

# Chargebacks and RTVs

Macy's, Inc. (MacysNet)  
 Valid as of: 12/18/2019 12:09:23 AM EST  
 Division: Macy's Account #: 05390993890  
 Vendor Name: E & E CO LTD  
 Document Number: 4913342  
 Department/Vendor: 792/938

## Check Summary

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Check Number: 1843015  
 Check Date: 12/11/2019  
 Purchase Order Number: 4862438

## Transaction Summary

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Transaction Type: 796 - RTV DAMAGE ALLOWANCE MDA  
 Total Cost: (\$1117.86)

Transaction Type: 506 - DM-CARTON SHORTAGE VND RESPONSIBLE  
 Total Cost: (\$136.48)

## Style Summary

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Receipt Number: 5140987-000  
 Carrier:  
 Freight Bill:  
 Bill of Lading: 0675716300  
 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.

Receipt Number: 5055263-000  
 Carrier:  
 Freight Bill:  
 Bill of Lading: 0675716300  
 Cartons: 0  
 Weight: 0  
 Total Cost: (\$136.48)

Style	Qty	Rec	Qty	Diff	Order	Cost	Cost	Diff	UOM	Ext	Cost	Diff	Ext	Qty	Diff
LT 250		0		-1	\$136.48	\$0.00				\$0.00					-136.48

Receipt Number: 5092180-000  
 Carrier:

## Freight Bill:

Bill of Lading: 0675716300

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.

Receipt Number: 5167049-000

Carrier:

Freight Bill:

Bill of Lading: 0675716300

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.

Receipt Number: 5227280-000

Carrier:

Freight Bill:

Bill of Lading: 0675716300

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.

Receipt Number: 4994991-000

Carrier:

Freight Bill:

Bill of Lading: 0675716300

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.

Receipt Number: 5117254-000

Carrier:

Freight Bill:

Bill of Lading: 0675716300

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.

Receipt Number: 5007697-000

Carrier:

Freight Bill:

Bill of Lading: 0675716300

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.

Receipt Number: 5129404-000

Carrier:

Freight Bill:

Bill of Lading: 0675716300

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.

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Date: 10/10/2019 2:05:13 PM

# Master Bill Of Lading

Page 1 of 2

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000382638	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB: <input type="checkbox"/>	
<b>SHIP TO</b>		CARRIER NAME: Schneider	
Name:	Macy's /Bloom Consolidation Center	DC#:	
		Div.	
Address:	14141 Alondra Boulevard	Trailer number: TA148862	
		Seal number(s): 27666382	
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC: SCNN	
SID#:		Pro Number:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
City/State/Zip:		Appointment Time: 2:00 AM (M)	
<b>SPECIAL INSTRUCTIONS:</b>		Actual Driver Arrival Time: 12:20 AM (M)	
Load #: 50307351		Driver Departure Time: 2:20 AM (M)	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
9651271	13	114.53	Y	N	06757163000382477	TU	
9651391	25	385.75	Y	N	06757163000382460	TU	
9651121	82	724.16	Y	N	06757163000382460	TU	
9654371	30	433.20	Y	N	06757163000382460	TU	
9654231	123	2357.91	Y	N	06757163000382460	TU	
4862438	360	6066.65	Y	N	06757163000382484	AZ	
9651151	306	2695.86	Y	N	06757163000382460	TU	
<b>Grand Total</b>	<b>919</b>	<b>12780.06</b>					

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(a) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
32	Pallet			1600.00		Pallet		70
		13	ctns	114.53		Pillows,Valance,Towels	49390	100

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 / 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:	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>
	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces	

Date: 10/10/2019 2:05:13 PM

## Master Bill Of Lading

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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
		360	ctns	6068.65		Comforters, Bedspreads	49017	200
		546	ctns	6596.88		Throws, Blankets	49040	150
32				14380.06		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	
<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	
		<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.			

Date: 10/10/2019 2:04:58 PM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000382484	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000382484	
<b>SHIP TO</b>		CARRIER NAME: Schneider	
Name: Macy's Home Store Goodyear DC Location #: AZ Address: o/o Goodyear DC 16575 West Commerce Drive, City/State/Zip: Goodyear, AZ 85338 CID#: _____ Dept: 0792		Responsible Acct.No: _____ Trailer number: TA148862 Seal number(s): 27665382 SCAC: SCNN Pro Number: _____	
<b>THIRD PARTY FREIGHT CHARGES/BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: Lead #: 50307351 Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4862438	360	6068.65	Y N	
<b>Grand Total</b>	<b>360</b>	<b>6068.65</b>		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
19	Pallet			950.00		Pallet		
		360	ctns	6068.65		Comforters, Bedspreads	49017	200
19		360		7018.65		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <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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<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	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	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Customer: MACY'S HOME STORE GOODYEAR DC

Ship Date: 10/10/2019

**SHIP FROM:**  
E & E COMPANY LTD  
221 HANSON WAY  
WOODLAND, CA 95776

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

**SHIP TO:**  
MACY'S HOME STORE GOODYEAR DC  
C/O 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
4862438	N/A	MCC10-1449	086569249395	Sherpa Comforter	EA	2	20	10	20	10
4862438	N/A	MCC10-1450	086569247520	Sherpa Comforter	EA	2	72	36	72	36
4862438	N/A	MCC10-1451	086569247544	Sherpa Comforter	EA	2	72	36	72	36
4862438	N/A	MCC10-1452	086569247513	Sherpa Comforter	EA	2	16	8	16	8
4862438	N/A	MCC10-1453	086569247537	Sherpa Comforter	EA	2	48	23	46	23
4862438	N/A	MCC10-1454	086569247551	Sherpa Comforter	EA	2	48	24	48	24
4862438	MCH10332	MCC10-347	675716657123	T Sherpa Comforter	EA	2	20	10	20	10
4862438	MCH10333	MCC10-348	675716657161	F/Q Sherpa Comforter	EA	2	148	74	148	74
4862438	MCH10334	MCC10-349	675716657208	K Sherpa Comforter	EA	2	110	55	110	55
4862438	MCH10341	MCC10-356	675716657154	T Sherpa Comforter	EA	2	20	10	20	10
4862438	MCH10342	MCC10-357	675716657192	F/Q Sherpa Comforter	EA	2	74	37	74	37
4862438	MCH10343	MCC10-358	675716657239	K Sherpa Comforter	EA	2	74	37	74	37

Total Weight: 6068.65  
 Total Quantity Ordered: 720  
 Total Cartons Ordered: 360  
 Total Quantity Shipped: 720  
 Total Cartons Shipped: 360

Date: 10/10/2019 2:04:58 PM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000382484	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: PHONE: VENDOR: <span style="float: right;">FOB: <input type="checkbox"/></span>		 (402)06757163000382484	
<b>SHIP TO</b>		CARRIER NAME: Schneider	
Name: Macy's Home Store Goodyear DC Location #: AZ Address: c/o Goodyear DC 16575 West Commerce Drive, City/State/Zip: Goodyear, AZ 85338 CID#: Dept: 0792 <span style="float: right;">FOB: <input type="checkbox"/></span>		Responsible Acct.No: Trailer number: TA148862 Seal number(s): 27665382	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		SCAC: SCNN	
Name: Address: City/State/Zip:		Pro Number:	
SPECIAL INSTRUCTIONS: Load #: 50307351 Packing List is Attached		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)	
		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
4862438	360	6068.65	Y N	
<b>Grand Total</b>	<b>360</b>	<b>6068.65</b>		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(j) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
19	Pallet			950.00		Pallet		
		360	ctns	6068.65		Comforters, Bedspreads	49017	200
19		360		7018.65		<b>Grand Total</b>		

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


<p><small>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</small></p>	<p><small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small></p> <p style="text-align: right;"><b>Shipper Signature</b></p>
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<p><b>SHIPPER SIGNATURE / DATE</b> <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small></p>	<p>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><b>CARRIER SIGNATURE / PICKUP DATE</b> <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small></p>
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Date: 10/10/2019 2:05:03 PM

# Bill Of Lading

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<b>SHIP FROM</b>		Bill of Lading Number: 06757163000382460	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000382460	
<b>SHIP TO</b>		CARRIER NAME: Schnelder	
Name: Macy's Home MMG Tukwila DC    Location #: TU Address: c/o Tukwila DC 17000 Southcenter Parkway, City/State/Zip: Tukwila, WA 98188 CID#: _____ Dept: 0611		Responsible Accl.No: _____ Trailer number: TA148862 Seal number(s): 27665382 SCAC: SCNN Pro Number: _____	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____    Collect: X    3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: Load #: 50307351 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
9651121	62	724.16	Y	N	
9651151	306	2695.86	Y	N	
9651391	25	385.75	Y	N	
9654231	123	2357.91	Y	N	
9654371	30	433.20	Y	N	
<b>Grand Total</b>	<b>546</b>	<b>6596.88</b>			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 309</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
12	Pallet			600.00		Pallet		
		546	ctns	6596.88		Throws, Blankets	49040	150
12		546		7196.88		<b>Grand Total</b>		

<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><b>COD Amount:</b> _____</p> <p><b>Fee Terms:</b>    Collect: <input type="checkbox"/>    Prepaid: <input type="checkbox"/>                  Customer check acceptable: <input type="checkbox"/></p>
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**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

<p>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;"><b>Shipper Signature</b></p>
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<p><b>SHIPPER SIGNATURE / DATE</b>                  This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</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><b>CARRIER SIGNATURE / PICKUP DATE</b>                  Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</p>
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Customer: MACY'S HOME MMG TUKWILA DC

Ship Date: 10/10/2019

**SHIP FROM:**  
E & E COMPANY LTD  
221 HANSON WAY  
WOODLAND, CA 95778

**BILL TO:**  
MACY'S HOME MMG  
2101 EAST KEMPER ROAD  
CINCINNATI, OH 45241  
US

**SHIP TO:**  
MACY'S HOME MMG TUKWILA DC  
C/O TUKWILA DC  
17000 SOUTHCENTER PARKWAY  
TUKWILA, WA 98188  
US


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9651121	100071553	MCG58-1319	732996957944	CC Plush Throw	EA	4	68	17	68	17
9651121	100071553	MCG58-1320	732996957937	CC Plush Throw	EA	4	72	18	72	18
9651121	100071553	MCG58-1416	732996957968	CC Plush Throw	EA	4	108	27	108	27
9651151	100071436	MCG50-1335	732996958521	Microlight To Sherpa Throw	EA	4	132	33	132	33
9651151	100071436	MCG50-1336	732996958507	Microlight To Sherpa Throw	EA	4	204	51	204	51
9651151	100071436	MCG50-1337	732996958514	Microlight To Sherpa Throw	EA	4	196	49	196	49
9651151	100071436	MCG50-1338	732996958538	Microlight To Sherpa Throw	EA	4	152	38	152	38
9651151	100071435	MCG50-1339	732996958477	Burnout To Sherpa Throw	EA	4	196	49	196	49
9651151	100071435	MCG50-1340	732996958484	Burnout To Sherpa Throw	EA	4	144	36	144	36
9651151	100071435	MCG50-1341	732996958491	Burnout To Sherpa Throw	EA	4	200	50	200	50
9651391	100061643	MCG50-1324	732996958545	Sweaterknit Chenille Throw	EA	4	32	8	32	8
9651391	100061643	MCG50-1325	732996958552	Sweaterknit Chenille Throw	EA	4	68	17	68	17
9654231	100071429	MCG50-1349	732996958675	Solid Sable Fur To Velvet Thro	EA	4	12	3	12	3
9654231	100071429	MCG50-1350	732996958712	Solid Sable Fur To Velvet Thro	EA	4	8	2	8	2
9654231	100071429	MCG50-1351	732996958705	Solid Sable Fur To Velvet Thro	EA	4	8	2	8	2
9654231	100071429	MCG50-1352	732996958682	Solid Sable Fur To Velvet Thro	EA	4	104	26	104	26
9654231	100071429	MCG50-1353	732996958729	Solid Sable Fur To Velvet Thro	EA	4	116	29	116	29
9654231	100071429	MCG50-1354	732996958736	Solid Sable Fur To Velvet Thro	EA	4	112	28	112	28
9654231	N/A	MCG50-1493	732996958699	MS Faux Fur Throw	EA	4	20	5	20	5
9654231	N/A	MCG50-1494	732996958743	MS Faux Fur Throw	EA	4	112	28	112	28
9654371	100072969	MCG50-1285	732996958767	Long Hair Fur Throw	EA	4	120	30	120	30

Total Weight: 6596.88  
 Total Quantity Ordered: 2184  
 Total Cartons Ordered: 546  
 Total Quantity Shipped: 2184  
 Total Cartons Shipped: 546

Date: 10/10/2019 2:05:03 PM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000382460	
Name:	E & E COMPANY LTD	 (402)06757163000382460	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: Schnelder	
VENDOR:		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: TA148862	
Name:	Macy's Home MMG Tukwila DC Location #: TU	Seal number(s): 27665382	
Address:	c/o Tukwila DC	SCAC: SCNN	
City/State/Zip:	17000 Southcenter Parkway, Tukwila, WA 98188	Pro Number:	
CID#:			
Dept:	0811		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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 (check box)	
City/State/Zip:			
SPECIAL INSTRUCTIONS: Load #: 50307351 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
9651121	62	724.16	Y	N	
9651151	306	2695.86	Y	N	
9651391	25	385.75	Y	N	
9654231	123	2357.91	Y	N	
9654371	30	433.20	Y	N	
<b>Grand Total</b>	<b>546</b>	<b>6596.88</b>			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
12	Pallet			600.00		Pallet		
		546	ctns	6596.88		Throws, Blankets	49040	150
12		546		7196.88		<b>Grand Total</b>		

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

COD Amount: \_\_\_\_\_  
 Fee Terms: Collect:  Prepaid:   
 Customer check acceptable:

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

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

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

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


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

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

Date: 10/10/2019 2:05:07 PM

**Bill Of Lading**

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06767163000382477	
Name:	E & E COMPANY LTD	 (402)06757163000382477	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR:		Responsible Accl.No:	
<b>SHIP TO</b>		Trailer number: TA148862	
Name:	Macy's Home MMG Tukwila DC Location #: TU	Seal number(s): 27665382	
Address:	c/o Tukwila DC	SCAC: SCNN	
City/State/Zip:	17000 Southcenter Parkway, Tukwila, WA 98188	Pro Number:	
CID#:			
Dept:	0703		
<b>THIRD PARTY FREIGHT CHARGES, BILL TO</b>		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 #: 50307351		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
9651271	13	114.53	Y N	
<b>Grand Total</b>	13	114.53		

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		
		13	ctns	114.53		Pillows,Valance,Towels	49390	100
1		13		164.53		<b>Grand Total</b>		

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

COD Amount: \_\_\_\_\_  
 Fee Terms: Collect:  Prepaid:   
 Customer check acceptable:

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

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

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

Shipper Signature \_\_\_\_\_

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	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	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
	_____		

Customer: MACY'S HOME MMG TUKWILA DC

Ship Date: 10/10/2019

**SHIP FROM:**  
E & E COMPANY LTD  
221 HANSON WAY  
WOODLAND, CA 95776

**BILL TO:**  
MACY'S HOME MMG  
2101 EAST KEMPER ROAD  
CINCINNATI, OH 45241  
US

**SHIP TO:**  
MACY'S HOME MMG TUKWILA DC  
C/O TUKWILA DC  
17000 SOUTHCENTER PARKWAY  
TUKWILA, WA 98188  
US


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9651271	100063134	MCG30-1270	732996350448	Crushed Velvet Round Pillow w/	EA	2	22	11	22	11
9651271	100063134	MCG30-1271	732996350424	Crushed Velvet Round Pillow w/	EA	2	4	2	4	2

**Total Weight:** 114.53  
**Total Quantity Ordered:** 26  
**Total Cartons Ordered:** 13  
**Total Quantity Shipped:** 26  
**Total Cartons Shipped:** 13

Date: 10/10/2019 2:05:07 PM

**Bill Of Lading**

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000382477	
Name:	E & E COMPANY LTD	 (402)06757163000382477	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: Schnelder	
VENDOR:		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: TA148862	
Name:	Macy's Home MMG Tukwila DC Location #: TU	Seal number(s): 27665382	
Address:	c/o Tukwila DC	SCAC: SCNN	
City/State/Zip:	17000 Southcenter Parkway, Tukwila, WA 98188	Pro Number:	
CID#:			
Dept:	0703		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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:		Appointment Time	Actual Driver Arrival Time
Load #: 50307351		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
9651271	13	114.53	Y N	
<b>Grand Total</b>	13	114.53		

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		
		13	ctns	114.53		Pillows, Valance, Towels	49390	100
1		13		164.53		<b>Grand Total</b>		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
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<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	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	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
	Shipper Signature		