

SHIP FROM		Master Bill of Lading Number: 06757168001322668
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 Port Wentworth Fulfillment	DC#: 10983
		Div.
Address:	310 International Trade Pkwy	Trailer number: 5520039
		Seal number(s):
City/State/Zip:	Port Wentworth, GA 31407	SCAC: RCTH
SID#:	FOB: <input type="checkbox"/>	Pro Number: CS557901190

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 Floor 7	<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
City/State/Zip:	Boston, MA 02116	Appointment Time	Actual Driver Arrival Time
SPECIAL INSTRUCTIONS:		AM	AM
Load #: CS557391641;CS557802053;CS557677488;CS557859247;CS557553838 ;CS557713777;CS557357993;CS557402822;CA557416891;CS557775658		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
CS557318042	1	70.40	Y	N	06757168001320022	10983	
CS557553838	3	195.80	Y	N	06757168001320060	10983	
CS557508649	1	45.66	Y	N	06757168001320121	10983	
CS557703241	3	182.60	Y	N	06757168001321395	10983	
CS557775658	1	72.16	Y	N	06757168001321555	10983	
CS557402822	5	242.00	Y	N	06757168001320039	10983	
CS557677488	4	244.20	Y	N	06757168001321357	10983	
CS557787333	3	182.60	Y	N	06757168001321371	10983	
CS557713777	1	45.66	Y	N	06757168001321364	10983	
CS557869093	1	72.16	Y	N	06757168001321548	10983	
CS557239150	1	168.94	Y	N	06757168001320084	10983	
CS557496203	1	72.16	Y	N	06757168001320145	10983	
CA557416891	4	244.20	Y	N	06757168001320046	10983	

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.

JC 11/13/24

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.

Jeff Bonner 11/13/24

SHIP FROM		Master Bill of Lading Number: 06757168001322668
Name:	E & E COMPANY LTD	
Address:	311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407	

SID#: _____ FOB:

SHIP TO		CARRIER NAME: Red Classic Trailer number: 5520039 Seal number(s): SCAC: RCTH Pro Number: CS557901190
Name:	Wayfair Port Wentworth Fulfillment DC#: 10983 Div.	
Address:	310 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407	

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 Floor 7	<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
City/State/Zip:	Boston, MA 02116	Appointment Time	Actual Driver Arrival Time

SPECIAL INSTRUCTIONS:		
Load #: CS557391641;CS557802053;CS557677488;CS557859247;CS557563838 ;CS557713777;CS557357993;CS557402822;CA557416891;CS557775658		
	AM	AM
	PM	PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
					BOL#	DC#	Supplier#
CS557802053	3	182.60	Y	N	06757168001321401	10983	
CS557859247	1	45.66	Y	N	06757168001321425	10983	
CS557252965	2	140.78	Y	N	06757168001320091	10983	
CS557901190	2	337.88	Y	N	06757168001321531	10983	
CS557265863	3	195.80	Y	N	06757168001320107	10983	
CS557391641	1	70.39	Y	N	06757168001320077	10983	
CS557505312	1	168.94	Y	N	06757168001320138	10983	
CS557811642	1	168.94	Y	N	06757168001321418	10983	
CS557357993	3	182.60	Y	N	06757168001320053	10983	
CS557511408	1	72.16	Y	N	06757168001320114	10983	
CS557655563	3	195.80	Y	N	06757168001321388	10983	
Grand Total	50	3600.09					

<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>
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<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>Trailer Loaded:</p> <p><input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver/pallets said to contain</p> <p><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>
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Date: 11/13/2024 12:33:04 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757168001322668	
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 Port Wentworth Fulfillment DC#: 10983 Div. _____ Address: 310 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407		Traller number: 5520039 Seal number(s): _____ SCAC: RCTH Pro Number: CS557901190	
SID#: _____ FOB: <input type="checkbox"/>			
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 #: CS557391641;CS557802053;CS557677488;CS557859247;CS557553838 ;CS557713777;CS557357993;CS557402822;CA557416891;CS557775658		<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

CARRIER INFORMATION						LTL ONLY			
HANDLING UNIT		PACKAGE		WEIGHT LBS	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 369			
24	Pallet			1200.00		Pallet		70	
		5	ctns	242.00		Furniture Sub 3 - 2 but less than 4 per cubic foot	79300-3	250	
		7	ctns	418.55		Furniture Sub 4 - 4 but less than 6 per cubic foot	79300-4	175	
		9	ctns	1133.34		Furniture Sub 5 - 6 but less than 8 per cubic foot	79300-5	125	
		29	ctns	1806.20		Furniture Sub 7 - 10 but less than 12 per cubic foot	79300-7	92.5	
24				4800.09		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: <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. <div style="text-align: right;">Shipper Signature</div>		
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.	<table style="width:100%;"> <tr> <td style="width: 50%;"> Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width: 50%;"> Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces </td> </tr> </table>	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
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: 06757168001320091	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: VENDOR: 1987		 (402)06757168001320091	
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): SCAC: RCTH Pro Number: CS557901190	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
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 #: CS557252965 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance. Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
		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
CS557252965	2	140.78	Y N	
Grand Total	2	140.78		

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(a) of NMFC Item 360</small>	PACKAGE			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
1	Pallet			50.00		Pallet				
		2	ctns	140.78		Furniture Sub 4 - 4 but less than 6 per cubic foot	79300-4	175		
1		2		190.78		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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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).

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. <p style="text-align: right;">Shipper Signature</p>
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SHIPPER SIGNATURE / DATE 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.	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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Date: 11/13/2024 12:33:00 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168001321418	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: VENDOR: 1987		 (402)06757168001321418	
SHIP TO		CARRIER NAME: Red Classic	
Name: Wayfair 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: CS557901190	
SPECIAL INSTRUCTIONS: Load #: CS557811642 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance. Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) 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
CS557811642	1	168.94	Y N	
Grand Total	1	168.94		

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	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	168.94		Furniture Sub 5 - 6 but less than 8 per cubic foot	79300-5	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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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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).

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;">Shipper Signature</div>
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SHIPPER SIGNATURE / DATE 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.	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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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: 06757168001321548

 (402)06757168001321548

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: CS557901190

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 #: CS557869093
 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
CS557869093	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 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	72.16		Furniture Sub 5 - 6 but less than 8 per cubic foot	79300-5	125
1		1		122.16		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 property 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: 11/13/2024 12:32:57 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168001320114
Name: E & E COMPANY LTD	 (402)06757168001320114	
Address: 311 International Trade Pkwy		
City/State/Zip: Port Wentworth, GA 31407		
PHONE:		
VENDOR: 1987		

SHIP TO		CARRIER NAME: Red Classic
Name: Wayfair Port Wentworth Fulfillment	Responsible Acct.No:	
Address: 310 International Trade Pkwy	Trailer number: 5520039	
City/State/Zip: Port Wentworth, GA 31407	Seal number(s):	
CID#: _____	SCAC: RCTH	
Dept: _____	Pro Number: CS557901190	
FOB: <input type="checkbox"/>		

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Name: Wayfair LLC	Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: X	
Address: 4 Copley Place	Master Bill of Lading: with attached	
Floor 7	(check box) underlying Bills of Lading	
City/State/Zip: Boston, MA 02116	Appointment Time	Actual Driver Arrival Time
	AM	AM
	PM	PM
SPECIAL INSTRUCTIONS:	Driver Departure Time	AM
Load #: CS557511408		PM
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
CS557511408	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 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	72.16		Furniture Sub 5 - 6 but less than 8 per cubic foot	79300-5	125	
1		1		122.16		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: <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 property 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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SHIP FROM		Bill of Lading Number: 06757168001320138	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: VENDOR: 1987		 (402)06757168001320138	
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): SCAC: RCTH Pro Number: CS557901190	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
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: X	
SPECIAL INSTRUCTIONS: Load #: CS557505312 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance. Packing List is Attached		<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
CS557505312	1	168.94	Y N	
Grand Total	1	168.94		

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	168.94		Furniture Sub 5 - 6 but less than 8 per cubic foot	79300-5	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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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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).

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;">Shipper Signature</div>
--	--

SHIPPER SIGNATURE / DATE 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.	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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Date: 11/13/2024 12:32:54 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: 06757168001321371



(402)06757168001321371

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: CS557901190

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

(check box) 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 #: CS557787333
 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
CS557787333	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 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	182.60		Furniture Sub 7 - 10 but less than 12 per cubic foot	79300-7	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

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		Bill of Lading Number: 06757168001321531	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: VENDOR: 1987		 (402)06757168001321531	
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):	
		SCAC: RCTH	
		Pro Number: CS557901190	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: X	
Name: Wayfair LLC Address: 4 Copley Place Floor 7 City/State/Zip: Boston, MA 02116		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: CS557901190 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance. Packing List is Attached		Appointment Time AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
CS557901190	2	337.88	Y N	
Grand Total	2	337.88		

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	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	337.88		Furniture Sub 5 - 6 but less than 8 per cubic foot	79300-5	125
1		2		387.88		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: <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. <p style="text-align: right;">Shipper Signature</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.	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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SHIP FROM		Bill of Lading Number: 06757168001320022		
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: VENDOR: 1987		 (402)06757168001320022		
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): SCAC: RCTH Pro Number: CS557901190		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name: Wayfair LLC Address: 4 Copley Place Floor 7 City/State/Zip: Boston, MA 02116		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: X		
SPECIAL INSTRUCTIONS: Load #: CS557318042 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance. Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
		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
CS557318042	1	70.40	Y N	
Grand Total	1	70.40		


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	70.40		Furniture Sub 4 - 4 but less than 6 per cubic foot	79300-4	175
1		1		120.40		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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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).

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. <p style="text-align: right;">Shipper Signature</p>
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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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SHIP FROM		Bill of Lading Number: 06757168001321395										
Name: E & E COMPANY LTD		 (402)06757168001321395										
Address: 311 International Trade Pkwy												
City/State/Zip: Port Wentworth, GA 31407												
PHONE:												
VENDOR: 1987		CARRIER NAME: Red Classic										
SHIP TO		Responsible Acct.No:										
Name: Wayfair		Trailer number: 5520039										
Address: 310 International Trade Pkwy		Seal number(s):										
City/State/Zip: Port Wentworth, GA 31407		SCAC: RCTH										
CID#: FOB: <input type="checkbox"/>		Pro Number: CS557901190										
Dept:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: <input checked="" type="checkbox"/>										
THIRD PARTY FREIGHT CHARGES BILL TO:												
Name: Wayfair LLC		Master Bill of Lading: with attached <input type="checkbox"/> (check box) underlying Bills of Lading										
Address: 4 Copley Place												
Floor 7		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Appointment Time</td> <td style="width: 25%;">Actual Driver Arrival Time</td> <td style="width: 25%;">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										
City/State/Zip: Boston, MA 02116												
SPECIAL INSTRUCTIONS:												
Load #: CS557703241												
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
CS557703241	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 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	182.60		Furniture Sub 7 - 10 but less than 12 per cubic foot	79300-7	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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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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).

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. <p style="text-align: right;">Shipper Signature</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.	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: 06757168001321388		
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: VENDOR: 1987		 (402)06757168001321388		
SHIP TO		CARRIER NAME: Red Classic		
Name: Wayfair 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): SCAC: RCTH Pro Number: CS557901190		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
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 #: CS557655563 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance. Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
		AM PM	AM PM	AM PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
CS557655563	3	195.80	Y N	
Grand Total	3	195.80		

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		
		3	ctns	195.80		Furniture Sub 7 - 10 but less than 12 per cubic foot	79300-7	92.5
1		3		245.80		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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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).

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. <p style="text-align: right;">Shipper Signature</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.	<table style="width:100%;"> <tr> <td style="width:50%;"> Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width:50%;"> Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces </td> </tr> </table>	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
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.			

Date: 11/13/2024 12:32:46 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168001320107										
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: VENDOR: 1987		 (402)06757168001320107										
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): SCAC: RCTH Pro Number: CS557901190										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: Wayfair LLC Address: 4 Copley Place Floor 7 City/State/Zip: Boston, MA 02116		Prepaid: _____ Collect: _____ 3rd Party: X <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: CS557265863 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
CS557265863	3	195.80	Y N	
Grand Total	3	195.80		

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		
		3	ctns	195.80		Furniture Sub 7 - 10 but less than 12 per cubic foot	79300-7	92.5
1		3		245.80		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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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).

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;">Shipper Signature</div>	
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: 06757168001320145	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: VENDOR: 1987		 (402)06757168001320145	
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): SCAC: RCTH Pro Number: CS557901190	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
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 #: CS557496203 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance. Packing List is Attached		<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
CS557496203	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 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	72.16		Furniture Sub 5 - 6 but less than 8 per cubic foot	79300-5	125
1		1		122.16		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: <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
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: 06757168001320084	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: VENDOR: 1987		 (402)06757168001320084	
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: CS557901190	
SPECIAL INSTRUCTIONS: Load #: CS557239150 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance. Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) 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 AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
CS557239150	1	168.94	Y N	
Grand Total	1	168.94		

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	168.94		Furniture Sub 5 - 6 but less than 8 per cubic foot	79300-5	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: 11/13/2024 12:32:41 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168001321555	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: VENDOR: 1987		 (402)06757168001321555	
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): SCAC: RCTH Pro Number: CS557901190	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: Wayfair LLC Address: 4 Copley Place Floor 7 City/State/Zip: Boston, MA 02116		Prepaid: Collect: 3rd Party: X	
SPECIAL INSTRUCTIONS: Load #: CS557775658 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance. Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
CS557775658	1	72.16	Y N	
Grand Total	1	72.16		

CARRIER INFORMATION							
HANDLING UNIT	PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
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
1	Pallet			50.00	Pallet		
		1	ctns	72.16	Furniture Sub 5 - 6 but less than 8 per cubic foot	79300-5	125
1		1		122.16	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:	Freight Counted:
<input type="checkbox"/> By Shipper	<input type="checkbox"/> By Shipper
<input type="checkbox"/> By Driver	<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.

Date: 11/13/2024 12:32:40 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168001320046	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: VENDOR: 1987		 (402)06757168001320046	
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: CS557901190	
SPECIAL INSTRUCTIONS: Load #: CA557416891 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance. Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: X	
		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
		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
CA557416891	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 360</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	79300-7	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 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.
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Date: 11/13/2024 12:32:38 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: 06757168001320039

 (402)06757168001320039

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: CS557901190

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 #: CS557402822
 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		
CS557402822	5	242.00	Y	N	
Grand Total	5	242.00			

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 slowing 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			
		5	ctns	242.00		Furniture Sub 3 - 2 but less than 4 per cubic foot		79300-3	250
1		5		292.00		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: 11/13/2024 12:32:37 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168001320053
Name: E & E COMPANY LTD	 (402)06757168001320053	
Address: 311 International Trade Pkwy		
City/State/Zip: Port Wentworth, GA 31407		
PHONE:		
VENDOR: 1987	CARRIER NAME: Red Classic	

SHIP TO		Responsible Acct.No:
Name: Wayfair Port Wentworth Fulfillment	Trailer number: 5520039	
Address: 310 International Trade Pkwy	Seal number(s):	
City/State/Zip: Port Wentworth, GA 31407	SCAC: RCTH	
CID#: _____	Pro Number: CS557901190	
Dept: _____	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: Wayfair LLC	Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: X		
Address: 4 Copley Place	Master Bill of Lading: with attached		
Floor 7	(check box) underlying Bills of Lading		
City/State/Zip: Boston, MA 02116	Appointment Time	Actual Driver Arrival Time	Driver Departure Time
SPECIAL INSTRUCTIONS: Load #: CS557357993 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance. Packing List is Attached	AM	AM	AM
	PM	PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
CS557357993	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 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	182.60		Furniture Sub 7 - 10 but less than 12 per cubic foot	79300-7	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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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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).

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. <p style="text-align: right;">Shipper Signature</p>
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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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Date: 11/13/2024 12:32:35 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168001321364	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: VENDOR: 1987		 (402)06757168001321364	
SHIP TO		CARRIER NAME: Red Classic	
Name: Wayfair 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: CS557901190	
SPECIAL INSTRUCTIONS: Load #: CS557713777 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance. Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		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 AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
CS557713777	1	45.66	Y N	
Grand Total	1	45.66		

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	45.66		Furniture Sub 4 - 4 but less than 6 per cubic foot	79300-4	175
1		1		95.66		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"/>
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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).

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.		

Date: 11/13/2024 12:32:34 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168001320060	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: VENDOR: 1987		 (402)06757168001320060	
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): SCAC: RCTH Pro Number: CS557901190	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
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 #: CS557553838 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance. Packing List is Attached		<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
CS557553838	3	195.80	Y N	
Grand Total	3	195.80		

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		
		3	ctns	195.80		Furniture Sub 7 - 10 but less than 12 per cubic foot	79300-7	92.5
1		3		245.80		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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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).

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.		

SHIP FROM		Bill of Lading Number: 06757168001321425	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: VENDOR: 1987		 (402)06757168001321425	
SHIP TO		CARRIER NAME: Red Classic	
Name: Wayfair 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): SCAC: RCTH Pro Number: CS557901190	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
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 #: CS557859247 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance. Packing List is Attached		<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	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
CS557859247	1	45.66	Y N	
Grand Total	1	45.66		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
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 369	NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	45.66		Furniture Sub 4 - 4 but less than 6 per cubic foot	79300-4	175
1		1		95.66		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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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).

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. <p style="text-align: right;">Shipper Signature</p>
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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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Date: 11/13/2024 12:32:31 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168001321357	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: VENDOR: 1987		 (402)06757168001321357	
SHIP TO		CARRIER NAME: Red Classic	
Name: Wayfair 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): SCAC: RCTH Pro Number: CS557901190	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
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 #: CS557677488 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance. Packing List is Attached		<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
CS557677488	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 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	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		4	ctns	244.20		Furniture Sub 7 - 10 but less than 12 per cubic foot	79300-7	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 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: 11/13/2024 12:32:30 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168001321401		
Name: E & E COMPANY LTD		 (402)06757168001321401		
Address: 311 International Trade Pkwy				
City/State/Zip: Port Wentworth, GA 31407				
PHONE:				
VENDOR: 1987		CARRIER NAME: Red Classic		
SHIP TO		Responsible Acct.No:		
Name: Wayfair		Trailer number: 5520039		
Address: 310 International Trade Pkwy		Seal number(s):		
City/State/Zip: Port Wentworth, GA 31407		SCAC: RCTH		
CID#: _____ FOB: <input type="checkbox"/>		Pro Number: CS557901190		
Dept: _____				
THIRD PARTY FREIGHT CHARGES BILL TO:				
Name: Wayfair LLC		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: _____ 3rd Party: X		
Address: 4 Copley Place				
Floor 7				
City/State/Zip: Boston, MA 02116		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading		
SPECIAL INSTRUCTIONS: Load #: CS557802053 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
CS557802053	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 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	182.60		Furniture Sub 7 - 10 but less than 12 per cubic foot	79300-7	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.

