

Chargebacks and RTVs

Macy's, Inc. (MacysNet)
 Valid as of: 11/20/2019 2:52:38 AM EST
 Division: Macy's Account #: 05390993890
 Vendor Name: E & E CO LTD
 Document Number: 4862634
 Department/Vendor: 606/938

Check Summary

Check Number: 1832157
 Check Date: 11/13/2019
 Purchase Order Number: 4491287

Transaction Summary

Transaction Type: 506 - DM-CARTON SHORTAGE VND RESPONSIBLE
 Total Cost: (\$174)

Transaction Type: 796 - RTV DAMAGE ALLOWANCE MDA
 Total Cost: (\$701.83)

Style Summary

Receipt Number: 4809178-029
 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
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No further detail exists for this transaction.

Receipt Number: 4792404-000
 Carrier:
 Freight Bill:
 Bill of Lading: 0675716400
 Cartons: 0
 Weight: 0
 Total Cost: \$0

Style	Qty Rec	Qty Diff	Order Cost	Cost Diff	UOM	Ext Cost Diff	Ext Qty Diff
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No further detail exists for this transaction.

Receipt Number: 4841911-049
 Carrier:
 Freight Bill:
 Bill of Lading: 0675716400
 Cartons: 0
 Weight: 0
 Total Cost: (\$174)

Style	Qty Rec	Qty Diff	Order Cost	Cost Diff	UOM	Ext Cost Diff	Ext Qty Diff
LT250.	0	-1	\$174.00	\$0.00		\$0.00	-174

Receipt Number: 4699814-002
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
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No further detail exists for this transaction.

Receipt Number: 4764931-012
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
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No further detail exists for this transaction.

Receipt Number: 4688887-001
Carrier:
Freight Bill:
Bill of Lading: 0675716400
Cartons: 0
Weight: 0
Total Cost: \$0

Style	Qty Rec	Qty Diff	Order Cost	Cost Diff	UOM	Ext Cost Diff	Ext Qty Diff
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No further detail exists for this transaction.

Date: 9/9/2019 2:43:33 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757164000167699	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: Schnelder	
Name: Macy's /Bloom Consolidation Center DC#: _____ Div. _____ Address: C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard, City/State/Zip: Santa Fe Spgs, CA 90670 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: TA-188686 Seal number(s): 0973142 SCAC: SCNN Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____ 9/9		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: 50223988		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
		Appointment Time: 11:00 <small>AM PM</small> Actual Driver Arrival Time: 11:00 <small>AM PM</small> Driver Departure Time: 3:15 <small>AM PM</small>	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		
					BOL#	DC#	Supplier#
4782666	5	37.34	Y	N	06757164000166869	CD	1 PLT
4782666	6	106.20	Y	N	06757164000166883	PD	1 PLT
9570168	14	228.34	Y	N	06757164000166845	MB	1 PLT
4782666	10	103.38	Y	N	06757164000166876	OK	
9570161	10	165.72	Y	N	06757164000166890	BA	1 PLT
3938878	210	1682.92	Y	N	06757164000166920	SW	
9570168	15	244.65	Y	N	06757164000166852	OK	1 PLT
4491254	160	1157.68	Y	N	06757164000166937	AZ	
9570168	51	823.74	Y	N	06757164000166838	PD	3 PLTS
4491287	268	2351.35	Y	N	06757164000166937	AZ	17 PLTS
9570161	22	368.72	Y	N	06757164000166906	CL	
9570161	3	48.93	Y	N	06757164000166913	AZ	
9570168	57	920.26	Y	N	06757164000166821	AZ	4 PLTS

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>
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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. <i>Emilio 9/9/19</i>	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. <i>[Signature]</i> 9/9/19
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Date: 9/9/2019 2:43:33 PM

Master Bill Of Lading

Page 2 of 2

SHIP FROM		Master Bill of Lading Number: 06757164000167699							
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>									
SHIP TO		CARRIER NAME: Schneider							
Name: Macy's /Bloom Consolidation Center DC#: _____ Div.: _____ Address: C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard, City/State/Zip: Santa Fe Spgs, CA 90670 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: TA-188686 Seal number(s): 0973142 SCAC: SCNN Pro Number: _____							
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:							
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>							
SPECIAL INSTRUCTIONS: Load #: 50223988		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING							
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Appointment Time</td> <td style="width: 25%;">Actual Driver Arrival Time</td> <td style="width: 25%;">Driver Departure Time</td> <td style="width: 25%;"></td> </tr> <tr> <td style="text-align: center;">11:00 AM</td> <td style="text-align: center;">11:00 AM</td> <td style="text-align: center;">3:15 PM</td> <td></td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time		11:00 AM	11:00 AM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time							
11:00 AM	11:00 AM	3:15 PM							

Grand Total	831	8239.23				
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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 slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 389</small>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
39	Pallet			1950.00		Pallet		70
		462	ctns	6566.07		Comforters, Bedspreads	49017	200
		348	ctns	1426.24		Pillows, Valance, Towels	49390	100
		21	ctns	246.92		Shower curtain	49385	77.5
39				10189.23		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 <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 style="font-size: 1.2em;"><i>Emy O 9/9/19</i></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 <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> <p style="font-size: 1.2em;"><i>[Signature]</i> 9/9/19</p>	

Date: 9/9/2019 2:42:53 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757164000166869	
Name:	E & E COMPANY LTD	 (402)06757164000166869	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: Schnelder	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA-188686	
Name:	Macy's Home Store Cheshire DC Location #: CD	Seal number(s): 0973142	
Address:	c/o Cheshlre DC 475 Knotter Drive,	SCAC: SCNN	
City/State/Zip:	Cheshire, CT 06410	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: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 50223988		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4782666	5	37.34	Y N	
Grand Total	5	37.34		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		5	ctns	37.34		Shower curtain	49385	77.5
1		5		87.34		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		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: 9/9/2019 2:43:26 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757164000166883										
Name: E & E COMPANY LTD Address: 1880 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000166883										
SHIP TO		CARRIER NAME: Schneider										
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: TA-188686 Seal number(s): 0973142 SCAC: SCNN Pro Number: _____										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 50223988 Packing List is Attached		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">Appointment Time</th> <th style="width:25%;">Actual Driver Arrival Time</th> <th style="width:25%;">Driver Departure Time</th> </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
4782666	6	106.20	Y	N	1 PLT
Grand Total	6	106.20			


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		6	ctns	106.20		Shower curtain	49385	77.5
1		6		156.20		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.

Date: 9/9/2019 2:43:10 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757164000166845	
Name:	E & E COMPANY LTD	 (402)06757164000166845	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776	CARRIER NAME: Schneider	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: TA-168686	
VENDOR:		Seal number(s): 0973142	
SHIP TO		SCAC: SCNN	
Name:	Macy's Home MMG Martinsburg Location #: MB DC	Pro Number:	
Address:	333 Caperton Blvd		
City/State/Zip:	Martinsburg, WV 25403		
CID#:			
Dept:	0703		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 50223988		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
9570168	14	228.34	Y N	
Grand Total	14	228.34		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		14	ctns	228.34		Comforters, Bedspreads	49017	200
1		14		278.34		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"		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: 9/9/2019 2:43:22 PM

Bill Of Lading

Page 1 of 1


SHIP FROM					SHIP TO					
Name: E & E COMPANY LTD					Name: Macy's Home Store Tulsa DC Location #: OK					
Address: 1680 Tide Court					Address: c/o Tulsa DC					
City/State/Zip: Woodland, CA 95776					City/State/Zip: Owasso, OK 74055					
SID#:					CID#:					
PHONE:					Dept: 0802					
VENDOR:					FOB: <input type="checkbox"/>					
Bill of Lading Number: 06757164000166876					Trailer number: TA-188686					
					Seal number(s): 0973142					
(402)06757164000166876					SCAC: SCNN					
CARRIER NAME: Schneider					Pro Number:					
Responsible Acct.No:					Freight Charge Terms: (freight charges are prepaid unless marked otherwise)					
Prepaid: <input type="checkbox"/>					Collect: X					
3rd Party: <input type="checkbox"/>					Master Bill of Lading: with attached underlying Bills of Lading					
SPECIAL INSTRUCTIONS: Load #: 50223988					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			
4782666			10	103.38	Y	N				
Grand Total			10	103.38						
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				
		10	ctns	103.38		Shower curtain	49385	77.5		
1		10		153.38		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: 9/9/2019 2:43:02 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757164000166890										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000166890										
SHIP TO		CARRIER NAME: Schneider										
Name: Macy's Home MMG Bailey Rd DC Location #: BA Address: c/o Bailey Rd DC 300 South Bailey Road, City/State/Zip: North Jackson, OH 44451 CID#: _____ Dept: 0703		Responsible Acct.No: _____ Trailer number: TA-188686 Seal number(s): 0973142 SCAC: SCNN Pro Number: _____										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 50223988 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
9570161	10	165.72	Y N	
Grand Total	10	165.72		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 390</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		10	ctns	165.72		Comforters, Bedspreads	49017	200
1		10		215.72		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>								
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).									
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>								
SHIPPER SIGNATURE / DATE <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>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Trailer Loaded:</td> <td style="width:50%;">Freight Counted:</td> </tr> <tr> <td><input checked="" type="checkbox"/> By Shipper</td> <td><input checked="" type="checkbox"/> By Shipper</td> </tr> <tr> <td><input type="checkbox"/> By Driver</td> <td><input type="checkbox"/> By Driver/pallets said to contain</td> </tr> <tr> <td></td> <td><input type="checkbox"/> By Driver/Pieces</td> </tr> </table>	Trailer Loaded:	Freight Counted:	<input checked="" type="checkbox"/> By Shipper	<input checked="" type="checkbox"/> By Shipper	<input type="checkbox"/> By Driver	<input type="checkbox"/> By Driver/pallets said to contain		<input type="checkbox"/> By Driver/Pieces
Trailer Loaded:	Freight Counted:								
<input checked="" type="checkbox"/> By Shipper	<input checked="" type="checkbox"/> By Shipper								
<input type="checkbox"/> By Driver	<input type="checkbox"/> By Driver/pallets said to contain								
	<input type="checkbox"/> By Driver/Pieces								
CARRIER SIGNATURE / PICKUP DATE <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: 9/9/2019 2:43:20 PM

Bill Of Lading

Page 1 of 1


SHIP FROM					SHIP TO				
Name: E & E COMPANY LTD					Name: Macy's Home Store South Windsor DC Location #: SW				
Address: 1680 Tide Court					Address: c/o South Windsor DC				
City/State/Zip: Woodland, CA 95776					City/State/Zip: 301 Governor's Hwy, South Windsor, CT 06074				
SID#:					CID#:				
PHONE:					Dept: 0606				
VENDOR:					FOB: <input type="checkbox"/>				
Bill of Lading Number: 06757164000166920					CARRIER NAME: Schnelder				
					Responsible Acct.No:				
(402)06757164000166920					Trailer number: TA-188686				
					Seal number(s): 0973142				
					SCAC: SCNN				
					Pro Number:				
THIRD PARTY FREIGHT CHARGES BILL TO:					Freight Charge Terms: (freight charges are prepaid unless marked otherwise)				
Name:					Prepaid: <input type="checkbox"/>				
Address:					Collect: X				
City/State/Zip:					3rd Party: <input type="checkbox"/>				
SPECIAL INSTRUCTIONS:					Master Bill of Lading: with attached				
Load #: 50223988					(check box) underlying Bills of Lading				
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		
3938878			210	1682.92	Y	N			
Grand Total			210	1682.92					
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 380</small>	PACKAGE		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
6	Pallet			300.00		Pallet			
		88	ctns	1192.84		Comforters, Bedspreads	49017	200	
		122	ctns	490.08		Pillows, Valance, Towels	49390	100	
6		210		1982.92		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>		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>	
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	

Date: 9/9/2019 2:43:13 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757164000166852										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000166852										
SHIP TO		CARRIER NAME: Schneider										
Name: Macy's Home MMG Owasso DC Location #: OK Address: c/o Macy's Logistics Distribution C 7120 E.76th Street North, City/State/Zip: Owasso, OK 74055 CID#: _____ Dept: 0703		Responsible Acct.No: _____ Trailer number: TA-188686 Seal number(s): 0973142 SCAC: SCNN Pro Number: _____										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 60223988 Packing List Is Attached		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Appointment Time</th> <th>Actual Driver Arrival Time</th> <th>Driver Departure Time</th> </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
9570168	15	244.65	Y N	
Grand Total	15	244.65		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFO Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		15	ctns	244.65		Comforters, Bedspreads	49017	200
1		15		294.65		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>		
SHIPPER SIGNATURE / DATE <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>	<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 <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: 9/9/2019 2:42:56 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 Store Goodyear DC Location #: AZ	Name:				
Address:	1680 Tide Court	Address:	c/o Goodyear DC	Address:				
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	16575 West Commerce Drive, Goodyear, AZ 85338	City/State/Zip:				
SID#:		CID#:						
PHONE:		Dept:	0608					
VENDOR:		FOB:	<input type="checkbox"/>					
Bill of Lading Number: 08757164000166937		CARRIER NAME: Schneider		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)				
		Responsible Acct.No:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:				
(402)06757164000166937		Trailer number: TA-188686		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading				
		Seal number(s): 0973142		Appointment Time				
		SCAC: SCNN		Actual Driver Arrival Time				
		Pro Number:		Driver Departure Time				
				AM AM AM				
				PM PM PM				
CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO			
4491254	160	1157.68	Y	N	17 PLTS			
4491287	268	2351.35	Y	N				
Grand Total	428	3509.03						
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 NMFG Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
17	Pallet			850.00		Pallet		
		202	ctns	2572.87		Comforters, Bedspreads	49017	200
		226	ctns	936.16		Pillows, Valance, Towels	49390	100
17		428		4359.03		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).	
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature
SHIPPER SIGNATURE / DATE <small>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: Freight Counted: <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
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: 9/9/2019 2:43:08 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Portland DC Location #: PD
Address:	1680 Tide Court	Address:	c/o Portland DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Portland, TN 37148
SID#:		CID#:	
PHONE:		Dept:	0703
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000166838		CARRIER NAME: Schneider	
		Responsible Acct.No:	
(402)06757164000166838		Trailer number: TA-188686	
		Seal number(s): 0973142	
		SCAC: SCNN	
		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		Appointment Time	
SPECIAL INSTRUCTIONS:		Actual Driver Arrival Time	
Load #: 60223988		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
9570168	51	823.74	Y N	
Grand Total	51	823.74		

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
3	Pallet			150.00		Pallet		
		51	ctns	823.74		Comforters, Bedspreads	49017	200
3		51		973.74		Grand Total		

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

per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

RECEIVED, subject to individually determined rates or 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: 9/9/2019 2:43:16 PM

Bill Of Lading


Page 1 of 1

SHIP FROM		Bill of Lading Number: 08757164000166906	
Name: E & E COMPANY LTD		 (402)06757164000166906	
Address: 1680 Tide Court			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR:	FOB: <input type="checkbox"/>	Responsible Acct.No:	
SHIP TO		Trailer number: TA-188686	
Name: Macy's Home MMG Minooka DC Location #: CL		Seal number(s): 0973142	
Address: c/o Minooka DC		SCAC: SCNN	
City/State/Zip: Minooka, IL 60447		Pro Number:	
CID#:			
Dept: 0703	FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS: Load #: 50223988		Appointment Time	Actual Driver Arrival Time
Packing List Is Attached		AM	AM
		PM	PM
			Driver Departure Time
			AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9570161	22	368.72	Y N	
Grand Total	22	368.72		

CARRIER INFORMATION										
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 350</small>	PACKAGE			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
2	Pallet			100.00		Pallet				
		22	ctns	368.72		Comforters, Bedspreads	49017	200		
2		22		468.72		Grand Total				


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

SHIP FROM		Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		Bill of Lading Number: 06757164000166913  (402)06757164000166913	
SHIP TO		Name: Macy's Home MMG Goodyear DC Location #: AZ Address: c/o Goodyear DC 16576 West Commerce Lane, City/State/Zip: Goodyear, AZ 85338 CID#: _____ Dept: 0703 FOB: <input type="checkbox"/>		CARRIER NAME: Schnelder Responsible Acct.No: _____ Trailer number: TA-188686 Seal number(s): 0973142 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: <input type="checkbox"/> Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: Load #: 50223988 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
9570161	3	48.93	Y N	
Grand Total	3	48.93		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	48.93		Comforters, Bedspreads	49017	200
1		3		98.93		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).	
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver
Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

SHIP FROM		Bill of Lading Number: 06757164000186821	
Name: E & E COMPANY LTD		 (402)06757164000186821	
Address: 1680 Tide Court			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Schnelder	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA-188686	
Name: Macy's Home MMG Goodyear DC Location #: AZ		Seal number(s): 0973142	
Address: c/o Goodyear DC		SCAC: SCNN	
City/State/Zip: 16575 West Commerce Lane,		Pro Number:	
Goodyear, AZ 85338			
CID#:			
Dept: 0703			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS: Load #: 50223988 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	
9570168	57	920.26	Y N		
Grand Total	57	920.26			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		57	ctns	920.26		Comforters, Bedspreads	49017	200
4		57		1120.26		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. <div style="text-align: right;">Shipper Signature</div>
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.	

Customer: MACYS HOME STORE GOODYEAR DC

Ship Date: 09/09/2019

SHIP FROM:
E & E COMPANY LTD
1680 TIDE COURT
WOODLAND, CA 95776

BILL TO:
MACYS.COM (DC)
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:
MACYS HOME STORE GOODYEAR DC
16575 WEST COMMERCE DRIVE
GOODYEAR, AZ 85338
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
4491254	MCH101575	MCH10-1575	086569280084	Fetch T Comforter Set	EA	2	30	15	30	15
4491254	MCH101576	MCH10-1576	086569280770	Fetch F Comforter Set	EA	2	20	10	20	10
4491254	MCH101577	MCH10-1577	086569280787	Avery T Comforter Set	EA	2	40	20	40	20
4491254	MCH101578	MCH10-1578	086569280794	Avery F Comforter Set	EA	2	20	10	20	10
4491254	MCH211616	MCH21-1616	086569287571	Royal Panda Pillowcase	EA	8	48	6	48	6
4491254	MCH211617	MCH21-1617	086569287588	Space Monkey Pillowcase	EA	8	48	6	48	6
4491254	MCH211618	MCH21-1618	086569287595	Rainbow Unicorn Pillowcase	EA	8	48	6	48	6
4491254	MCH211619	MCH21-1619	086569287601	Astronaut Pillowcase	EA	8	48	6	48	6
4491254	MCH301609	MCH30-1609	086569287502	Cream Backrest	EA	2	62	31	62	31
4491254	MCH301610	MCH30-1610	086569287519	Cheetah Backrest	EA	2	50	25	50	25
4491254	MCH301611	MCH30-1611	086569287526	Dinosaur Backrest	EA	2	50	25	50	25
4491287	MCH101575	MCH10-1575	086569280084	Fetch T Comforter Set	EA	2	138	69	138	69
4491287	MCH101576	MCH10-1576	086569280770	Fetch F Comforter Set	EA	2	12	6	12	6
4491287	MCH101577	MCH10-1577	086569280787	Avery T Comforter Set	EA	2	130	65	130	65
4491287	MCH101578	MCH10-1578	086569280794	Avery F Comforter Set	EA	2	14	7	14	7
4491287	MCH301609	MCH30-1609	086569287502	Cream Backrest	EA	2	74	37	74	37
4491287	MCH301610	MCH30-1610	086569287519	Cheetah Backrest	EA	2	90	45	90	45
4491287	MCH301611	MCH30-1611	086569287526	Dinosaur Backrest	EA	2	78	39	78	39

Total Weight: 3509.03
Total Quantity Ordered: 1000
Total Cartons Ordered: 428
Total Quantity Shipped: 1000
Total Cartons Shipped: 428