



April 19, 2010

NOTICE TO MACY'S 1:1 VENDORS

Address Correction

Effective May 3, 2010, Macy's Transportation will expand the 1:1 program to the South West region for all Macy's divisions (i.e., Macy's, Bloomingdale's, and Macys.com). All vendors (including VIP Vendors) shipping from 3-digit zips 890 - 891 and 900 - 956 must follow the below Bill of Lading instructions:

NOTE: This procedural change excludes: Fine/Bridge/Fashion Jewelry, Watches, Direct to Store, Vendor Direct and Bloomingdale's by Mail. Please continue to follow routing instructions for these categories as specified in the routing guide until further notice.

- Vendors shipping from the above 3 digit zips must refer and follow the routing guide for the scheduled entry and pick up day(s).
- All PO's, cartons and weight, regardless of Macy's division (i.e., Macy's, Bloomingdale's and macys.com), must be submitted via Macysnet <http://macysnet.com>.
- Every Macy's purchase order included in a shipment must be clearly and accurately noted in the body of the BOL, showing all P.O. numbers, total carton count and corresponding weights for each Purchase Order.

NOTE : UCC 128 labels must continue to reflect the Macy's DC name and address in zone B.

- All shipments routed via **trailerload** carrier must be floor loaded. All shipments routed via **LTL** carrier must be palletized.
- All Bill of Ladings, regardless of carrier consigned to Compton, must be addressed as written below:

Macy's (Destination DC) Logistics DC - (Destination DC Code)

c/o NRT Compton

1620 South Wilmington Avenue

Compton, CA 90220

Please contact the Macy's Transportation office at 678 406-7200 with any questions or concerns.

SHIP FROM
 Name: **Vendor Name**
 Address: **Vendor Address**
 City/State/Zip: **Vendor City, State, Zip**
 SID#: _____ FOB:

Bill of Lading Number: **2334567891022**
BAR CODE SPACE

SHIP TO
 Name: **Macy's (Destination DC) Logistic** Location #: _____
c/o NRT Compton
 Address: **1620 South Wilmington Avenue**
 City/State/Zip: **Compton, CA 90220**
 CID#: _____ FOB:

CARRIER NAME: _____
 Trailer number: _____
 Seal number(s): _____

SCAC: _____
 Pro number: _____
BAR CODE SPACE

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____

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

SPECIAL INSTRUCTIONS: **Authorization/Appointment# 8005521**

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
5989971	4	83	Y	N	
6588888	15	375	Y	N	
1586847	2	22	Y	N	
			Y	N	
			Y	N	
GRAND TOTAL	41	897			

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>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet	41	Cartons	947				
GRAND TOTAL								

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."

COD Amount: \$ _____
 Fee Terms: Collect: Prepaid:
 Customer check acceptable:

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
 _____ Shipper
 Signature

SHIPPER SIGNATURE / DATE
 This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. 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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.
Property described above is received in good order, except as noted.

Date: _____ **SUPPLEMENT TO THE BILL OF LADING** Page _____

Bill of Lading Number: _____

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
3785431	4	84	Y	N	
2588871	6	125	Y	N	
3668861	10	208	Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
PAGE SUBTOTAL	41	897			

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>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
						PAGE SUBTOTAL		