

# Chargebacks and RTVs

Macy's, Inc. (MacysNet)  
 Valid as of: 1/28/2020 4:54:57 AM EST  
 Division: Macy's Account #: 05390993890  
 Vendor Name: E & E CO LTD  
 Document Number: 4943747  
 Department/Vendor: 602/935

## Check Summary

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Check Number: 1849251  
 Check Date: 12/25/2019  
 Purchase Order Number: 4809110

Check Number: 1860869  
 Check Date: 1/22/2020  
 Purchase Order Number: 4809110

## Transaction Summary

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Transaction Type: 796 - RTV DAMAGE ALLOWANCE MDA  
 Total Cost: (\$347.57)

Transaction Type: 500 - DM-SHORTAGE CLAIM  
 Total Cost: (\$12)

## Style Summary

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Receipt Number: 5260530-000  
 Carrier: 4943747  
 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.

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<b>SHIP FROM</b>		Master Bill of Lading Number: 06757164000182098
Name:	E & E COMPANY LTD	
Address:	1680 Tide Court	
City/State/Zip:	Woodland, CA 95776	
SID#:		FOB: <input type="checkbox"/>

<b>SHIP TO</b>		<b>CARRIER NAME:</b> Schneider
Name:	Macy's /Bloom Consolidation Center	DC#: Div.
Address:	14141 Alondra Boulevard	Trailer number: TA154251
City/State/Zip:	Santa Fe Spgs, CA 90670	Seal number(s): 3713427
SID#:		SCAC: SCNN
		Pro Number:
		FOB: <input type="checkbox"/>

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address:		3rd Party: <input type="checkbox"/>	
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED	
<b>SPECIAL INSTRUCTIONS:</b>		<input type="checkbox"/> UNDERLYING BILLS OF LANDING	
Load #: 50372947		Appointment Time	Actual Driver Arrival Time
		11:00 AM	11:15 AM
		PM	PM
			Driver Departure Time
			1:10 PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
4809110	215	1771.21	Y	N	06757164000181794	PD	2 PLTS
4809110	228	1885.89	Y	N	06757164000181800	MB	2 PLTS
<b>Grand Total</b>	<b>443</b>	<b>3657.10</b>					

CARRIER INFORMATION							LTL ONLY	
HANDLING UNIT	PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION			
QTY	TYPE	QTY	TYPE		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	NMFC #	CLASS	
4	Pallet				Pallet		70	
		443	ctns		Shower curtain	49385	77.5	
4					<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 _____	<b>COD Amount \$</b> _____
	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.
	<b>Shipper Signature</b>

<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. <i>Scott 11/4/19</i>	<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. <i>X [Signature]</i>
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Date: 11/4/2019 12:55:11 PM

**Bill Of Lading**

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<b>SHIP FROM</b>		Bill of Lading Number: 06757164000181794	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000181794	
<b>SHIP TO</b>		CARRIER NAME: Schneider	
Name: Macy's Home Store Portland DC Location #: PD Address: 1155 Vaughn Parkway City/State/Zip: Portland, TN 37148 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: TA154251 Seal number(s): 3713427	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		SCAC: SCNN	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____ Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 50372947 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
4809110	215	1771.21	Y N	2 PLTS
<b>Grand Total</b>	215	1771.21		

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
2	Pallet			100.00		Pallet		
		215	ctns	1771.21		Shower curtain	49385	77.5
2		215		1871.21		<b>Grand Total</b>		

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;"><b>Shipper Signature</b></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.	<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.
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Date: 11/4/2019 12:55:15 PM

## Bill Of Lading

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SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Martinsburg Location #: MB DC
Address:	1680 Tide Court	Address:	333 Caperton Blvd
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Martinsburg, WV 25403
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000181800		Trailer number: TA154251	
		Seal number(s): 3713427	
(402)06757164000181800		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	
Master Bill of Lading: with attached underlying Bills of Lading		3rd Party: <input type="checkbox"/>	
Appointment Time		Actual Driver Arrival Time	
AM		AM	
PM		PM	
Driver Departure Time		AM	
AM		PM	
PM		PM	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS: Load #: 50372947			
Packing List is Attached			

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4809110	228	1885.89	Y N	2 PLTS
<b>Grand Total</b>	<b>228</b>	<b>1885.89</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
2	Pallet			100.00		Pallet		
		228	ctns	1885.89		Shower curtain	49385	77.5
2		228		1985.89		<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.





