


C-19033910

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 550 Northport Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 SID#: _____
 PHONE: _____
 VENDOR: 9200233 FOB:

Bill of Lading Number: 06757166000452232

 (402)06757166000452232

SHIP TO
 Name: Belk 0737 Location #: 0737
 Address: 120 Belk Court
 0737
 City/State/Zip: Blythewood, SC 29016
 CID#: _____
 Dept: 0747 FOB:

CARRIER NAME: RED CLASSIC TRANSIT
 Responsible Acct.No: _____
 Trailer number: 08277
 Seal number(s): 2781592
SCAC: RCXB
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____
SPECIAL INSTRUCTIONS:
 Ship ID #2115362
 4401128

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: 11:00 AM
 Actual Driver Arrival Time: 10:30 PM
 Driver Departure Time: 11:27 PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
3611677	84	870.68	Y	N	
3632010	517	6379.78	Y	N	
3632020	472	3119.92	Y	N	
Grand Total	1073	10370.38			

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
84	ctns			870.68		Comforters, Bedspreads	49017	200
989	ctns			9499.70		Throws, Blankets	49040	150
1073				10370.38		Grand Total		

SCANNED

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

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

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

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

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


SHIPPER SIGNATURE / 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

SHIPPER SIGNATURE
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] 9/10/19

C-019033916

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 550 Northport Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 SID#: _____
 PHONE: _____
 VENDOR: 9200233 FOB:

Bill of Lading Number: 06757166000450917

 (402)06757166000450917

SHIP TO
 Name: Belk 0744 Location #: 0744
 Address: 1018 Mendell Davis Drive
 0744
 City/State/Zip: Byram, MS 39272
 CID#: _____
 Dept: 0769 FOB:

CARRIER NAME: Schneider Transportation Management
 Responsible Acct.No: _____
 Trailer number: 160621
 Seal number(s): 2200579
 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 (check box)

SPECIAL INSTRUCTIONS:
 Ship ID #2115367
 401133

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
12:00 ^{AM} _{PM}	12:00 ^{AM} _{PM}	3:25 ^{AM} _{PM}

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
3632010	281	3467.54	Y	N	
3632020	233	1540.13	Y	N	
3632009	438	5164.02	Y	N	
Grand Total	952	10171.69			

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
952	ctns			10171.69		Throws, Blankets	49040	150
952				10171.69		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: 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.
aw/dg 8-30-19

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.
W W 8-30-19

CB1903396

SHIP FROM		Bill of Lading Number: 06757166000450894
Name: E & E COMPANY LTD	Address: 550 Northport Pkwy	 (402)06757166000450894
City/State/Zip: Port Wentworth, GA 31407	SID#:	
PHONE:	VENDOR: 9200233	FOB: <input type="checkbox"/>
SHIP TO		CARRIER NAME: Schneider Transportation Management
Name: Belk 0744	Location #: 0744	Responsible Acct.No:
Address: 1018 Mendell Davis Drive	City/State/Zip: Byram, MS 39272	Trailer number: 133147
CID#:	Dept: 0769	Seal number(s): 2200532
FOB: <input type="checkbox"/>		SCAC: SCNN
		Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:	Address:	Prepaid: <input type="checkbox"/>	Collect: X
City/State/Zip:	SPECIAL INSTRUCTIONS: Ship ID #2115370 4401135	3rd Party: <input type="checkbox"/>	Master Bill of Lading: with attached underlying Bills of Lading
		Appointment Time	Actual Driver Arrival Time
		11:00 AM	10:38 AM
			Driver Departure Time
			11:20 AM

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3632020	11	72.71	Y N	
3611677	548	5715.56	Y N	
Grand Total	559	5788.27		

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
548	ctns			5715.56		Comforters, Bedspreads	49017	200
11	ctns			72.71		Throws, Blankets	49040	150
559				5788.27		Grand Total		

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

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

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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>[Signature]</i> 8-30-19	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets 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>Wall Crow</i> 8/30/19
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Routing Sheet (R201908140841485)



Routing No.:	R201908140841485	Customer:	BLK	Location:	SV2
Ship To:	0744	Shipping Date:	08/28/2019	Cancel After Date/In DC Date:	09/04/2019
Total Cube:	1483.44	Adjusted Percent(%):	15.00	Adjusted Cube:	1705.96
Total Ctns/Units:	559/592	Total Weight:	5788.27	Actual Ship Date:	08/28/2019
Estimated Pallet Count:	19	Estimated Pallet Weight(LB):	950.00	Routing:	
Carrier:		Freight Term:	Collect	Ship Method:	
Batch No.:	B20190809120508	Lane:		Customer PO No:	3611677...
Instruction:	/0744				



<u>Cust. PO No.</u>	<u>E&E SO No.</u>	<u>Shipping Date</u>	<u>Cancel After Date</u>	<u>In DC Date</u>	<u>Mark for</u>	<u>Item No.</u>	<u>Item Info.</u>	<u>Class</u>	<u>Qty To Ship</u>	<u>Case Pack</u>	<u>Total Ctns</u>	<u>Ctn Weight (LB)</u>	<u>Total Weight (LB)</u>	<u>Ctn Cube</u>	<u>Total Cube</u>
3632020	5108327	8/28/2019	9/12/2019		0691	BK50-1922	086569249746 Plush Metallic Throw N/A	150	4	4	1	6.61	6.61	1.94	1.94
3632020	5108328	8/28/2019	9/12/2019		0692	BK50-1921	086569249739 Plush Metallic Throw N/A	150	8	4	2	6.61	13.22	1.94	3.88
3632020	5108328	8/28/2019	9/12/2019		0692	BK50-1922	086569249746 Plush Metallic Throw N/A	150	8	4	2	6.61	13.22	1.94	3.88
3632020	5108330	8/28/2019	9/12/2019		0694	BK50-1921	086569249739 Plush Metallic Throw N/A	150	12	4	3	6.61	19.83	1.94	5.82
3632020	5108330	8/28/2019	9/12/2019		0694	BK50-1922	086569249746 Plush Metallic Throw N/A	150	12	4	3	6.61	19.83	1.94	5.82
3611677	5115926	9/4/2019	9/11/2019		0222	BK10-1835	086569239464 Q Bryce Comforter Set N/A	200	4	1	4	9.92	39.68	2.58	10.32
3611677	5115926	9/4/2019	9/11/2019		0222	BK10-1836	086569239471 K Bryce Comforter Set N/A	200	4	1	4	11.02	44.08	2.77	11.08
3611677	5115927	9/4/2019	9/11/2019		0228	BK10-1835	086569239464 Q Bryce Comforter Set N/A	200	10	1	10	9.92	99.20	2.58	25.80
3611677	5115927	9/4/2019	9/11/2019		0228	BK10-1836	086569239471 K Bryce Comforter Set N/A	200	8	1	8	11.02	88.16	2.77	22.16
3611677	5115933	9/4/2019	9/11/2019		0281	BK10-1835	086569239464 Q Bryce Comforter Set N/A	200	6	1	6	9.92	59.52	2.58	15.48
3611677	5115933	9/4/2019	9/11/2019		0281	BK10-1836	086569239471 K Bryce Comforter Set N/A	200	5	1	5	11.02	55.10	2.77	13.85
3611677	5115936	9/4/2019	9/11/2019		0285	BK10-1835	086569239464 Q Bryce Comforter Set N/A	200	7	1	7	9.92	69.44	2.58	18.06
3611677	5115936	9/4/2019	9/11/2019		0285	BK10-1836	086569239471 K Bryce Comforter Set N/A	200	6	1	6	11.02	66.12	2.77	16.62
3611677	5115937	9/4/2019	9/11/2019		0289	BK10-1835	086569239464 Q Bryce Comforter Set N/A	200	6	1	6	9.92	59.52	2.58	15.48
3611677	5115937	9/4/2019	9/11/2019		0289	BK10-1836	086569239471 K Bryce Comforter Set N/A	200	5	1	5	11.02	55.10	2.77	13.85
3611677	5115939	9/4/2019	9/11/2019		0304	BK10-1835	086569239464 Q Bryce Comforter Set N/A	200	4	1	4	9.92	39.68	2.58	10.32