

Date: 10/23/2024 1:02:38 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757168001306187	
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: Red Classic	
Name: Wayfair -		Trailer number: 5520039	
DC#: 10983		Seal number(s):	
Div.		SCAC: RCTH	
Address: 310 International Trade Pkwy		Pro Number: CS554494083	
City/State/Zip: Port Wentworth, GA 31407			
SID#:	FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: Wayfair LLC		Prepaid: <input type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: <input checked="" type="checkbox"/>	
Address: 4 Copley Place		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
Floor 7			
City/State/Zip: Boston, MA 02116		Appointment Time	
SPECIAL INSTRUCTIONS: Load #: CS554377386;CS554494083;CS554048561;CA554188527;CS553913035 CS553971543;CS554212065;CS553995152;CS554399760;CS553852317		AM	
		PM	

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO	
					DC#	Supplier#
CS554048561	21	1016.40	Y N	06757168001301892	10983	
CS553971543	3	182.60	Y N	06757168001301588	10983	
CS554261570	3	182.60	Y N	06757168001303360	10983	
CS554399760	1	168.94	Y N	06757168001303483	10983	
CS554251839	1	70.39	Y N	06757168001305692	10983	
CS553852317	48	1320.00	Y N	06757168001303896	10983	
CS553995152	3	182.60	Y N	06757168001301670	10983	
CS554146588	1	168.94	Y N	06757168001301922	10983	
CS554377386	4	244.20	Y N	06757168001303421	10983	
CS554462199	1	45.66	Y N	06757168001303841	10983	
CS554212065	1	70.39	Y N	06757168001301946	10983	
CS554494083	1	72.16	Y N	06757168001304459	10983	
CA554188527	4	244.20	Y N	06757168001301939	10983	

<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>COD Amount \$ _____</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;">Shipper Signature</p>
<p>SHIPPER SIGNATURE / DATE</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> 10/23/24</p>	<p>CARRIER SIGNATURE / PICKUP DATE</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 style="text-align: right;"><i>Gary Williams</i></p>

OCT 23 2024

Date: 10/23/2024 1:02:38 PM

Master Bill Of Lading

Page 2 of 3

SHIP FROM		Master Bill of Lading Number: 06757168001306187	
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: Red Classic	
Name:	Wayfair -	DC#:	10983
Address:	310 International Trade Pkwy	Trailer number:	5520039
City/State/Zip:	Port Wentworth, GA 31407	Seal number(s):	
SID#:	FOB: <input type="checkbox"/>	SCAC:	RCTH
THIRD PARTY FREIGHT CHARGES BILL TO:		Pro Number: CS554494083	
Name:	Wayfair LLC	Freight Charge Terms:	
Address:	4 Copley Place Floor 7	Prepaid: <input type="checkbox"/>	Collect: <input type="checkbox"/>
City/State/Zip:	Boston, MA 02116	3rd Party: <input checked="" type="checkbox"/>	
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
Load #: CS554377386;CS554494083;CS554048561;CA554188527;CS553913035 ;CS553971543;CS554212065;CS553995152;CS554399760;CS553852317		Appointment Time AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		Supplier#
			BOL#	DC#			
CS553913035	4	244.20	Y	N	06757168001303353	10983	
CS554411916	3	195.80	Y	N	06757168001303636	10983	
CS554269834	1	72.16	Y	N	06757168001303377	10983	
CS554422735	3	182.60	Y	N	06757168001303780	10983	
Grand Total	103	4663.84					

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(n) of NMFC Item 350</small>	LTL ONLY	
	QTY	TYPE				NMFC #	CLASS
22	Pallet		1100.00		Pallet		70
	21	ctns	1016.40		Furniture Sub 3 - 2 but less than 4 per cubic foot	79300 Sub 3	250
	51	ctns	1506.44		Furniture Sub 4 - 4 but less than 6 per cubic foot	79300 Sub 4	175
	4	ctns	482.20		Furniture Sub 5 - 6 but less than 8 per cubic foot	79300 Sub 5	125
	27	ctns	1658.80		Furniture Sub 7 - 10 but less than 12 per cubic foot	79300 Sub 7	92.5

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.

Date: 10/23/2024 1:02:38 PM		Master Bill Of Lading		Page 3 of 3	
SHIP FROM			Master Bill of Lading Number: 06757168001306187		
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: Red Classic		
Name: Wayfair - DC#: 10983 Address: 310 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407			Trailer number: 5520039 Seal number(s):		
SID#: _____ FOB: <input type="checkbox"/>			SCAC: RCTH Pro Number: CS554494083		
THIRD PARTY FREIGHT CHARGES BILL TO:			Freight Charge Terms:		
Name: Wayfair LLC Address: 4 Copley Place Floor 7 City/State/Zip: Boston, MA 02116			Prepaid: <input type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: <input checked="" type="checkbox"/>		
SPECIAL INSTRUCTIONS: Load #: CS554377386;CS554494083;CS554048561;CA554188527;CS553913035; CS553971543;CS554212065;CS553995152;CS554399760;CS553852317			<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED		
			<input type="checkbox"/> UNDERLYING BILLS OF LANDING		
		Appointment Time AM PM	Actual Driver Arrival Time AM PM	Driver Departure Time AM PM	
22		5763.84		Grand Total	

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"/>
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 / 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.
Shipper Signature _____	

Date: 10/23/2024 1:02:36 PM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 PHONE:
 VENDOR: 1987

Bill of Lading Number: 06757168001305692

 (402)06757168001305692

SHIP TO
 Name: Wayfair -
 Address: 310 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 CID#: FOB:
 Dept:

CARRIER NAME: Red Classic
 Responsible Acct.No:
 Trailer number: 5520039
 Seal number(s):

SCAC: RCTH
Pro Number: CS554494083

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Wayfair LLC
 Address: 4 Copley Place
 Floor 7
 City/State/Zip: Boston, MA 02116

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Prepaid: **Collect:** **3rd Party:** X

SPECIAL INSTRUCTIONS:
 Load #: CS554251839
 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance.
 Packing List is Attached

Master Bill of Lading: with attached underlying Bills of Lading

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
CS554251839	1	70.39	Y	N	
Grand Total	1	70.39			

CARRIER INFORMATION						PACKAGE			
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
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			
1	Pallet			50.00		Pallet			
		1	ctns	70.39		Furniture Sub 4 - 4 but less than 6 per cubic foot		79300 Sub 4	175
1		1		120.39		Grand Total			

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.

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.

Date: 10/23/2024 1:02:35 PM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 PHONE:
 VENDOR: 1987

Bill of Lading Number: 06757168001303841

 (402)06757168001303841

SHIP TO
 Name: Wayfair Port Wentworth Fulfillment
 Address: 310 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 CID#: FOB:
 Dept:

CARRIER NAME: Red Classic
 Responsible Acct.No:
 Trailer number: 5520039
 Seal number(s):
SCAC: RCTH
Pro Number: CS554494083

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Wayfair LLC
 Address: 4 Copley Place
 Floor 7
 City/State/Zip: Boston, MA 02116

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Prepaid: **Collect:** **3rd Party: X**

SPECIAL INSTRUCTIONS:
 Load #: CS554462199
 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance.
 Packing List is Attached

Master Bill of Lading: with attached underlying Bills of Lading

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
CS554462199	1	45.66	Y N	
Grand Total	1	45.66		

CARRIER INFORMATION						PACKAGE			
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
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			
1	Pallet			50.00		Pallet			
		1	ctns	45.66		Furniture Sub 4 - 4 but less than 6 per cubic foot		79300 Sub 4	175
1		1		95.66		Grand Total			

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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.

Date: 10/23/2024 1:02:34 PM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 PHONE:
 VENDOR: 1987

Bill of Lading Number: 06757168001301922

 (402)06757168001301922

SHIP TO
 Name: Wayfair- Port Wentworth Fulfillment
 Address: 310 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 CID#: FOB:
 Dept:

CARRIER NAME: Red Classic
 Responsible Acct.No:
 Trailer number: 5520039
 Seal number(s):

SCAC: RCTH
Pro Number: CS554494083

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Wayfair LLC
 Address: 4 Copley Place
 Floor 7
 City/State/Zip: Boston, MA 02116

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Prepaid: **Collect:** **3rd Party:** X

SPECIAL INSTRUCTIONS:
 Load #: CS554146588
 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance.
 Packing List is Attached

Master Bill of Lading: with attached underlying Bills of Lading

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP			
CS554146588	1	168.94	Y	N		
Grand Total	1	168.94				

CARRIER INFORMATION						PACKAGE			
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
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			
1	Pallet			50.00		Pallet			
		1	ctns	168.94		Furniture Sub 5 - 6 but less than 8 per cubic foot		79300 Sub 5	125
1		1		218.94		Grand Total			

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.

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.

Date: 10/23/2024 1:02:32 PM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 PHONE:
 VENDOR: 1987

Bill of Lading Number: 06757168001303360

 (402)06757168001303360

SHIP TO
 Name: Wayfair- Port Wentworth Fulfillment
 Address: 310 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 CID#: FOB:
 Dept:

CARRIER NAME: Red Classic
 Responsible Acct.No:
 Trailer number: 5520039
 Seal number(s):

SCAC: RCTH
Pro Number: CS554494083

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Wayfair LLC
 Address: 4 Copley Place
 Floor 7
 City/State/Zip: Boston, MA 02116

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Prepaid: **Collect:** **3rd Party:** X

Master Bill of Lading: with attached underlying Bills of Lading
 (check box)

SPECIAL INSTRUCTIONS:
 Load #: CS554261570
 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance.
 Packing List is Attached

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
CS554261570	3	182.60	Y N	
Grand Total	3	182.60		

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 350</small>	PACKAGE	
	QTY	TYPE				NMFC #	CLASS
1	Pallet		50.00		Pallet		
		3	ctns	182.60	Furniture Sub 7 - 10 but less than 12 per cubic foot	79300 Sub 7	92.5
1		3		232.60	Grand Total		

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.

Date: 10/23/2024 1:02:31 PM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 PHONE:
 VENDOR: 1987

Bill of Lading Number: 06757168001303377

 (402)06757168001303377

SHIP TO
 Name: Wayfair- Port Wentworth Fulfillment
 Address: 310 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 CID#: FOB:
 Dept:

CARRIER NAME: Red Classic
 Responsible Acct.No:
 Trailer number: 5520039
 Seal number(s):

SCAC: RCTH
Pro Number: CS554494083

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Wayfair LLC
 Address: 4 Copley Place
 Floor 7
 City/State/Zip: Boston, MA 02116

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Prepaid: **Collect:** **3rd Party:** X

Master Bill of Lading: with attached underlying Bills of Lading
 (check box)

SPECIAL INSTRUCTIONS:
 Load #: CS554269834
 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance.
 Packing List is Attached

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
CS554269834	1	72.16	Y N	
Grand Total	1	72.16		

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 360</small>	PACKAGE	
	QTY	TYPE				NMFC #	CLASS
1	Pallet		50.00		Pallet		
		1	ctns	72.16	Furniture Sub 5 - 6 but less than 8 per cubic foot	79300 Sub 5	125
1		1		122.16	Grand Total		

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.

Bill Of Lading

Date: 10/23/2024 1:02:28 PM

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 PHONE:
 VENDOR: 1987

Bill of Lading Number: 06757168001303780



SHIP TO
 Name: Wayfair Port Wentworth Fulfillment
 Address: 310 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 CID#:
 Dept:
 FOB:

CARRIER NAME: Red Classic
 Responsible Acct.No:
 Trailer number: 5520039
 Seal number(s):
SCAC: RCTH
Pro Number: CS554494083

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Wayfair LLC
 Address: 4 Copley Place
 Floor 7
 City/State/Zip: Boston, MA 02116

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Prepaid: **Collect:** **3rd Party:** X

Master Bill of Lading: with attached underlying Bills of Lading

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

SPECIAL INSTRUCTIONS:
 Load #: CS554422735
 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance.
 Packing List is Attached

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP			
CS554422735	3	182.60	Y	N		
Grand Total	3	182.60				

CARRIER INFORMATION					PACKAGE			
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>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
1	Pallet			50.00		Pallet		
		3	ctns	182.60		Furniture Sub 7 - 10 but less than 12 per cubic foot	79300 Sub 7	92.5
1		3		232.60		Grand Total		

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.

Date: 10/23/2024 1:02:30 PM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 PHONE:
 VENDOR: 1987

Bill of Lading Number: 06757168001303636

 (402)06757168001303636

SHIP TO
 Name: Wayfair Port Wentworth Fulfillment
 Address: 310 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 CID#: FOB:
 Dept:

CARRIER NAME: Red Classic
 Responsible Acct.No:
 Trailer number: 5520039
 Seal number(s):
SCAC: RCTH
Pro Number: CS554494083

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Wayfair LLC
 Address: 4 Copley Place
 Floor 7
 City/State/Zip: Boston, MA 02116

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Prepaid: **Collect:** **3rd Party:** X

SPECIAL INSTRUCTIONS:
 Load #: CS554411916
 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance.
 Packing List is Attached

Master Bill of Lading: with attached underlying Bills of Lading

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP			
CS554411916	3	195.80	Y	N		
Grand Total	3	195.80				

CARRIER INFORMATION					PACKAGE			
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>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
1	Pallet			50.00		Pallet		
		3	ctns	195.80		Furniture Sub 7 - 10 but less than 12 per cubic foot	79300 Sub 7	92.5
1		3		245.80		Grand Total		

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 sold 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.

Date: 10/23/2024 1:02:27 PM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 PHONE:
 VENDOR: 1987

Bill of Lading Number: 06757168001303896

 (402)06757168001303896

SHIP TO
 Name: Wayfair Port Wentworth Fulfillment
 Address: 310 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 CID#: FOB:
 Dept:

CARRIER NAME: Red Classic
 Responsible Acct.No:
 Trailer number: 5520039
 Seal number(s):
SCAC: RCTH
Pro Number: CS554494083

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Wayfair LLC
 Address: 4 Copley Place
 Floor 7
 City/State/Zip: Boston, MA 02116

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Prepaid: **Collect:** **3rd Party:** X
 Master Bill of Lading: with attached underlying Bills of Lading

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

SPECIAL INSTRUCTIONS:
 Load #: CS553852317
 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance.
 Packing List is Attached

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
CS553852317	48	1320.00	Y	N	
Grand Total	48	1320.00			

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
4	Pallet			200.00		Pallet		
		48	ctns	1320.00		Furniture Sub 4 - 4 but less than 6 per cubic foot	79300 Sub 4	175
4		48		1520.00		Grand Total		

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.

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.

Date: 10/23/2024 1:02:25 PM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 PHONE:
 VENDOR: 1987

Bill of Lading Number: 06757168001303483

 (402)06757168001303483

SHIP TO
 Name: Wayfair Port Wentworth Fulfillment
 Address: 310 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 CID#: FOB:
 Dept:

CARRIER NAME: Red Classic
 Responsible Acct.No:
 Trailer number: 5520039
 Seal number(s):

SCAC: RCTH
Pro Number: CS554494083

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Wayfair LLC
 Address: 4 Copley Place
 Floor 7
 City/State/Zip: Boston, MA 02116

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Prepaid: **Collect:** **3rd Party:** X

Master Bill of Lading: with attached underlying Bills of Lading
 (check box)

SPECIAL INSTRUCTIONS:
 Load #: CS554399760
 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance.
 Packing List is Attached

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP			
CS554399760	1	168.94	Y	N		
Grand Total	1	168.94				

CARRIER INFORMATION					PACKAGE			
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 300</small>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
1	Pallet			50.00		Pallet		
		1	ctns	168.94		Furniture Sub 5 - 6 but less than 8 per cubic foot	79300 Sub 5	125
1		1		218.94		Grand Total		

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.

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.

Date: 10/23/2024 1:02:24 PM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 PHONE:
 VENDOR: 1987

Bill of Lading Number: 06757168001301670

 (402)06757168001301670

SHIP TO
 Name: Wayfair -
 Address: 310 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 CID#: FOB:
 Dept:

CARRIER NAME: Red Classic
 Responsible Acct.No:
 Trailer number: 5520039
 Seal number(s):
SCAC: RCTH
Pro Number: CS554494083

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Wayfair LLC
 Address: 4 Copley Place
 Floor 7
 City/State/Zip: Boston, MA 02116

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Prepaid: **Collect:** **3rd Party: X**
 Master Bill of Lading: with attached underlying Bills of Lading

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

SPECIAL INSTRUCTIONS:
 Load #: CS553995152
 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance.
 Packing List is Attached

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP			
CS553995152	3	182.60	Y	N		
Grand Total	3	182.60				

CARRIER INFORMATION						PACKAGE			
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
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			
1	Pallet			50.00		Pallet			
		3	ctns	182.60		Furniture Sub 7 - 10 but less than 12 per cubic foot		79300 Sub 7	92.5
1		3		232.60		Grand Total			

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.

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.

Date: 10/23/2024 1:02:23 PM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 PHONE:
 VENDOR: 1987

Bill of Lading Number: 06757168001301946

 (402)06757168001301946

SHIP TO
 Name: Wayfair- Port Wentworth Fulfillment
 Address: 310 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 CID#: **FOB:**
 Dept:

CARRIER NAME: Red Classic
 Responsible Acct.No:
 Trailer number: 5520039
 Seal number(s):

SCAC: RCTH
Pro Number: CS554494083

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Wayfair LLC
 Address: 4 Copley Place
 Floor 7
 City/State/Zip: Boston, MA 02116

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Prepaid: **Collect:** **3rd Party:** X

Master Bill of Lading: with attached underlying Bills of Lading
 (check box)

SPECIAL INSTRUCTIONS:
 Load #: CS554212065
 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance.
 Packing List is Attached

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALETT/SLIP	ADDITIONAL SHIPPER INFO
CS554212065	1	70.39	Y N	
Grand Total	1	70.39		

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		
		1	ctns	70.39		Furniture Sub 4 - 4 but less than 6 per cubic foot	79300 Sub 4	175
1		1		120.39		Grand Total		

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.


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.

Bill Of Lading

Date: 10/23/2024 1:02:21 PM

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 PHONE:
 VENDOR: 1987

Bill of Lading Number: 06757168001301588

 (402)06757168001301588

SHIP TO
 Name: Wayfair -
 Address: 310 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 CID#: FOB:
 Dept:

CARRIER NAME: Red Classic
 Responsible Acct.No:
 Trailer number: 5520039
 Seal number(s):
SCAC: RCTH
Pro Number: CS554494083

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Wayfair LLC
 Address: 4 Copley Place
 Floor 7
 City/State/Zip: Boston, MA 02116

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: Collect: 3rd Party: X
 Master Bill of Lading: with attached underlying Bills of Lading

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

SPECIAL INSTRUCTIONS:
 Load #: CS553971543
 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance.
 Packing List is Attached

CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		
CS553971543	3	182.60	Y N		
Grand Total	3	182.60			

HANDLING UNIT					PACKAGE		COMMODITY DESCRIPTION		PACKAGE	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	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 300		NMFC #	CLASS	
1	Pallet			50.00		Pallet				
		3	ctns	182.60		Furniture Sub 7 - 10 but less than 12 per cubic foot		79300 Sub 7	92.5	
1		3		232.60		Grand Total				

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.

Date: 10/23/2024 1:02:20 PM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 PHONE:
 VENDOR: 1987

Bill of Lading Number: 06757168001303353

 (402)06757168001303353

SHIP TO
 Name: Wayfair- Port Wentworth Fulfillment
 Address: 310 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 CID#: FOB:
 Dept:

CARRIER NAME: Red Classic
 Responsible Acct.No:
 Trailer number: 5520039
 Seal number(s):
SCAC: RCTH
Pro Number: CS554494083

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Wayfair LLC
 Address: 4 Copley Place
 Floor 7
 City/State/Zip: Boston, MA 02116

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Prepaid: **Collect:** **3rd Party:** X
 Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 Load #: CS553913035
 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance.
 Packing List is Attached

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		
CS553913035	4	244.20	Y N		
Grand Total	4	244.20			

CARRIER INFORMATION						PACKAGE			
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
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			
1	Pallet			50.00		Pallet			
		4	cns	244.20		Furniture Sub 7 - 10 but less than 12 per cubic foot		79300 Sub 7	92.5
1		4		294.20		Grand Total			

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 applicabla, 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.

Date: 10/23/2024 1:02:14 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168001303421	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: VENDOR: 1987		 (402)06757168001303421	
SHIP TO		CARRIER NAME: Red Classic	
Name: Wayfair Port Wentworth Fulfillment Address: 310 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 CID#: FOB: <input type="checkbox"/> Dept:		Responsible Acct.No: Trailer number: 5520039 Seal number(s):	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: RCTH	
Name: Wayfair LLC Address: 4 Copley Place Floor 7 City/State/Zip: Boston, MA 02116		Pro Number: CS554494083	
SPECIAL INSTRUCTIONS:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Load #: CS554377386 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance. Packing List is Attached		Prepaid: <input type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: <input checked="" type="checkbox"/>	
		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
		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
CS554377386	4	244.20	Y N	
Grand Total	4	244.20		

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 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		4	ctns	244.20		Furniture Sub 7 - 10 but less than 12 per cubic foot	79300 Sub 7	92.5
1		4		294.20		Grand Total		

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: <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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