



**SHIP FROM**  
**Name:** E & E COMPANY LTD  
**Address:** 550 Northport Pkwy  
**City/State/Zip:** Port Wentworth, GA 31407  
**SID#:** FOB:

Master Bill of Lading Number: 06757166000321736

**SHIP TO**  
**Name:** Macy's /Bloom Consolidation Center **DC#:**  
 Div.  
**Address:** C/O Dynamic High Point  
 1124 Elon Place,  
**City/State/Zip:** High Point, NC 27260  
**SID#:** FOB:

**CARRIER NAME:** FedEx Freight Economy  
**Trailer number:** X3130  
**Seal number(s):**  
**SCAC:** FXNI  
**Pro Number:**  
  


**THIRD PARTY FREIGHT CHARGES BILL TO:**  
**Name:**  
**Address:**  
**City/State/Zip:**

**Freight Charg**  
**Prepaid:**  **Collect:**  **3rd Party:**   
 **MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING**

**SPECIAL INSTRUCTIONS:**  
 Load #: 00041168163S

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM PM	AM PM	AM PM
	2:15	2:48

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		
			BOL#	DC#	Supplier#		
7767037	1	7.27	Y	N	06757166000319092	CD	
7767081	6	38.78	Y	N	06757166000318941	HU	
7767081	4	25.45	Y	N	06757166000318965	GN	
7767037	3	20.60	Y	N	06757166000319061	PD	
7767081	5	35.14	Y	N	06757166000318897	TU	
7767081	1	6.06	Y	N	06757166000318910	ST	
7767081	3	19.39	Y	N	06757166000319009	BA	
7767081	12	81.19	Y	N	06757166000318996	CI	
7767037	1	6.06	Y	N	06757166000319085	MB	
7767081	19	131.09	Y	N	06757166000318927	SC	
7767081	4	27.87	Y	N	06757166000318958	HA	
7767081	1	7.27	Y	N	06757166000318972	DV	
7767037	1	6.06	Y	N	06757166000319078	OK	

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:**  **Prepaid:**   
**Customer check acceptable:**

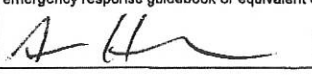
**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

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.  
  
 12/11/18

**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.  
  
 12/11/18

X3130

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757166000321736	
Name: <b>E &amp; E COMPANY LTD</b> Address: <b>550 Northport Pkwy</b> City/State/Zip: <b>Port Wentworth, GA 31407</b> SID#: _____ FOB: <input type="checkbox"/>			
<b>SHIP TO</b>		<b>CARRIER NAME: FedEx Freight Economy</b>	
Name: <b>Macy's /Bloom Consolidation Center</b> DC#: _____ Div. _____ Address: <b>C/O Dynamic High Point</b> <b>1124 Elon Place,</b> City/State/Zip: <b>High Point, NC 27260</b> SID#: _____ FOB: <input type="checkbox"/>		Trailer number: <b>X3130</b> Seal number(s): _____ SCAC: <b>FXNL</b> Pro Number: <b>4741328550</b>	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS:</b> Load #: 00041168163S		<input checked="" type="checkbox"/> <b>MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING</b>	
		Appointment Time _____ AM _____ PM	Actual Driver Arrival Time _____ AM _____ PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
7767081	5	33.93	Y	N	06757166000318903	SW	
7767081	17	115.45	Y	N	06757166000318934	JP	
7767081	6	43.62	Y	N	06757166000318989	CL	
<b>Grand Total</b>	89	605.23					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
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	
16	Pallet			800.00		Pallet		70
		49	ctns	356.23		Comforters, Bedspreads	49017	200
		40	ctns	249.00		Pillows, Valance, Towels	49390	100
16				1405.23		<b>Grand Total</b>		

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**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).**



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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 type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input 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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SHIP FROM		Master Bill of Lading Number: 06757166000321743	
Name:	E & E COMPANY LTD		
Address:	550 Northport Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: FedEx Freight Economy	
Name:	Macy's /Bloom Consolidation Center	DC#:	
		Div.	
Address:	C/O Dynamic High Point 1124 Elon Place,	Trailer number:	X3130
		Seal number:	
City/State/Zip:	High Point, NC 27260	SCAC:	FXN
SID#:		Pro Number:	<b>474132898-1</b>
			
			

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge	
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 (check box)	
SPECIAL INSTRUCTIONS: Load #: 00041168164S		Appointment Time	Actual Driver Arrival Time
		AM PM	AM PM
			2:15
		Driver Departure Time	2:48
		AM PM	AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
9163948	15	182.46	Y	N	06757166000319047	CD	
9163948	128	1564.34	Y	N	06757166000319023	OK	
9163948	128	1564.34	Y	N	06757166000319054	AZ	
9163948	115	1406.78	Y	N	06757166000319016	PD	
9163948	123	1504.62	Y	N	06757166000319030	MB	
<b>Grand Total</b>	<b>509</b>	<b>6222.54</b>					

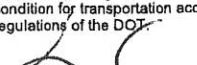
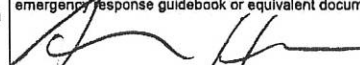
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
11	Pallet			550.00		Pallet		70
		509	ctns	6222.54		Runners, Placemats, Napkins	49505	77.5
11				6772.54		<b>Grand Total</b>		

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X3130