

Date: 12/23/2019 1:35:34 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757168000073301				
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ FOB: <input type="checkbox"/>						
SHIP TO		CARRIER NAME: ROBERT BEARDEN INC				
Name: Wayfair - McDonough DC#: Wayfair - McDonough Div.: _____ Address: 130 Distribution Drive City/State/Zip: McDonough, GA 30252 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 54098 Seal number(s): 2781405 SCAC: BNRP Pro Number: CS202198461				
THIRD PARTY FREIGHT CHARGES BILL TO:		SCANNED				
Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>				
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING				
Load #: _____		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Appointment Time AM</td> <td style="width:33%; text-align: center;">Actual Driver Arrival Time AM</td> <td style="width:33%; text-align: center;">Driver Departure Time AM</td> </tr> </table>		Appointment Time AM	Actual Driver Arrival Time AM	Driver Departure Time AM
Appointment Time AM	Actual Driver Arrival Time AM	Driver Departure Time AM				

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		
					BOL#	DC#	Supplier#
CS199644647	1	72.22	Y	N	06757168000068789	Wayfair - McDonough	
CS199907119	1	72.22	Y	N	06757168000069120	Wayfair - McDonough	
CS201210846	1	72.22	Y	N	06757168000071864	Wayfair - McDonough	
CS201244665	1	90.27	Y	N	06757168000071833	Wayfair - McDonough	
CS201274423	3	228.18	Y	N	06757168000071628	Wayfair - McDonough	
CS201354095	1	72.22	Y	N	06757168000071857	Wayfair - McDonough	
CS201357067	2	132.26	Y	N	06757168000071666	Wayfair - McDonough	
CS201411464	1	72.22	Y	N	06757168000071840	Wayfair - McDonough	

<p>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 _____"</p>	<p style="text-align: center;">COD Amount \$ _____</p> <p style="text-align: center;">Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p style="text-align: center;">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;">Shipper Signature</p>
<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.</p> <p style="font-size: 1.5em; font-family: cursive;">[Signature] 12/23/19</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.</p> <p style="font-size: 1.5em; font-family: cursive;">[Signature]</p>

SHIP FROM		Master Bill of Lading Number: 06757168000073301
Name: E & E COMPANY LTD		
Address: 311 International Trade Pkwy		
City/State/Zip: Port Wentworth, GA 31407		
SID#: _____	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: ROBERT BEARDEN INC
Name: Wayfair - McDonough	DC#: Wayfair - McDonough	
	Div. _____	
Address: 130 Distribution Drive		Trailer number: 54098
		Seal number(s): 2781405
City/State/Zip: McDonough, GA 30252		SCAC: BNRP
SID#: _____	FOB: <input type="checkbox"/>	Pro Number: CS202198461

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
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 UNDERLYING BILLS OF LANDING (check box)	
SPECIAL INSTRUCTIONS: Load #: _____		Appointment Time _____ AM	Actual Driver Arrival Time _____ AM
			Driver Departure Time _____ AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
CS201439623	1	247.50	Y	N	06757168000074605	Wayfair - McDonough	
CS201887408	2	180.04	Y	N	06757168000071871	Wayfair - McDonough	
CS201937685	1	72.22	Y	N	06757168000071888	Wayfair - McDonough	
CS201937962	1	72.22	Y	N	06757168000071895	Wayfair - McDonough	
CS201938031	1	72.22	Y	N	06757168000071901	Wayfair - McDonough	
CS201947446	1	72.22	Y	N	06757168000071918	Wayfair - McDonough	
CS201958162	2	101.40	Y	N	06757168000071932	Wayfair - McDonough	
CS201964013	1	72.22	Y	N	06757168000071949	Wayfair - McDonough	

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 "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

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 type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
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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				SHIP TO			
Name: E & E COMPANY LTD				Master Bill of Lading Number: 06757168000073301			
Address: 311 International Trade Pkwy				CARRIER NAME: ROBERT BEARDEN INC			
City/State/Zip: Port Wentworth, GA 31407				Trailer number: 54098			
SID#: _____ FOB: <input type="checkbox"/>				Seal number(s): 2781405			
Name: Wayfair - McDonough				DC#: Wayfair - McDonough			
Address: 130 Distribution Drive				Div. _____			
City/State/Zip: McDonough, GA 30252				SCAC: BNRP			
SID#: _____ FOB: <input type="checkbox"/>				Pro Number: CS202198461			
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 _____ AM		Actual Driver Arrival Time _____ AM	
SPECIAL INSTRUCTIONS:				Driver Departure Time _____ AM			
Load #: _____							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
CS201982907	1	145.32	Y	N	06757168000071963	Wayfair - McDonough	
CS201986448	1	72.22	Y	N	06757168000071970	Wayfair - McDonough	
CS201999528	1	72.22	Y	N	06757168000071987	Wayfair - McDonough	
CS202012618	1	72.22	Y	N	06757168000072007	Wayfair - McDonough	
CS202021697	1	247.50	Y	N	06757168000072014	Wayfair - McDonough	
CS202022626	1	72.22	Y	N	06757168000072038	Wayfair - McDonough	
CS202023000	1	72.22	Y	N	06757168000072045	Wayfair - McDonough	
CS202035536	2	136.52	Y	N	06757168000072069	Wayfair - McDonough	

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"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		Master Bill of Lading Number: 06757168000073301	
Name: E & E COMPANY LTD			
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407			
SID#: _____	FOB: <input type="checkbox"/>		

SHIP TO		CARRIER NAME: ROBERT BEARDEN INC	
Name: Wayfair - McDonough	DC#: Wayfair - McDonough		
	Div. _____		
Address: 130 Distribution Drive		Trailer number: 54098	
		Seal number(s): 2781405	
City/State/Zip: McDonough, GA 30252		SCAC: BNRP	
SID#: _____	FOB: <input type="checkbox"/>	Pro Number: CS202198461	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____			
Address: _____		Prepaid: <input type="checkbox"/> 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 (check box)	
SPECIAL INSTRUCTIONS: _____		Appointment Time _____ AM	Actual Driver Arrival Time _____ AM
Load #: _____			Driver Departure Time _____ AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
CS202038795	1	197.56	Y	N	06757168000072076	Wayfair - McDonough	
CS202078617	1	88.18	Y	N	06757168000072090	Wayfair - McDonough	
CS202083296	2	154.12	Y	N	06757168000072106	Wayfair - McDonough	
CS202111796	4	157.64	Y	N	06757168000072113	Wayfair - McDonough	
CS202198461	1	74.95	Y	N	06757168000072120	Wayfair - McDonough	
Grand Total	39	3264.74					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
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
28	Pallet			1400.00			Pallet	
		18	ctns	1181.05		Furniture (Seating, Storage, Outdoor)	80580	150

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 "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).

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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 type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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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Shipper Signature

SHIP FROM		Master Bill of Lading Number: 06757168000073301	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: ROBERT BEARDEN INC	
Name: Wayfair - McDonough DC#: Wayfair - McDonough Div. _____ Address: 130 Distribution Drive City/State/Zip: McDonough, GA 30252 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 54098 Seal number(s): 2781405 SCAC: BNRP Pro Number: CS202198461	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: _____		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
		Appointment Time _____ AM Actual Driver Arrival Time _____ AM Driver Departure Time _____ AM	

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(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		21	ctns	2083.69		Furniture (Sleeping, Surfaces)	80580	100
28				4664.74		Grand Total		

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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 type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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.		

SHIP FROM		Bill of Lading Number: 06757168000071666										
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: VENDOR: 1987		 (402)06757168000071666										
SHIP TO		CARRIER NAME: ROBERT BEARDEN INC										
Name: Wayfair - McDonough Address: 130 Distribution Drive City/State/Zip: McDonough, GA 30252 CID#: _____ FOB: <input type="checkbox"/> Dept: _____		Responsible Acct.No: Trailer number: 54098 Seal number(s): 2781405 SCAC: BNRP Pro Number: CS202198461										
THIRD PARTY FREIGHT CHARGES BILL TO:		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										
SPECIAL INSTRUCTIONS: Load #: CS201357067 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance. Packing List is Attached		<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										

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
CS201357067	2	132.26	Y N	
Grand Total	2	132.26		

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		
		2	ctns	132.26		Furniture (Seating, Storage, Outdoor)	80580	150
1		2		182.26		Grand Total		

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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 type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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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