


Shipment Manifest (Trailer:FEDZ556865)

Trailer No.: FEDZ556865 Carrier: FedEx
Loc: SD3 Load Date: 04/25/2022
Door No.: 322 Total Ctns: 6
Total Cube: 37.201 Total Weight(LB): 250.04



FEDZ556865

<u>Customer PO No.</u>	<u>E&E SO No.</u>	<u>Item No</u>	<u>Tracking #</u>	<u>Carton Weight(LB)</u>	<u>Carton Cube</u>	<u>Loaded Date</u>
CS398913974	63699637	MPS108-0286	272364799638	46.14	10.626	4/25/2022 10:34:07 AM
CS398961275	63701690	FPF18-0226	272364796937	32.00	12.036	4/25/2022 10:35:26 AM
CS399064522	63708302	MP95B-0263	272364798355	15.90	1.726	4/25/2022 10:35:33 AM
CS398842292	63695757	MPS115-0058B	272348304332	46.45	4.290	4/25/2022 10:33:27 AM
CS398893166	63698813	II104-0429	272364801220	31.93	3.796	4/25/2022 10:33:40 AM
CS398942915	63700788	II104-0430	272364801870	77.62	4.727	4/25/2022 10:35:08 AM

SHIP FROM		Bill of Lading Number: 06757161286967586  (402)06757161286967586										
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		CARRIER NAME: FedEx Responsible Acct.No: _____ Trailer number: _____ Seal number(s): _____ SCAC: FDEG Pro Number: _____										
SHIP TO		Name: _____ Location #: _____ Address: _____ City/State/Zip: _____ CID#: _____ Dept: _____										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: <input checked="" type="checkbox"/>										
Name: Wayfair Address: 4 Copley Place, Floor 7 City/State/Zip: Boston, MA 02116		Master Bill of Lading: with attached <input type="checkbox"/> (check box) underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Customer PO/Ref No: _____		<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										

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	ctns			15.90		Framed Goods	76580 Sub 5	125
4	ctns			187.69		Furniture (Seating, Storage, Outdoor)	80580	150
2	ctns			66.33		Furniture (Sleeping, Surfaces)	80580	100
7				269.92		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.
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