

Date: 7/17/2019 12:03:06 PM

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757164000155238	
<b>Name:</b> E & E COMPANY LTD <b>Address:</b> 1680 Tide Court <b>City/State/Zip:</b> Woodland, CA 95776 <b>SID#:</b> <span style="float: right;">FOB: <input type="checkbox"/></span>			
<b>SHIP TO</b>		<b>CARRIER NAME:</b> Schneider	
<b>Name:</b> Macy's /Bloom Consolidation Center <b>DC#:</b> Div. <b>Address:</b> C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard, <b>City/State/Zip:</b> Santa Fe Spgs, CA 90670 <b>SID#:</b> <span style="float: right;">FOB: <input type="checkbox"/></span>		<b>Trailer number:</b> TA150823 <b>Seal number(s):</b> 0972871 <b>SCAC:</b> SCNN <b>Pro Number:</b>	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
<b>Name:</b> <b>Address:</b> <b>City/State/Zip:</b> 7/17		<b>Prepaid:</b> <input type="checkbox"/> <b>Collect:</b> <input checked="" type="checkbox"/> <b>3rd Party:</b> <input type="checkbox"/> <input checked="" type="checkbox"/> <b>MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING</b> (check box)	
<b>SPECIAL INSTRUCTIONS:</b> Load #: 50093185		<b>Appointment Time</b> 11:00 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<b>Actual Driver Arrival Time</b> 11:00 AM <input type="checkbox"/> PM <input type="checkbox"/>
		<b>Driver Departure Time</b> 1:45 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
3214979	79	556.73	Y	N	06757164000154675	DV	
3197104	109	1545.04	Y	N	06757164000154767	JP	
3197104	283	4102.02	Y	N	06757164000154743	SC	
3197104	230	3112.37	Y	N	06757164000154736	CL	
3197104	38	489.09	Y	N	06757164000154750	DV	
3197104	244	3956.74	Y	N	06757164000154781	HU	
3214979	47	336.19	Y	N	06757164000154682	AZ	
3197104	228	3331.26	Y	N	06757164000154774	GN	
<b>Grand Total</b>		1258	17429.44				

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 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
32	Pallet			1600.00		Pallet		70

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 _____	<b>COD Amount \$</b> <b>Fee Terms:</b> <b>Collect:</b> <input type="checkbox"/> <b>Prepaid:</b> <input type="checkbox"/> <b>Customer check acceptable:</b> <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;"><b>Shipper Signature</b></p>
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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. Emyc 7-17-19	<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. Jhon Ortega 7/17/19
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Date: 7/17/2019 12:03:05 PM

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757164000155238	
Name: <b>E &amp; E COMPANY LTD</b> Address: <b>1680 Tide Court</b> City/State/Zip: <b>Woodland, CA 95776</b> SID#: _____ FOB: <input type="checkbox"/>		CARRIER NAME: <b>Schnelder</b> Trailer number: <b>TA150823</b> Seal number(s): <b>0972871</b> SCAC: <b>SCNN</b> Pro Number: _____	
<b>SHIP TO</b>			
Name: <b>Macy's /Bloom Consolidation Center</b> DC#: _____ Div: _____ Address: <b>C/O Dynamic Santa Fe Springs</b> <b>14141 Alondra Boulevard,</b> City/State/Zip: <b>Santa Fe Spgs, CA 90670</b> SID#: _____ FOB: <input type="checkbox"/>			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Name: _____ Address: _____ City/State/Zip: _____		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS: Load #: 50093185		Appointment Time: <b>11:00</b> <sup>AM</sup> / <sub>PM</sub> Actual Driver Arrival Time: <b>11:00</b> <sup>AM</sup> / <sub>PM</sub> Driver Departure Time: <b>1:45</b> <sup>AM</sup> / <sub>PM</sub>	

CARRIER INFORMATION						LTL ONLY			
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 900</small>		NMFC #	CLASS
QTY	TYPE	QTY	TYPE						
		936	ctns	15648.17		Mattress Pads		149265	100
		196	ctns	888.35		Pillows,Valance,Towels		49390	100
		126	ctns	892.92		Throws,Blankets		49040	150
32				19029.44		<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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</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;"> <b>Shipper Signature</b>  </div>		
<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>Emc 7-17-19</b>	<table style="width:100%;"> <tr> <td> <b>Trailer Loaded:</b>  <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver                     </td> <td> <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                     </td> </tr> </table>	<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>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. <div style="text-align: right;"> <b>7/17/19</b> </div>			

<p align="center"><b>SHIP FROM</b></p> <p>Name: E &amp; E COMPANY LTD          Address: 1680 Tide Court          City/State/Zip: Woodland, CA 95776          SID#: _____          PHONE: _____          VENDOR: _____</p>	<p>Bill of Lading Number: 08757164000154675</p>  <p>(402)06757164000154675</p> <p>CARRIER NAME: Schnelder          Responsible Acct.No: _____          Trailer number: TA150823          Seal number(s): _____          SCAC: SCNN          Pro Number: _____</p>
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<p align="center"><b>SHIP TO</b></p> <p>Name: Macy's Home MMG Denver DC Location #: DV          Address: o/o Denver DC          510 East 51st Ave,          City/State/Zip: Devnver, CO 80216          CID#: _____          Dept: 0784</p>	<p>FOB: <input type="checkbox"/></p> <p>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</p> <p>Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____</p> <p><input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading          (check box)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Appointment Time</td> <td>Actual Driver Arrival Time</td> <td>Driver Departure Time</td> </tr> <tr> <td align="center">AM</td> <td align="center">AM</td> <td align="center">AM</td> </tr> <tr> <td align="center">PM</td> <td align="center">PM</td> <td 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								

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

SPECIAL INSTRUCTIONS:  
 Load #: 50093185  
 Packing List is Attached

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3214979	79	556.73	Y N	
<b>Grand Total</b>	79	556.73		


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		
		79	ctns	556.73		Throws,Blankets	49040	150
1		79		606.73		<b>Grand Total</b>		

<p><small>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 _____"</small></p>	<p><b>COD Amount:</b> _____</p> <p><b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p align="center">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><small>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.</small></p>	<p><small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small></p> <p align="right"><b>Shipper Signature</b></p>
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<p><b>SHIPPER SIGNATURE / DATE</b>  <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></p>	<p><b>Trailer Loaded:</b>  <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver</p> <p><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</p>	<p><b>CARRIER SIGNATURE / PICKUP DATE</b>  <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></p>
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<b>SHIP FROM</b>		<b>Bill of Lading Number:</b> 06757164000154767										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000154767										
<b>SHIP TO</b>		<b>CARRIER NAME:</b> Schneider										
Name: Macy's Home MMG Joppa DC    Location #: JP Address: c/o Joppa DC 3300 Fashion Way, City/State/Zip: Joppa, MD 21085 CID#: _____ Dept: 0614		Responsible Acct.No: _____ Trailer number: TA150823 Seal number(s): _____ SCAC: SCNN Pro Number: _____										
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>										
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 #: 50093185 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
3197104	109	1545.04	Y    N	
<b>Grand Total</b>	109	1545.04		



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 as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 365</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		92	ctns	1480.39		Mattress Pads	149265	100
		17	ctns	84.65		Pillows,Valance,Towels	49390	100
3		109		1695.04		<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 _____	<b>GOD Amount:</b> _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</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;"><b>Shipper Signature</b></div>		
<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.	<table style="width:100%;"> <tr> <td style="width:50%;"> <b>Trailer Loaded:</b>  <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver                 </td> <td style="width:50%;"> <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                 </td> </tr> </table>	<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>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.			

Date: 7/17/2019 12:02:57 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 Address: 1680 Tide Court City/State/Zip: Woodland, CA 96776 SID#: _____ PHONE: _____ VENDOR: _____		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: 0614		Name: _____ Address: _____ City/State/Zip: _____		CUSTOMER ORDER NUMBER: 3197104 # PKGS: 283 WEIGHT: 4102.02 PALLET/SLIP: Y N Grand Total: 283 4102.02		H.M. (X) Commodity Description Pallet Mattress Pads Pillows, Valance, Towels Grand Total	
Bill of Lading Number: 06757164000154743  (402)06757164000154743		CARRIER NAME: Schneider Responsible Acct.No: _____ Trailer number: TA150823 Seal number(s): _____ SCAC: SCNN Pro Number: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading		Appointment Time: AM PM Actual Driver Arrival Time: AM PM Driver Departure Time: AM PM		SPECIAL INSTRUCTIONS: Load #: 50093185 Packing List Is Attached	
SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:		CUSTOMER ORDER INFORMATION		CARRIER INFORMATION	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 96776 SID#: _____ PHONE: _____ VENDOR: _____		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: 0614		Name: _____ Address: _____ City/State/Zip: _____		CUSTOMER ORDER NUMBER: 3197104 # PKGS: 283 WEIGHT: 4102.02 PALLET/SLIP: Y N Grand Total: 283 4102.02		H.M. (X) Commodity Description Pallet Mattress Pads Pillows, Valance, Towels Grand Total	
Bill of Lading Number: 06757164000154743  (402)06757164000154743		CARRIER NAME: Schneider Responsible Acct.No: _____ Trailer number: TA150823 Seal number(s): _____ SCAC: SCNN Pro Number: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading		Appointment Time: AM PM Actual Driver Arrival Time: AM PM Driver Departure Time: AM PM		SPECIAL INSTRUCTIONS: Load #: 50093185 Packing List Is Attached	

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: 7/17/2019 12:02:37 PM

## 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 Minooka DC Location #: CL	Name:				
Address:	1680 Tide Court	Address:	c/o Minooka DC	Address:				
City/State/Zip:	Woodland, CA 96776	City/State/Zip:	601 Midpoint Rd., Minooka, IL 60447	City/State/Zip:				
SID#:		CID#:						
PHONE:		Dept:	0614					
VENDOR:		FOB:	<input type="checkbox"/>					
Bill of Lading Number: 06757164000154736		Trailer number: TA150823		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)				
		Seal number(s):		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>				
(402)06757164000154736		SCAC: SCNN		Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/>				
CARRIER NAME: Schneider		Pro Number:		Appointment Time				
Responsible Acct.No:				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			
3197104	230	3112.37	Y	N				
<b>Grand Total</b>	<b>230</b>	<b>3112.37</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 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
6	Pallet			300.00		Pallet		
		177	ctns	2875.44		Mattress Pads	149265	100
		53	ctns	236.93		Pillows, Valance, Towels	49390	100
6		230		3412.37		<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.

<b>SHIP FROM</b>		Bill of Lading Number: 06757164000154750	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95778 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000154750	
<b>SHIP TO</b>		CARRIER NAME: Schneider	
Name: Macy's Home MMG Denver DC Location #: DV Address: c/o Denver DC 510 East 51st Ave, City/State/Zip: Devnver, CO 80216 CID#: _____ Dept: 0614		Responsible Acct.No: _____ Traller number: TA150823 Seal number(s): _____ SCAC: SCNN Pro Number: _____	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <b>X</b> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: Load #: 50093185 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
3197104	38	489.09	Y	N	
<b>Grand Total</b>	<b>38</b>	<b>489.09</b>			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		32	ctns	463.23		Mattress Pads	149265	100
		6	ctns	25.86		Pillows,Valance,Towels	49390	100
1		38		539.09		<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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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**NOTE Liability Lim'tation 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;"><b>Shipper Signature</b></p>
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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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**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: 06757164000154682  
  
 (402)06757164000154682

**SHIP TO**  
 Name: Macy's Home MMG Goodyear DC Location #: AZ  
 Address: c/o Goodyear DC  
 16575 West Commerce Lane,  
 City/State/Zip: Goodyear, AZ 85338  
 CID#: \_\_\_\_\_  
 Dept: 0784 FOB:

**CARRIER NAME:** Schnelder  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: TA150823  
 Seal number(s): \_\_\_\_\_  
**SCAC:** SCNN  
**Pro Number:** \_\_\_\_\_

**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
**SPECIAL INSTRUCTIONS:**  
 Load #: 50093185  
 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
3214979	47	336.19	Y N	
<b>Grand Total</b>	<b>47</b>	<b>336.19</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 HMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		47	ctns	336.19		Throws, Blankets	49040	150
1		47		386.19		<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** \_\_\_\_\_

<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>	<b>Freight Counted:</b>	<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.
	<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	

**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: 06757164000154774  
  
 (402)06757164000154774

**SHIP TO:**  
 Name: Macy's Home MMG Gandy DC Location #: GN  
 Address: c/o Gandy DC  
 4130 Gandy Blvd.,  
 City/State/Zip: Tampa, FL 33611  
 CID#:  
 Dept: 0614 FOB:

**CARRIER NAME:** Schneider  
 Responsible Acct.No:  
 Trailer number: TA150823  
 Seal number(s):  
**SCAC:** SCNN  
**Pro Number:**

**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name:  
 Address:  
 City/State/Zip:  
**SPECIAL INSTRUCTIONS:**  
 Load #: 50093185  
 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
3197104	228	3331.26	Y N	
<b>Grand Total</b>	<b>228</b>	<b>3331.26</b>		

CARRIER INFORMATION						PACKAGE		
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>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
6	Pallet			300.00		Pallet		
		186	ctns	3145.37		Mattress Pads	149265	100
		42	ctns	185.89		Pillows,Valance,Towels	49390	100
6		228		3631.26		<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 property 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.







