

Chargebacks and RTVs

Macy's, Inc. (MacysNet)

Valid as of: 11/7/2019 12:54:18 AM EST

Division: Macy's Account #: 05390993890

Vendor Name: E & E CO LTD

Document Number: 4864688

Department/Vendor: 606/938

Check Summary

Check Number: 1827243

Check Date: 10/30/2019

Purchase Order Number: 4491254

Transaction Summary

Transaction Type: 506 - DM-CARTON SHORTAGE VND RESPONSIBLE

Total Cost: (\$87)

Transaction Type: 796 - RTV DAMAGE ALLOWANCE MDA

Total Cost: (\$294.68)

Style Summary

Receipt Number: 4699814-000

Carrier:

Freight Bill:

Bill of Lading: 0675716400

Cartons: 0

Weight: 0

Total Cost: (\$87)

Style	Qty	Rec	Qty	Diff	Order	Cost	Cost	Diff	UOM	Ext	Cost	Diff	Ext	Qty	Diff
LT 250		0		-1		\$87.00		\$0.00			\$0.00				-87

Receipt Number: 4890173-022

Carrier:

Freight Bill:

Bill of Lading: 0675716400

Cartons: 0

Weight: 0

Total Cost: \$0

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

No further detail exists for this transaction.

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

Master Bill of Lading Number: 06757164000167682

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

CARRIER NAME: Schneider

Trailer number: TA 151413

Seal number(s): 0973149

SGAC: SCNN

Pro Number:

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

Freight Charge Terms:

Prepaid: Collect: 3rd Party:

MASTER BILL OF LANDING: WITH ATTACHED
 UNDERLYING BILLS OF LANDING

SPECIAL INSTRUCTIONS:
 Load #: 50223993

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
10:00 ^{AM} / _{PM}	10:45 ^{AM} / _{PM}	11:45 ^{AM} / _{PM}

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/GLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO		Supplier#
			Y	N		DC#		
9570161	9	145.45	Y	N	06757164000166784	JP		
9570161	16	266.87	Y	N	06757164000166807	HU		
9570161	12	201.66	Y	N	06757164000166753	ST		
9570161	1	18.29	Y	N	06757164000166760	DV		
9570161	17	265.30	Y	N	06757164000166777	SW		
9570161	21	333.19	Y	N	06757164000166746	SC		
9570161	9	146.79	Y	N	06757164000166791	GN		
4491254	127	929.98	Y	N	06757164000166814	MB		20 comb. PETS
4491287	391	3437.38	Y	N	06757164000166814	MB		20 comb. PETS
Grand Total	603	5744.91						

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.
Scott 9/10/19

Trailer Loaded:
 By Shipper
 By Driver

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

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

Date: 9/10/2019 11:25:16 AM

Master Bill Of Lading

Page 2 of 2

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

Master Bill of Lading Number: 06757164000167882

SHIP TO
Name: Macy's / Bloom Consolidation Center **DC#:**
Div.:
Address: C/O Dynamic Santa Fe Springs
 14141 Alondra Boulevard,
City/State/Zip: Santa Fe Spgs, CA 90679
SID#: **FOB:**

CARRIER NAME: Schnelder

Trailer number: TA 151413

Seal number(s): 0973149

SCAC: SCNN

Pro Number:

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

Freight Charge Terms:

Prepaid: **Collect:** **3rd Party:**

MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING

SPECIAL INSTRUCTIONS:

Load #: 50223993

Appointment Time 10:00 ^{AM} / _{PM}	Actual Driver Arrival Time 10:45 ^{AM} / _{PM}	Driver Departure Time 11:45 ^{AM} / _{PM}
----------------------------------------------------------------	--------------------------------------------------------------------------	---------------------------------------------------------------------

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
27	Pallet			1350.00		Pallet		70
		344	ctns	4670.81		Comforters, Bedspreads	49017	200
		259	ctns	1074.10		Pillows, Valance, Towels	49890	100
27				7094.91		Grand Total		

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

GOD Amount \$ _____

Fee Terms: **Collect:** **Prepaid:**

Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

[Signature] 9/10/19

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.

[Signature]

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 1880 Tide Court
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: FOB:

Bill of Lading Number: 08767164000166784

 (402)06767164000166784

SHIP TO
 Name: Macy's Home MMG Joppa DC Location #: JP
 Address: c/o Joppa DC
 3300 Fashion Way,
 City/State/Zip: Joppa, MD 21086
 CID#:
 Dept: 0703 FOB:

CARRIER NAME: Schneider
 Responsible Acct.No:
 Trailer number: TA 151418
 Seal number(s): 0973149
 SCAC: SCNN
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 Load #: 50223993
 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
9570161	9	145.45	Y N	
Grand Total	9	145.45		

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFD Item 380.</small>	PACKAGE		
QTY	TYRE	QTY	TYPE				NMFC #	CLASS	
1	Pallet			60.00		Pallet			
		9	ctns	145.45		Comforters, Bedspreads	49017	200	
1		9		195.45		Grand Total			

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

COD Amount: _____
 Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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

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

The carrier shall not make delivery of this shipment without payment of freight and all other 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: 9/10/2019 11:26:03 AM

Bill Of Lading

Page 1 of 1

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

Bill of Lading Number: 06757164000166807

 (402)06757164000166807

SHIP TO
 Name: Macy's Home MMG Houston DC Location #: HU
 Address: o/o Houston DC
 2103 Ernestine,
 City/State/Zip: Houston, TX 77023
 CID#:
 Dept: 0703 FOB:

CARRIER NAME: Schnelder
 Responsible Acct.No:
 Trailer number: TA 151413
 Seal number(s): 0973149
 SCAC: SCNN
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 Load #: 50223993
 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
9570161	16	266.87	Y N	
Grand Total	16	266.87		

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300.</small>	PACKAGE		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
1	Pallet			50.00		Pallet			
		16	ctns	266.87		Comforters, Bedspreads	49017	200	
1		16		316.87		Grand Total			

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

COD Amount: _____
 Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, 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: 9/10/2019 11:24:50 AM

Bill Of Lading

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: 06767164000166753

 (402)06767164000166753

SHIP TO
Name: Macy's Home MMG Stone Mountain DC **Location #:** ST
Address: c/o Stone Mountain DC
City/State/Zip: 4401 Barr Parkway, Stone Mountain, GA 30083
CID#:
Dept: 0703 **FOB:**

CARRIER NAME: Schnelder
Responsible Acct.No:
Trailer number: TA 161413
Seal number(s): 0973149
SCAC: SCNN
Pro Number:

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

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Prepaid: **Collect:** X **3rd Party:**
 Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 Load #: 60223993
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9570161	12	201.66	Y N	
Grand Total	12	201.66		

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			
		12	ctns	201.66		Comforters, Bedspreads	49017	200	
1		12		261.66		Grand Total			

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

COD Amount: _____
Fee Terms: **Collect:** **Prepaid:**
Customer check acceptable:

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

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

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

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

Trailer Loaded: By Shipper By Driver
Freight Counted: By Shipper By Driver/pallets 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: 9/10/2019 11:26:00 AM

Bill Of Lading

SHIP FROM

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

Bill of Lading Number: 06757164000166760



CARRIER NAME: Schnelder
 Responsible Acct.No:

SHIP TO

Name: Macy's Home MMG Denver DC Location #: DV
 Address: o/o Denver DC
 510 East 51st Ave,
 City/State/Zip: Denver, CO 80216
 CID#:
 Dept: 0703

Trailer number: TA 151413
 Seal number(s): 0873149

SCAC: SCNN
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid: Collect: X 3rd Party:

City/State/Zip:

Master Bill of Lading: with attached underlying Bills of Lading (check box)

SPECIAL INSTRUCTIONS:

Load #: 50223993

Packing List is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9570161	1	18.29	Y N	
Grand Total	1	18.29		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to insure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	18.29		Comforters, Bedspreads	49017	200
1		1		68.29		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

By Shipper
 By Driver/pallets 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: 9/10/2019 11:25:13 AM

Bill Of Lading

Page 1 of 1


SHIP FROM					SHIP TO				
Name: E & E COMPANY LTD					Bill of Lading Number: 06757164000186777				
Address: 1680 Tide Court									
City/State/Zip: Woodland, CA 95778					(402)06757164000186777				
SID#:					CARRIER NAME: Schnelder				
PHONE:					Responsible Acct.No:				
VENDOR:					Trailer number: TA 151419				
FOB: <input type="checkbox"/>					Seal number(s): 0973149				
Name: Macy's Home MMG South Windsor DC					Location #: SW				
Address: c/o South Windsor DC					SCAC: SCNN				
City/State/Zip: 301 Governors Hwy, South Windsor, CT 06074					Pro Number:				
CID#:									
Dept: 0703					FOB: <input type="checkbox"/>				
THIRD PARTY FREIGHT CHARGES BILL TO:									
Name:					Freight Charge Terms: (freight charges are prepaid unless marked otherwise)				
Address:					Prepaid: Collect: X 3rd Party:				
City/State/Zip:					<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)				
SPECIAL INSTRUCTIONS: Load #: 50223993					Appointment Time		Actual Driver Arrival Time		Driver Departure Time
Packing List Is Attached					AM		AM		AM
					PM		PM		PM
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER			# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO		
9570161			17	265.30	Y	N			
Grand Total			17	265.30					
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFO Item 510.</small>	PACKAGE		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
1	Pallet			50.00		Pallet			
		17	ctns	265.30		Comforters, Bedspreads	49017	200	
1		17		315.30		Grand Total			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount: _____	
		Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>		Shipper Signature	
Trailer Loaded: <input 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>	

Date: 9/10/2019 11:25:06 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Secaucus DC Location #: SC
Address:	1680 Tide Court	Address:	c/o Secaucus DC 600 Meadowlands Parkway,
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Secaucus, NJ 07094
SID#:		CID#:	
PHONE:		Dept:	0703
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000166748		Trailer number: TA 161413	
		Seal number(s): 0973149	
(402)06757164000166748		SCAC: SCNN	
CARRIER NAME: Schneider		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
(check box)		3rd Party:	
Master Bill of Lading: with attached underlying Bills of Lading		Appointment Time	
		Actual Driver Arrival Time	
		Driver Departure Time	
SPECIAL INSTRUCTIONS:		AM	
Load #: 50223993		PM	
Packing List Is Attached		AM	
		PM	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9570161	21	333.19	Y N	
Grand Total	21	333.19		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(s) of NMFC Item 383</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		21	ctns	333.19		Comforters, Bedspreads	49017	200
1		21		333.19		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: 08757164000186791	
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06767164000186791	
City/State/Zip: Woodland, CA 95776	SID#:		
PHONE:	VENDOR:		
FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: Schneider	
Name: Macy's Home MMG Gandy DC	Location #: GN	Responsible Acct.No:	
Address: c/o Gandy DC	4130 Gandy Blvd.,	Trailer number: TA 161413	
City/State/Zip: Tampa, FL 33611	CID#:	Seal number(s): 0973149	
Dept: 0703	FOB: <input type="checkbox"/>	SCAC: SCNN	
THIRD PARTY FREIGHT CHARGES BILL TO:		Pro Number:	
Name:	Address:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
City/State/Zip:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: 50223993 Packing List Is Attached		Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/> (check box)	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM


CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9570161	9	146.79	Y N	
Grand Total	9	146.79		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 359</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		9	ctns	146.79		Comforters, Bedspreads	49017	200
1		9		196.79		Grand Total		

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

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 1600 Tide Court
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR:

Bill of Lading Number: 08757164000186814

 (402)08757164000186814

SHIP TO
 Name: Macy's Home Store Martinsburg Location #: MB
 DC
 Address: o/o Martinsburg DC - MB
 City/State/Zip: 333 Caperton Blvd,
 Martinsburg, WV 25403
 CID#:
 Dept: 0606 FOB:

CARRIER NAME: Schneider
 Responsible Acct.No:
 Trailer number: TA 161413
 Seal number(s): 0979149
 SCAC: SCNN
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 Load #: 60228993
 Packing List Is Attached

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: Collect: 3rd Party:
 Master Bill of Lading: with attached
 (check box) 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
4491264	127	929.98	Y	N	20 Comb PLTS
4491287	391	3437.38	Y	N	20 Comb PLTS
Grand Total	518	4367.36			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care of attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 369.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
20	Pallet			1000.00		Pallet		
		269	ctns	3293.26		Comforters, Bedspreads	49017	200
		259	ctns	1074.10		Pillows, Valance, Towels	49390	100
20		518		5367.36		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.

