



**NON-NEGOTIABLE WAYBILL**

SEE CONDITIONS OF CONTRACT ON REVERSE

DATE	ORIGIN	DESTINATION	EIN NO.
5/22/2024	SAV	EWR	
<b>SHIPPER</b>			
PILOT ACCOUNT NO.			
1162630535			
E & E COMPANY LTD			
311 INTERNATIONAL TRADE PKWY			
PORT WENTWORTH GA US ZIP CODE REQUIRED 31407			
855-842-4358 SD3			
<b>CONSIGNEE</b>			
PILOT ACCOUNT NO.			
RACHEL CORTESE			
90 WHITTREDGE RD			
SUMMIT NJ US ZIP CODE REQUIRED 07901			
9734794524 N/A			
<b>BILL TO</b>			
PILOT ACCOUNT NO. (IF OTHER THAN SHIPPER OR CONSIGNEE)			
RUE GILT GROUPE (RGG)			
20 CHANNEL CENTER 2ND FL			
BOSTON MA US ZIP CODE REQUIRED 02210			

DOMESTIC SERVICES		
<input type="checkbox"/> First Flight Service	<input type="checkbox"/> Platinum Guarantee	<input checked="" type="checkbox"/> Home Delivery - Standard
<input type="checkbox"/> Next Day AM	<input type="checkbox"/> Saturday Delivery	<input type="checkbox"/> Home Delivery - Basic
<input type="checkbox"/> Next Day PM	<input type="checkbox"/> Sunday / Holiday Delivery	<input type="checkbox"/> Exclusive Use Vehicle
<input type="checkbox"/> Two Day	<input type="checkbox"/> Home Delivery - Premier	<input type="checkbox"/> Special Services
<input type="checkbox"/> Three Day	<input type="checkbox"/> Home Delivery - Deluxe	<input type="checkbox"/> Trade Show
<input checked="" type="checkbox"/> Economy	<input type="checkbox"/> Other:	
No level indicated will be considered a Next Day PM service		
INTERNATIONAL SERVICES		
<b>SHIP VIA</b>	<b>SERVICE</b>	<b>CUSTOMS VALUE</b>
<input type="checkbox"/> Air Direct	<input type="checkbox"/> (Air)port to (Air)port	\$
<input type="checkbox"/> Air Consolidation	<input type="checkbox"/> (Air)port to Door	
<input type="checkbox"/> Ocean	<input type="checkbox"/> Door to (Air)port	
	<input type="checkbox"/> Door to Door	
No level indicated will be considered an Air Consolidation service Supply Export POA or SLI if the shipment value is \$2500 or more		
FREIGHT CHARGES		
<input type="checkbox"/> Prepaid	<input checked="" type="checkbox"/> Third Party	<b>C.O.D. AMOUNT</b>
<input type="checkbox"/> Collect	<input type="checkbox"/> C.O.D.	\$
The shipper will be charged if a payment type is not selected		
CARRIER LIMITED LIABILITY		
Unless a value is entered here, Declared Value is agreed and understood to be \$0.50/lb. for domestic shipments (including Puerto Rico) or \$9.07/lb for international air or transborder shipments, but not less than \$50.00 per shipment or actual value of such piece(s), whichever is less. If additional insurance is purchased, enter the insurance value. See reverse for ocean shipment liability.		<b>DECLARED VALUE</b>
Goods are: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> New & Used		\$ NVD
No status will be considered new goods		<b>INSURANCE VALUE</b>
		\$ NVD
<b>PICKUP APPOINTMENT</b>	<b>Date:</b>	<b>Time:</b>
SPECIAL INSTRUCTIONS		
<input type="checkbox"/> Hazard materials per attached shipper's declaration SCHEDULE #4 (INTL)		

PIECES	DESCRIPTION	DIMENSIONS (INCHES)			DIM.WT	ACTUAL WT
		L	W	H		
1	KENNEDY 44" ROUND DINING TABLE	48	40	12		151
TOTAL					TOTAL	TOTAL
						151

For International Shipments: These commodities, technology or software are exported from the United States in accordance with the export administration regulations. Diversion contrary to U.S. law is prohibited. The exporter authorizes Pilot to act as forwarding agent for export control and customs purposes.

I certify that the cargo does not contain any unauthorized explosives, incendiaries, or hazardous materials. I am aware that cargo items tendered for transportation are subject to T.S.A. security controls by the carriers and, when appropriate, other government regulations. I agree to permit screening of cargo items by authorized T.S.A. personnel. I am aware that this endorsement and original signature along with copies of all relevant shipping documents showing the cargo's consignee, consignor, description, and other relevant data will be retained on file per T.S.A. regulations.

SHIPPER'S O.O.D. AMOUNT: \_\_\_\_\_ P.O.C.O.D. AMOUNT: \_\_\_\_\_ TOTAL COLLECT CHARGES: \_\_\_\_\_ CHECK # \_\_\_\_\_

RECEIVED BY PILOT OR ITS AGENT: *[Signature]* DATE: *5/24/24*

SIGNATURE OF EXPORTER'S AGENT: *[Signature]* COMPANY NAME: *SHIPPER*

AGENT NAME: *Olivia* DATE: *5/22/24*

PHOTO ID:  YES  NO