


Date: 2/26/2020 2:55:10 PM

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757168000106344	
Name: E & E COMPANY LTD		CARRIER NAME: FedEx Freight Economy	
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407			
SID#: _____ FOB: <input type="checkbox"/>		Trailer number:	
<b>SHIP TO</b>		Seal number(s)	
Name: Macys /Bloom Consolidation Center DC#: _____		SCAC: FXNL	
Address: 1124 Elon Place		Pro Number: <b>744762923-2</b>	
City/State/Zip: High Point, NC 27260			
SID#: _____ FOB: <input type="checkbox"/>			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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: _____			
SPECIAL INSTRUCTIONS: Load #: 00050295460S		Appointment Time	Actual Driver Arrival Time
		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#
1787731	1	13.22	Y	N	06757168000102797	JP
1787731	3	37.46	Y	N	06757168000102803	SC
1586002	9	113.48	Y	N	06757168000099011	CI
1787720	2	25.34	Y	N	06757168000102858	OK
1586002	2	24.24	Y	N	06757168000099004	BA
1586002	10	120.10	Y	N	06757168000099042	GN
1586002	5	60.60	Y	N	06757168000099059	HA
1787720	1	12.12	Y	N	06757168000102841	AZ
1787731	6	72.72	Y	N	06757168000102773	HA
1585991	4	50.68	Y	N	06757168000098403	MB
1586002	3	37.46	Y	N	06757168000099066	HU
1586002	5	65.00	Y	N	06757168000099097	SW
1787731	12	152.04	Y	N	06757168000102735	CI

<p>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 _____</p>	<p><b>COD Amount \$</b></p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>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;"><b>Shipper Signature</b></p>
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<p><b>SHIPPER SIGNATURE / DATE</b></p> <p>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><i>[Signature]</i> 2/26/20</p>	<p><b>Trailer Loaded:</b></p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p><b>Freight Counted:</b></p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p><b>CARRIER SIGNATURE / PICKUP DATE</b></p> <p>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><i>[Signature]</i></p>
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<b>SHIP FROM</b>		Master Bill of Lading Number: 06757168000106344	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ FOB: <input type="checkbox"/>			
<b>SHIP TO</b>		CARRIER NAME: FedEx Freight Economy	
Name: Macys /Bloom Consolidation Center DC#: _____ Div. _____ Address: 1124 Elon Place City/State/Zip: High Point, NC 27260 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: Seal number(s): SCAC: FXNL Pro Number:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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 #: 00050295460S		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM

<b>Grand Total</b>	110	1382.70	
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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 365</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
26	Pallet			1300.00		Pallet		70
		110	ctns	1382.70		Runners, Placemats, Napkins	49505	77.5
26				2682.70		<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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</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>
<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.	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
<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.	

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757168000099097	
Name: E & E COMPANY LTD		 (402)06757168000099097	
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407			
SID#:			
PHONE:		CARRIER NAME: FedEx Freight Economy	
VENDOR:		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number:	
Name: Macys Home MMG South Windsor Location #: SW DC		Seal number(s):	
Address: 301 Governors Hwy		SCAC: FXNL	
City/State/Zip: South Windsor, CT 06074		Pro Number:	
CID#:			
Dept: 0784		FOB: <input type="checkbox"/>	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		Appointment Time Actual Driver Arrival Time Driver Departure Time	
SPECIAL INSTRUCTIONS: Load #: 00050295460S		AM AM AM	
Packing List is Attached		PM PM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1586002	5	65.00	Y N	
<b>Grand Total</b>	5	65.00		

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 355</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		5	ctns	65.00		Runners, Placemats, Napkins	49505	77.5
1		5		115.00		<b>Grand Total</b>		

<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><b>COD Amount:</b> _____</p> <p><b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>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><b>SHIPPER SIGNATURE / DATE</b>                  This is to certify that the above named materials are property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>		<p><b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p><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</p>	
<p style="text-align: right;"><b>Shipper Signature</b></p>			
<p><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.</p>			

**Customer:** MACYS HOME MMG SOUTH WINDSOR DC

**Ship Date:** 02/26/2020

**SHIP FROM:**

E & E COMPANY LTD  
311 INTERNATIONAL TRADE PKWY  
PORT WENTWORTH, GA 31407

**BILL TO:**

MACY'S HOME MMG  
2101 EAST KEMPER ROAD  
CINCINNATI, OH 45241  
US

**SHIP TO:**

MACYS HOME MMG SOUTH WINDSOR DC  
301 GOVERNORS HWY  
SOUTH WINDSOR, CT 06074  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
1586002	10028634KG	MCG51N-908	086569099761	K Egyptian Cotton Blanket	EA	2	2	1	2	1
1586002	10028634KG	MCG51N-911	086569099778	K Egyptian Cotton Blanket	EA	2	2	1	2	1
1586002	10028634FQ	MCG51N-913	086569099716	Q Egyptian Cotton Blanket	EA	2	2	1	2	1
1586002	10028634KG	MCG51N-914	086569099785	K Egyptian Cotton Blanket	EA	2	4	2	4	2

**Total Weight:** 65  
**Total Quantity Ordered:** 10  
**Total Cartons Ordered:** 5  
**Total Quantity Shipped:** 10  
**Total Cartons Shipped:** 5



May 15, 2020

Dear Customer,

The following is the proof-of-delivery for tracking number: 744762923-2

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**Delivery Information:**

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<b>Status:</b>	Delivered	<b>Delivery date:</b>	Mar 2, 2020 08:05
<b>Signed for by:</b>	** DRIVER SPOTTED **		
<b>Service type:</b>	FedEx Freight Economy		
<b>Special Handling:</b>			

Please see following page for Signature

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**Shipping Information:**

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<b>Tracking number:</b>	744762923-2	<b>Ship Date:</b>	Feb 26, 2020
		<b>Weight:</b>	1979.0 LB/898.47 KG
<b>Recipient:</b>		<b>Shipper:</b>	
HIGH POINT, NC, US,		PORT WENTWORTH, GA, US,	

**Purchase Order** 06757168000106344,8888888,8888888011301460

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Thank you for choosing FedEx.