


Date: 10/17/2019 4:13:48 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168000031578
Name:	E & E COMPANY LTD	 (402)06757168000031578
Address:	311 International Trade Pkwy	
City/State/Zip:	Port Wentworth, GA 31407	
SID#:		
PHONE:		CARRIER NAME: Schneider
VENDOR:		Responsible Acct.No:
SHIP TO		Trailer number: TA191929
Name:	Macy's Home Store Raritan Furniture DC	Seal number(s): 2781234
Address:	401 Clearview Rd	SCAC: SCNN
City/State/Zip:	Edison, NJ 08837	Pro Number:
CID#:		
Dept:	0886	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	Collect: <input checked="" type="checkbox"/> 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 #: 50295839		12:30 AM	12:15 AM
Packing List is Attached			4:23 AM

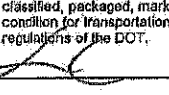
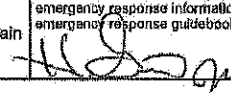
CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
5616598	126	7662.49	Y N	
Grand Total		126	7662.49	

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
11	Pallet			550.00		Pallet		
		17	ctns	682.96		Furniture (Seating, Storage, Outdoor)	80580	150
		109	ctns	8979.53		Furniture (Sleeping, Surfaces)	80580	100
11		126		8212.49		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"/>
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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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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.  10/17/19	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. 
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