



March 22, 2010

REMINDER FOR MACY'S 1:1 VENDORS

We would like to remind our vendors that the 1:1 program has been implemented in the North East region for all Macy's, Bloomingdale's, and macys.com operations. Specifically, all vendors (including VIP vendors) shipping from the following 3-digit zips: 005, 010 - 089, 100 - 149, 169, 171, 175 - 198 and M3J must comply with the following Bill of Lading instructions:

- Vendors must refer to and follow the Macy's Transportation Office Routing Guide for the scheduled entry and pick up days, as posted at macysnet.com.
- All purchase orders, cartons and weight must be submitted via macysnet.com.
- Every purchase order included in a shipment must:
 - Be clearly and accurately noted in the body of the BOL
 - The BOL must include all PO numbers, total carton count and corresponding weights for each purchase order (see attached example)
 - Do not add an expected delivery date or declare value on the BOL.

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

- All shipments routed via Swift Transportation must be floor loaded.
- All shipments routed via New England Motor Freight must be palletized.
- All Bills of Lading, regardless of carrier that are consigned to NRT North Bergen, must be addressed to:

Macy's (Destination DC) Logistics DC - (Destination DC Code)
c/o NRT North Bergen
2820 16th Street
North Bergen, NJ 07047

THE ONLY EXCEPTIONS FROM THE FOREGOING INSTRUCTIONS ARE:
Fine/Bridge/Fashion Jewelry, Watches, Direct to Store, Vendor Direct and bloomingdales.com. Until further notice, please continue to follow the instructions for these categories that as currently specified in the Macy's Transportation Office Routing Guide posted at macysnet.com.

Your cooperation is anticipated and very much appreciated. If you have questions regarding this notice, please contact Macy's Transportation at 678-406-7215.

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 North Bergen
 Address: **2820 16th Street**
 City/State/Zip: **North Bergen, NJ 07047**
 CID#: _____ FOB:

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

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

SCAC: _____
 Pro number: _____

BAR CODE SPACE

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

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

RECEIVING STAMP SPACE					
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	
			Y	N	
PAGE SUBTOTAL	41	897			

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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		