

Chargebacks and RTVs

Macy's, Inc. (MacysNet)

Valid as of: 1/28/2020 4:54:30 AM EST

Division: Macy's Account #: 05390993890

Vendor Name: E & E CO LTD

Document Number: 4943912

Department/Vendor: 606/938

Check Summary

Check Number: 1860869

Check Date: 1/22/2020

Purchase Order Number: 5656176

Transaction Summary

Transaction Type: 506 - DM-CARTON SHORTAGE VND RESPONSIBLE

Total Cost: (\$72)

Transaction Type: 796 - RTV DAMAGE ALLOWANCE MDA

Total Cost: (\$54.4)

Style Summary

Receipt Number: 5258611-001

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.

Receipt Number: 5406285-000

Carrier:

Freight Bill:

Bill of Lading: 0675716400

Cartons: 0

Weight: 0

Total Cost: (\$72)

Style	Qty Rec	Qty Diff	Order Cost	Cost Diff	UOM	Ext Cost Diff	Ext Qty Diff
LT 250	0	-1	\$72.00	\$0.00		\$0.00	-72

Document Number: 4976315

Department/Vendor: 602/935

Check Summary

Check Number: 1860869

Check Date: 1/22/2020

Purchase Order Number: 7174924

Transaction Summary

Transaction Type: 506 - DM-CARTON SHORTAGE VND
RESPONSIBLE
Total Cost: (\$37.5)

Transaction Type: 796 - RTV DAMAGE ALLOWANCE MDA
Total Cost: (\$0)

Style Summary

Receipt Number: 5661417-000
Carrier:
Freight Bill:
Bill of Lading: 0675716400
Cartons: 0
Weight: 0
Total Cost: (\$37.5)

Style	Qty Rec	Qty Diff	Order Cost	Cost Diff	UOM	Ext Cost Diff	Ext Qty Diff
LT 250	0	-1	\$37.50	\$0.00		\$0.00	-37.5

Date: 11/4/2019 11:44:28 AM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757164000182135
Name:	E & E COMPANY LTD	
Address:	1680 Tide Court	
City/State/Zip:	Woodland, CA 95776	
SID#:		FOB: <input type="checkbox"/>

SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING
Name:	Macy's /Bloom Consolidation Center	Trailer number: LHC-8528
	DC#: Div.	Seal number(s): 3713407
Address:	14141 Alondra Boulevard	SCAC: LEGS
		Pro Number:
City/State/Zip:	Santa Fe Spgs, CA 90670	
SID#:		FOB: <input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		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	Actual Driver Arrival Time	Driver Departure Time
SPECIAL INSTRUCTIONS:		1:00 AM PM	2:00 AM PM	2:20 AM PM
Load #: 50372945				

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
4869456	3	106.91	Y	N	06757164000182050	CD	1 PLT
4809110	28	235.74	Y	N	06757164000182012	CD	1 PLT
5656176	32	213.24	Y	N	06757164000182050	CD	
Grand Total	63	555.89					

CARRIER INFORMATION						LTL ONLY			
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
QTY	TYPE	QTY	TYPE			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 360			
2	Pallet			100.00		Pallet			70
		15	ctns	280.55		Comforters, Bedspreads		49017	200
		28	ctns	235.74		Shower curtain		49385	77.5
		20	ctns	39.60		Throws, Blankets		49040	150
2				655.89		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
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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. Scott 11/4/19	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. X [Signature] 11/4
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Date: 11/4/2019 11:44:24 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Cheshire DC Location #: CD
Address:	1680 Tide Court	Address:	475 Knotter Drive
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Cheshire, CT 06410
SID#:		CID#:	
PHONE:		Dept:	0606
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000182050		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>	
(402)06757164000182050		Master Bill of Lading: with attached underlying Bills of Lading	
CARRIER NAME: NEW LEGEND TRUCKING		Appointment Time	
Responsible Acct.No:		Actual Driver Arrival Time	
Trailer number: LHC-8528		Driver Departure Time	
Seal number(s): 3713407		AM AM AM	
SCAC: LEGS		PM PM PM	
Pro Number:			
THIRD PARTY FREIGHT CHARGES BILL TO:		SPECIAL INSTRUCTIONS:	
Name:		Load #: 50372945	
Address:		Packing List is Attached	
City/State/Zip:			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4869456	3	106.91	Y N	1 PLT
5656176	32	213.24	Y N	
Grand Total	35	320.15		

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		
		15	ctns	280.55		Comforters, Bedspreads	49017	200
		20	ctns	39.60		Throws, Blankets	49040	150
1		35		370.15		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:


 By Shipper
 By Driver

Freight Counted:

 By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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

SHIP FROM		Bill of Lading Number: 06757164000182012		
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000182012		
SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING		
Name: Macy's Home Store Cheshire DC Location #: CD Address: 475 Knotter Drive City/State/Zip: Cheshire, CT 06410 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: LHC-8528 Seal number(s): 3713407		
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: LEGS		
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____ Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
SPECIAL INSTRUCTIONS: Load #: 50372945 Packing List is Attached		Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading		
		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
		AM	AM	AM
		PM	PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4809110	28	235.74	Y N	1 PLT
Grand Total	28	235.74		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	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 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		28	ctns	235.74		Shower curtain	49385	77.5
1		28		285.74		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.	

ShipmentCartonDetail(400018205)

Customer PO No.	E&E SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Case Pack Qty	Status
4869456	5169178	R201910090830452	MCC10-1222	Q Yasmina 10pcs Comforter Set	00106757164001407777	0641863044	00006757166418630444	2	Loaded
4869456	5169178	R201910090830452	MCC10-1222	Q Yasmina 10pcs Comforter Set	00106757164001407777	0641863045	00006757166418630451	2	Loaded
4869456	5169178	R201910090830452	MCC10-1223	K Yasmina 10pcs Comforter Set	00106757164001407777	0641863046	00006757166418630468	2	Loaded
5656176	5192513	R201910090830452	MCH10-1627	T Ace 5pcs Comforter Set	00106757164001407777	0641863047	00006757166418630475	2	Loaded
5656176	5192513	R201910090830452	MCH10-1627	T Ace 5pcs Comforter Set	00106757164001407777	0641863048	00006757166418630482	2	Loaded
5656176	5192513	R201910090830452	MCH10-1627	T Ace 5pcs Comforter Set	00106757164001407777	0641863049	00006757166418630499	2	Loaded
5656176	5192513	R201910090830452	MCH10-1627	T Ace 5pcs Comforter Set	00106757164001407777	0641863050	00006757166418630505	2	Loaded
5656176	5192513	R201910090830452	MCH10-1628	F Ace 7pcs Comforter Set	00106757164001407777	0641863051	00006757166418630512	2	Loaded
5656176	5192513	R201910090830452	MCH10-1628	F Ace 7pcs Comforter Set	00106757164001407777	0641863052	00006757166418630529	2	Loaded
5656176	5192513	R201910090830452	MCH10-1629	T Merry the Mermaid 5pcs Comfo	00106757164001407777	0641863053	00006757166418630536	2	Loaded
5656176	5192513	R201910090830452	MCH10-1629	T Merry the Mermaid 5pcs Comfo	00106757164001407777	0641863054	00006757166418630543	2	Loaded
5656176	5192513	R201910090830452	MCH10-1629	T Merry the Mermaid 5pcs Comfo	00106757164001407777	0641863055	00006757166418630550	2	Loaded
5656176	5192513	R201910090830452	MCH10-1629	T Merry the Mermaid 5pcs Comfo	00106757164001407777	0641863056	00006757166418630567	2	Loaded
5656176	5192513	R201910090830452	MCH10-1630	F Merry the Mermaid 7pcs Com	00106757164001407777	0641863057	00006757166418630574	2	Loaded
5656176	5192513	R201910090830452	MCH10-1630	F Merry the Mermaid 7pcs Com	00106757164001407777	0641863058	00006757166418630581	2	Loaded
5656176	5192513	R201910090830452	MCH50-1612	Bunny Hooded Throw	00106757164001407777	0641863059	00006757166418630598	2	Loaded
5656176	5192513	R201910090830452	MCH50-1612	Bunny Hooded Throw	00106757164001407777	0641863060	00006757166418630604	2	Loaded
5656176	5192513	R201910090830452	MCH50-1612	Bunny Hooded Throw	00106757164001407777	0641863061	00006757166418630611	2	Loaded
5656176	5192513	R201910090830452	MCH50-1612	Bunny Hooded Throw	00106757164001407777	0641863062	00006757166418630628	2	Loaded
5656176	5192513	R201910090830452	MCH50-1612	Bunny Hooded Throw	00106757164001407777	0641863063	00006757166418630635	2	Loaded
5656176	5192513	R201910090830452	MCH50-1613	Dino Hooded Throw	00106757164001407777	0641863064	00006757166418630642	2	Loaded
5656176	5192513	R201910090830452	MCH50-1613	Dino Hooded Throw	00106757164001407777	0641863065	00006757166418630659	2	Loaded
5656176	5192513	R201910090830452	MCH50-1613	Dino Hooded Throw	00106757164001407777	0641863066	00006757166418630666	2	Loaded
5656176	5192513	R201910090830452	MCH50-1613	Dino Hooded Throw	00106757164001407777	0641863067	00006757166418630673	2	Loaded
5656176	5192513	R201910090830452	MCH50-1613	Dino Hooded Throw	00106757164001407777	0641863068	00006757166418630680	2	Loaded
5656176	5192513	R201910090830452	MCH50-1614	Bear Hooded Throw	00106757164001407777	0641863069	00006757166418630697	2	Loaded
5656176	5192513	R201910090830452	MCH50-1614	Bear Hooded Throw	00106757164001407777	0641863070	00006757166418630703	2	Loaded
5656176	5192513	R201910090830452	MCH50-1614	Bear Hooded Throw	00106757164001407777	0641863071	00006757166418630710	2	Loaded
5656176	5192513	R201910090830452	MCH50-1614	Bear Hooded Throw	00106757164001407777	0641863072	00006757166418630727	2	Loaded
5656176	5192513	R201910090830452	MCH50-1614	Bear Hooded Throw	00106757164001407777	0641863073	00006757166418630734	2	Loaded
5656176	5192513	R201910090830452	MCH50-1615	Shark Hooded Throw	00106757164001407777	0641863074	00006757166418630741	2	Loaded
5656176	5192513	R201910090830452	MCH50-1615	Shark Hooded Throw	00106757164001407777	0641863075	00006757166418630758	2	Loaded
5656176	5192513	R201910090830452	MCH50-1615	Shark Hooded Throw	00106757164001407777	0641863076	00006757166418630765	2	Loaded
5656176	5192513	R201910090830452	MCH50-1615	Shark Hooded Throw	00106757164001407777	0641863077	00006757166418630772	2	Loaded
5656176	5192513	R201910090830452	MCH50-1615	Shark Hooded Throw	00106757164001407777	0641863078	00006757166418630789	2	Loaded

SHIP FROM		Master Bill of Lading Number: 06757164000189752	
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:	Macys /Bloom Consolidation Center	DC#:	
		Div.:	
Address:	14141 Alondra Boulevard	Trailer number:	TA-132012
		Seal number(s):	3600893
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC:	SCNN
SID#:		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 50447264		8:00 AM PM	8:15 AM PM
		Driver Departure Time	10:00 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		Supplier#
			BOL#	DC#	BOL#	DC#	
7174924	1	9.25	Y	N	06757164000189684	AZ	1 PLT
7174924	1	9.25	Y	N	06757164000189707	MB	1 PLT
7174924	1	5.73	Y	N	06757164000189691	CD	1 PLT
Grand Total		3	24.23				


CARRIER INFORMATION							LTL ONLY	
HANDLING UNIT	PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION			
	QTY	TYPE				NMFC #	CLASS	
3		Pallet	150.00		Pallet		70	
	3	ctns	24.23		Shower curtain	49385	77.5	
3			174.23		Grand Total			

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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;">Shipper Signature</p>
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<p>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>Scott</i> 12/4/19</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 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>Schnelder</i> 12/04/2019</p>
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SHIP FROM		Bill of Lading Number: 06757164000189684	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000189684	
Name: _____ Address: _____ City/State/Zip: _____ CID#: _____ Dept: 0602		CARRIER NAME: Schneider Responsible Acct.No: _____ Trailer number: TA-132012 Seal number(s): 3600893 SCAC: SCNN Pro Number: _____	
SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name: Macys Home Store Goodyear DC Location #: AZ Address: 16575 West Commerce Drive City/State/Zip: Goodyear, AZ 85338 CID#: _____ Dept: 0602		Name: _____ Address: _____ City/State/Zip: _____	
SPECIAL INSTRUCTIONS: Load #: 50447264 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading 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	
7174924	1	9.25	Y N	1 PLT	
Grand Total	1	9.25			

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		
		1	ctns	9.25		Shower curtain	49385	77.5
1		1		59.25		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.	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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SHIP FROM		Bill of Lading Number: 06757164000189707	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000189707	
SHIP TO		CARRIER NAME: Schneider	
Name: Macys Home Store Martinsburg Location #: MB DC Address: 333 Caperton Blvd City/State/Zip: Martinsburg, WV 25403 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: TA-132012 Seal number(s): 3600893	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: SCNN	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____ Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 50447264 Packing List is Attached		Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
		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
7174924	1	9.25	Y N	1 PLT
Grand Total	1	9.25		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	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(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	9.25		Shower curtain	49385	77.5
1		1		59.25		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. <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.	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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SHIP FROM		Bill of Lading Number: 06757164000189691										
Name: E & E COMPANY LTD		 (402)06757164000189691										
Address: 1680 Tide Court												
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Schneider										
SID#:		Responsible Acct.No:										
PHONE:		Trailer number: TA-132012										
VENDOR:		Seal number(s): 3600893										
FOB: <input type="checkbox"/>		SCAC: SCNN										
SHIP TO		Pro Number:										
Name: Macys Home Store Cheshire DC Location #: CD		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Address: 475 Knotter Drive												
City/State/Zip: Cheshire, CT 06410		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:										
CID#:		<input type="checkbox"/> Master Bill of Lading: with attached										
Dept: 0602		(check box) underlying Bills of Lading										
FOB: <input type="checkbox"/>		Appointment Time										
THIRD PARTY FREIGHT CHARGES BILL TO:		Actual Driver Arrival Time										
Name:		Driver Departure Time										
Address:		AM AM AM										
City/State/Zip:		PM PM PM										
SPECIAL INSTRUCTIONS:		<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										
Load #: 50447264												
Packing List is Attached												

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
7174924	1	5.73	Y N	1 PLT	
Grand Total	1	5.73			

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		
		1	ctns	5.73		Shower curtain	49385	77.5
1		1		55.73		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. <div style="text-align: right;">Shipper Signature</div>
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ShipmentCartonDetail(400018970)

Customer PO No.	E&E SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Case Pack Qty	Status
7174924	5254406	R201911260552423	MCC70-1129	Elm Waffle Shower Curtain	00106757164001442129	0643662062	00006757166436620625	3	Loaded