:							
PHONE:				Dept: 0784							
VENDOR:				FOB: <input type="checkbox"/>							
Bill of Lading Number: 06757164000156617				CARRIER NAME: NEW LEGEND TRUCKING							
				Responsible Acct.No:							
(402)06757164000156617				Trailer number: W09717							
Seal number(s): 0966633				SCAC: LEGS							
Pro Number:				Freight Charge Terms: (freight charges are prepaid unless marked otherwise)							
THIRD PARTY FREIGHT CHARGES BILL TO:				Prepaid: <input type="checkbox"/> Collect: X 3rd Party:							
Name:				Master Bill of Lading: with attached							
Address:				(check box) underlying Bills of Lading							
City/State/Zip:				Appointment Time		Actual Driver Arrival Time		Driver Departure Time			
SPECIAL INSTRUCTIONS:				AM		AM		AM			
Load #: 50109644				PM		PM		PM			
Packing List Is Attached				CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS		WEIGHT		PALLET/SLIP		ADDITIONAL SHIPPER INFO			
3446573		24		162.82		Y N					
Grand Total		24		162.82							
CARRIER INFORMATION											
HANDLING UNIT		PACKAGE		WEIGHT		H.M. (X)		COMMODITY DESCRIPTION		PACKAGE	
QTY TYPE		QTY TYPE						Commodities requiring special or additional care or attention in handling or storing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Reg 360		NMFC # CLASS	
1 Pallet				50.00				Pallet			
		24 ctns		162.82				Throws, Blankets		49040 150	
1		24		212.82				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: 7/24/2019 2:05:12 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		CUSTOMER ORDER INFORMATION	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Tulsa DC Location #: QK	CUSTOMER ORDER NUMBER	3431734
Address:	1680 Tide Court	Address:	c/o Tulsa DC	# PKGS	27
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	7120 E 76th St North, Owasso, OK 74055	WEIGHT	251.45
SID#:		CID#:		PALLET/SLIP	Y N
PHONE:		Dept:	0602	ADDITIONAL SHIPPER INFO	
VENDOR:		FOB:	<input type="checkbox"/>	1 PLT	
Bill of Lading Number: 08757164000156563		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)			
		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>			
(402)08757164000156563		Master Bill of Lading: with attached underlying Bills of Lading			
CARRIER NAME: NEW LEGEND TRUCKING		Appointment Time		Actual Driver Arrival Time	
Responsible Acct.No:		AM		AM	
Trailer number: W09717		PM		PM	
Seal number(s): 0986633		Driver Departure Time		AM	
SCAC: LEGS		PM		PM	
Pro Number:					
THIRD PARTY FREIGHT CHARGES BILL TO:		SPECIAL INSTRUCTIONS:			
Name:		Load #: 50109644			
Address:		Packing List is Attached			
City/State/Zip:					
CUSTOMER ORDER INFORMATION					
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)
1	Pallet			50.00	
		15	ctns	133.42	
		12	ctns	118.03	
1		27		301.45	
		Grand Total			
				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.

SHIP FROM		Bill of Lading Number: 06757164000156624	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000156624	
FOB: <input type="checkbox"/>		CARRIER NAME: NEW LEGEND TRUCKING Responsible Acct.No: _____	

SHIP TO		Trailer number: W09717	
Name: Macy's Home MMG South Windsor DC Address: c/o South Windsor DC City/State/Zip: 301 Governors Hwy, South Windsor, CT 06074 CID#: _____ Dept: 0784		Seal number(s): 0966633 SCAC: LEGS Pro Number: _____	
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: _____		Prepaid: _____ Collect: X 3rd Party: _____ <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 #: 50109644 Packing List Is Attached		AM _____ PM _____ AM _____ PM _____		AM _____ PM _____ AM _____ PM _____		AM _____ PM _____ AM _____ PM _____	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3446573	14	93.86	Y N	
Grand Total		14	93.86	

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		
		14	ctns	93.86		Throws, Blankets	49040	150
1		14		143.86		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.
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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 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.
	Shipper Signature		

Date: 7/24/2019 2:05:09 PM

Bill Of Lading

Page 1 of 1


SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:		CUSTOMER ORDER INFORMATION			CARRIER INFORMATION					
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Stone Mountain DC	Name:		CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO				
Address:	1880 Tide Court	Address:	c/o Stone Mountain DC	Address:		3430810	53	522.01	Y	N				
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	4401 Sarr Parkway, Stone Mountain, GA 30083	City/State/Zip:		Grand Total	53	522.01						
SID#:		CID#:		SPECIAL INSTRUCTIONS:		CARRIER INFORMATION			COMMODITY DESCRIPTION					
PHONE:		Dept:	0802	Load #: 50109644		HANDLING UNIT	PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION			
VENDOR:		FOB:	<input type="checkbox"/>	Packing List Is Attached		QTY	TYPE	QTY	TYPE			PACKAGE		
						1	Pallet			50.00		Pallet		
								25	ctns	215.62		Pillows,Valance,Towels		
								28	ctns	306.39		49390 100		
						1		53		572.01		49385 77.5		
						Grand Total								
Bill of Lading Number: 06757164000156501			Freight Charge Terms: (freight charges are prepaid unless marked otherwise)			Appointment Time			Actual Driver Arrival Time			Driver Departure Time		
 (402)06757164000156501			CARRIER NAME: NEW LEGEND TRUCKING			AM			AM			AM		
Trailer number: W09717			Prepaid: <input type="checkbox"/>			PM			PM			PM		
Seal number(s): 0968633			Collect: X									3rd Party:		
SCAC: LEGS			Master Bill of Lading: with attached underlying Bills of Lading											
Pro Number:			(check box)											

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 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: 7/24/2019 2:05:18 PM

Bill Of Lading

Page 1 of 1

SHIP FROM				SHIP TO				
Name: E & E COMPANY LTD				Name: Macy's Home MMG South Windsor DC				
Address: 1680 Tide Court				Address: c/o South Windsor DC				
City/State/Zip: Woodland, CA 95776				City/State/Zip: 301 Governors Hwy, South Windsor, CT 06074				
SID#:				CID#:				
PHONE:				Dept: 0614				
VENDOR:				FOB: <input type="checkbox"/>				
Bill of Lading Number: 06757164000156594				Trailer number: W09717				
				Seal number(s): 0966633				
(402)06757164000156594				SCAC: LEGS				
CARRIER NAME: NEW LEGEND TRUCKING				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		Driver Departure Time				
AM		AM		AM				
PM		PM		PM				
THIRD PARTY FREIGHT CHARGES BILL TO:								
Name:								
Address:								
City/State/Zip:								
SPECIAL INSTRUCTIONS:								
Load #: 50109644								
Packing List Is Attached								
CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO			
3432658	127	1528.63	Y	N				
Grand Total	127	1528.63						
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
4	Pallet			200.00		Pallet		
		94	ctns	1372.66		Mattress Pads	149265	100
		33	ctns	155.97		Pillows,Valance,Towels	49390	100
4		127		1728.63		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.

SHIP FROM		Bill of Lading Number: 06757164000156631	
Name: E & E COMPANY LTD		 (402)06757164000156631	
Address: 1680 Tide Court			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: NEW LEGEND TRUCKING	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: W09717	
Name: Macy's Home MMG Owasso DC Location #: OK		Seal number(s): 0966833	
Address: c/o Macy's Logistics Distribution C		SCAC: LEGS	
City/State/Zip: 7120 E.76th Street North,		Pro Number:	
City/State/Zip: Owasso, OK 74055			
CID#:			
Dept: 0784			
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	
City/State/Zip:		(check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 50109644 Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
			AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3446562	16	125.78	Y N	1 PLT
Grand Total	16	125.78		

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(o) of NMFC Item 355</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		16	ctns	125.78		Throws, Blankets	49040	150
1		16		175.78		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 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>	

SHIP FROM		Bill of Lading Number: 06757164000156556										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000156556										
SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING										
Name: Macy's Home Store Portland DC Location #: PD Address: c/o Portland DC 1155 Vaughn Parkway, City/State/Zip: Portland, TN 37148 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: W09717 Seal number(s): 0966633 SCAC: LEGS 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 (check box)										
SPECIAL INSTRUCTIONS: Load #: 50109644 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
3431734	24	207.00	Y	N	1 PLT
Grand Total	24	207.00			


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		
		17	ctns	143.75		Pillows,Valance,Towels	49390	100
		7	ctns	63.25		Shower curtain	49385	77.5
1		24		257.00		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.	<table border="1" style="width:100%; border-collapse: collapse;"> <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.			

Date: 7/24/2019 2:05:16 PM

Bill Of Lading

Page 1 of 1

SHIP FROM				SHIP TO				
Name: E & E COMPANY LTD				Name: Macy's Home MMG Stone Mountain DC				
Address: 1680 Tide Court				Address: c/o Stone Mountain DC				
City/State/Zip: Woodland, CA 95776				City/State/Zip: 4401 Sarr Parkway, Stone Mountain, GA 30083				
SID#:				CID#:				
PHONE:				Dept: 0614				
VENDOR:				FOB: <input type="checkbox"/>				
Bill of Lading Number: 06757164000156587				Trailer number: W09717				
				Seal number(s): 0966833				
(402)06757164000156587				SCAC: LEGS				
CARRIER NAME: NEW LEGEND TRUCKING				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		
PM				PM		PM		
THIRD PARTY FREIGHT CHARGES BILL TO:								
Name:				Name:				
Address:				Address:				
City/State/Zip:				City/State/Zip:				
SPECIAL INSTRUCTIONS:				SPECIAL INSTRUCTIONS:				
Load #: 60109644				Load #: 60109644				
Packing List Is Attached				Packing List Is Attached				
CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO		
3432658		139	2245.58	Y	N			
Grand Total		139	2245.58					
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 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		131	ctns	2209.02		Mattress Pads	149265	100
		8	ctns	36.66		Pillows,Valance,Towels	49390	100
4		139		2445.58		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: 087671640001566518	
Name: E & E COMPANY LTD		 (402)067571640001566518	
Address: 1680 Tide Court			
City/State/Zip: Woodland, CA 95776			
SID#:			

PHONE:	FOB: <input type="checkbox"/>	CARRIER NAME: NEW LEGEND TRUCKING
VENDOR:		Responsible Acct.No:

SHIP TO		Trailer number: W09717
Name: Macy's Home Store South Windsor DC	Location #: SW	Seal number(s): 0966633
Address: c/o South Windsor DC		SCAC: LEGS
City/State/Zip: 301 Governor's Hwy, South Windsor, CT 06074		Pro Number:
CID#:		
Dept: 0602	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:	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
3430810	16	123.98	Y N	
Grand Total	16	123.98		

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(e) of NMFC Item 362</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	29.50		Pillows,Valance,Towels	49390	100
		14	ctns	94.48		Shower curtain	49385	77.5
1		16		173.98		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.
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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>	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 <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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Date: 7/24/2019 2:05:03 PM

Bill Of Lading


Page 1 of 1

SHIP FROM		Bill of Lading Number: 08757164000156625	
Name: E & E COMPANY LTD Address: 1880 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000156625	
SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING	
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: 0614		Responsible Acct.No: _____ Trailer number: W09717 Seal number(s): 0966833 SCAC: LEGS 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 (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 50109644 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
3431701	262	3648.78	Y N	8 PLTS
Grand Total	262	3648.78		

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		
8	Pallet			400.00		Pallet				
		226	ctns	3440.71		Mattress Pads	149265		100	
		36	ctns	208.07		Pillows, Valance, Towels	49390		100	
8		262		4048.78		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 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: 06757164000156549	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000156549	
SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING	
Name: Macy's Home Store Cheshire DC Location #: CD Address: c/o Cheshire DC 475 Knotter Drive, City/State/Zip: Cheshire, CT 06410 CID#: _____ Dept: 0802		Responsible Acct.No: _____ Trailer number: W09717 Seal number(s): 0966833 SCAC: LEGS 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 (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 50109644 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
3431734	10	83.37	Y N	1 PLT
Grand Total	10	83.37		

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 NMFD Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		4	ctns	49.47		Pillows,Valance,Towels	49390	100
		6	ctns	33.90		Shower curtain	49385	77.5
1		10		133.37		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.	<table 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		Bill of Lading Number: 06757164000156532
Name: E & E COMPANY LTD		 (402)06757164000156532
Address: 1880 Tide Court		
City/State/Zip: Woodland, CA 95776		
SID#:		
PHONE:		CARRIER NAME: NEW LEGEND TRUCKING
VENDOR:	FOB: <input type="checkbox"/>	Responsible Acct.No:

SHIP TO		Trailer number: W09717
Name: Macy's Home MMG Owasso DC	Location #: OK	Seal number(s): 0966633
Address: c/o Maoy's Logistics Distribution C		
City/State/Zip: 7120 E.78th Street North,		SCAC: LEGS
City/State/Zip: Owasso, OK 74055		Pro Number:
CID#:		
Dept: 0614	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	
City/State/Zip:		(check box)	underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 50109644		AM	AM	AM
Packing List is Attached		PM	PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3431701	225	3290.16	Y N	8 PLTS
Grand Total	225	3290.16		


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
8	Pallet			400.00		Pallet		
		222	ctns	3266.37		Mattress Pads	149265	100
		3	ctns	23.79		Pillows, Valance, Towels	49390	100
8		225		3690.16		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.
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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 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.
	Shipper Signature		

SHIP FROM		Bill of Lading Number: 06757164000156570	
Name:	E & E COMPANY LTD	 <p>(402)06757164000156570</p>	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: NEW LEGEND TRUCKING	
SHIP TO		Responsible Acct.No:	
Name:	Macy's Home MMG Secaucus DC Location #: SC	Trailer number: W09717	
Address:	c/o Secaucus DC	Seal number(s): 0966633	
City/State/Zip:	500 Meadowlands Parkway, Secaucus, NJ 07094	SCAC: LEGS	
CID#:		Pro Number:	
Dept:	0614	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:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 50109644		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
3432658	270	3615.14	Y N	
Grand Total	270	3615.14		

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
6	Pallet			300.00		Pallet		
		210	ctns	3330.19		Mattress Pads	149265	100
		60	ctns	284.95		Pillows, Valance, Towels	49390	100
6		270		3915.14		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 _____		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.		_____	

EEC show cartons scanned, loaded and billed correct

Customer PO No.	E&E SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Case Pack Qty	Status
3430810	5084920	R2019071706400512	MCH70-979	Coral Bay Shower Curtain	00106757164001286174	0638246560	00006757166382465608	3	Loaded
3430810	5084920	R2019071706400512	MCH70-998	Delillah Shower Curtain	00106757164001286174	0638246561	00006757166382465615	3	Loaded
3430810	5084922	R2019071706400512	MCH70-984	Orlando Shower Curtain	00106757164001286174	0638246562	00006757166382465622	3	Loaded
3430810	5084923	R2019071706400512	MCH70-995	Pilot Stripe Shower Curtain	00106757164001286174	0638246563	00006757166382465639	3	Loaded
3430810	5084924	R2019071706400512	MCH70-1140	Elm Waffle Shower Curtain	00106757164001286174	0638246564	00006757166382465646	3	Loaded
3430810	5084926	R2019071706400512	MCH70-979	Coral Bay Shower Curtain	00106757164001286174	0638246565	00006757166382465653	3	Loaded
3430810	5084927	R2019071706400512	MCH70-978	Harbor Shower Curtain	00106757164001286174	0638246566	00006757166382465660	3	Loaded
3430810	5084942	R2019071706400512	MCH70-1140	Elm Waffle Shower Curtain	00106757164001286174	0638246594	00006757166382465943	3	Loaded
3430810	5084959	R2019071706400512	MCH70-1140	Elm Waffle Shower Curtain	00106757164001286174	0638246609	00006757166382466094	3	Loaded
3430810	5084960	R2019071706400512	MCH70-979	Coral Bay Shower Curtain	00106757164001286174	0638246610	00006757166382466100	3	Loaded
3430810	5084960	R2019071706400512	MCH70-981	Sanibel Shower Curtain	00106757164001286174	0638246611	00006757166382466117	3	Loaded
3430810	5084960	R2019071706400512	MCH70-988	Spa Waffle Shower Curtain	00106757164001286174	0638246612	00006757166382466124	3	Loaded
3430810	5084961	R2019071706400512	MCH70-1140	Elm Waffle Shower Curtain	00106757164001286174	0638246613	00006757166382466131	3	Loaded
3430810	5084961	R2019071706400512	MCH71-1422	Hotel Glass Cotton Jar	00106757164001286174	0638246614	00006757166382466148	4	Loaded
3430810	5084962	R2019071706400512	MCH71-502	Stowe Lotion Pump	00106757164001286174	0638246615	00006757166382466155	4	Loaded
3430810	5084967	R2019071706400512	MCH70-983	Naples Shower Curtain	00106757164001286174	0638246621	00006757166382466216	3	Loaded

EEC show cartons scanned, loaded and billed correct

Customer PO No.	E&E SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Case Pack Qty	Status
3430810	5084920	R2019071706400512	MCH70-979	Coral Bay Shower Curtain	00106757164001286174	0638246560	00006757166382465608	3	Loaded
3430810	5084920	R2019071706400512	MCH70-998	Dellah Shower Curtain	00106757164001286174	0638246561	00006757166382465615	3	Loaded
3430810	5084922	R2019071706400512	MCH70-984	Orlando Shower Curtain	00106757164001286174	0638246562	00006757166382465622	3	Loaded
3430810	5084923	R2019071706400512	MCH70-995	Pilot Stripe Shower Curtain	00106757164001286174	0638246563	00006757166382465639	3	Loaded
3430810	5084924	R2019071706400512	MCH70-1140	Elm Waffle Shower Curtain	00106757164001286174	0638246564	00006757166382465646	3	Loaded
3430810	5084926	R2019071706400512	MCH70-979	Coral Bay Shower Curtain	00106757164001286174	0638246565	00006757166382465653	3	Loaded
3430810	5084927	R2019071706400512	MCH70-978	Harbor Shower Curtain	00106757164001286174	0638246566	00006757166382465660	3	Loaded
3430810	5084942	R2019071706400512	MCH70-1140	Elm Waffle Shower Curtain	00106757164001286174	0638246594	00006757166382465943	3	Loaded
3430810	5084959	R2019071706400512	MCH70-1140	Elm Waffle Shower Curtain	00106757164001286174	0638246609	00006757166382466094	3	Loaded
3430810	5084960	R2019071706400512	MCH70-979	Coral Bay Shower Curtain	00106757164001286174	0638246610	00006757166382466100	3	Loaded
3430810	5084960	R2019071706400512	MCH70-981	Sanibel Shower Curtain	00106757164001286174	0638246611	00006757166382466117	3	Loaded
3430810	5084960	R2019071706400512	MCH70-988	Spa Waffle Shower Curtain	00106757164001286174	0638246612	00006757166382466124	3	Loaded
3430810	5084961	R2019071706400512	MCH70-1140	Elm Waffle Shower Curtain	00106757164001286174	0638246613	00006757166382466131	3	Loaded
3430810	5084961	R2019071706400512	MCH71-1422	Hotel Glass Cotton Jar	00106757164001286174	0638246614	00006757166382466148	4	Loaded
3430810	5084962	R2019071706400512	MCH71-502	Stowe Lotion Pump	00106757164001286174	0638246615	00006757166382466155	4	Loaded
3430810	5084967	R2019071706400512	MCH70-983	Naples Shower Curtain	00106757164001286174	0638246621	00006757166382466216	3	Loaded