

Date: 8/11/2022 5:02:19 PM

# Master Bill Of Lading

**SHIP FROM**  
**Name:** E & E COMPANY LTD  
**Address:** 311 International Trade Pkwy  
**City/State/Zip:** Port Wentworth, GA 31407  
**SID#:**  **FOB:**

Master Bill of Lading Number: 06757168000770415

**SHIP TO**  
**Name:** Wal-Mart DC 6066A-ASM DIS **DC#:** 6066A  
**Address:** 694 Crenshaw Blvd  
 6066A  
**City/State/Zip:** Hopkinsville, KY 42240  
**SID#:**  **FOB:**

**CARRIER NAME:** ALLEN LUND COMPANY  
**Trailer number:** 21162  
**Seal number(s):** 1586748  
**SCAC:** LUAC  
**Pro Number:**

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

**Freight Charge Terms:**  
**Prepaid:**  **Collect:**  **3rd Party:**   
 **MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING**

**SPECIAL INSTRUCTIONS:**  
 Load #: 22428134

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
1100 AM PM	808 AM PM	1732 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#	
1009358368	60	247.52	Y	N	06757168000770392	6066A	
4108524986	428	4703.44	Y	N	06757168000770408	6066R	
9624932796	910	9304.80	Y	N	06757168000770385	6066A	
<b>Grand Total</b>	<b>1398</b>	<b>14255.76</b>					

CARRIER INFORMATION							LTL ONLY	
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 366</small>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
1062	ctns			13280.18		Comforters, Bedspreads	49017	200
276	ctns			728.06		Sheet Set & Pillowcase	49390 Sub 4	175
60	ctns			247.52		Shower curtain	49385	77.5
1398				14255.76		<b>Grand Total</b>		

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

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

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

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

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

**SHIPPER SIGNATURE / DATE**  
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.  
 Total Pallet: 27


**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.  
*Amber Masten*

Date: 8/11/2022 5:02:13 PM

# Bill Of Lading

**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 311 International Trade Pkwy  
 City/State/Zip: Port Wentworth, GA 31407  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757168000770392  
  
 (402)06757168000770392

**SHIP TO**  
 Name: Wal-Mart DC 6066A-ASM DIS Location #: 6066A  
 Address: 694 Crenshaw Blvd  
 6066A  
 City/State/Zip: Hopkinsville, KY 42240  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

**CARRIER NAME:** ALLEN LUND COMPANY  
 Trailer number: 21162  
 Seal number(s): 1586748

**SCAC:** LUAC  
**Pro Number:**  


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

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

**SPECIAL INSTRUCTIONS:**  
 Load #: 22428134

Master Bill of Lading: with attached underlying Bills of Lading  
 Appointment Time: AM  PM  
 Actual Driver Arrival Time: AM  PM  
 Driver Departure Time: AM  PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Plts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
1009358368	60	0	247.52	Y	N	08/12/2022	6066A	0033	00020	
<b>GRAND TOTAL</b>	60	0	247.52							

HANDLING UNIT							PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE	NMFC #		CLASS							
60	ctns			247.52				49385	77.5				
60				247.52				<b>GRAND TOTAL</b>					

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

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

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

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

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

**SHIPPER SIGNATURE / DATE**  
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

**Trailer Loaded:**  By Shipper  By Driver  
**Freight Counted:**  By Shipper  By Driver/pallets said to contain  By Driver/Pieces

**CARRIER SIGNATURE / PICKUP DATE**  
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.  
*Property described above is received in good order, except as noted.*


Date: 8/11/2022 5:02:08 PM

# Bill Of Lading

**SHIP FROM**

Name: E & E COMPANY LTD  
 Address: 311 International Trade Pkwy  
 City/State/Zip: Port Wentworth, GA 31407  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757168000770408



(402)06757168000770408

**SHIP TO**

Name: Wal-Mart DC 6066R-REGULAR Location #: 6066R  
 Address: 696 Crenshaw Blvd  
 6066R  
 City/State/Zip: Hopkinsville, KY 42240  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** ALLEN LUND COMPANY  
 Trailer number: 21162  
 Seal number(s): 1586748

**SCAC:** LUAC  
**Pro Number:**  


**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

**Freight Charge Terms: (freight charges are prepaid unless marked otherwise)**

Prepaid  Collect  3rd Party

**SPECIAL INSTRUCTIONS:**  
 Load #: 22428134

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	Pkts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
4108524986	428	0	4703.44	Y	N	08/12/2022	6066R	0020	00022	
<b>GRAND TOTAL</b>	428	0	4703.44							

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							
428	ctns			4703.44		Comforters, Bedspreads	49017	200				
428				4703.44		<b>GRAND TOTAL</b>						

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.

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**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.  
*Property described above is received in good order, except as noted.*


Date: 8/11/2022 5:02:03 PM

# Bill Of Lading

**SHIP FROM**

Name: E & E COMPANY LTD  
 Address: 311 International Trade Pkwy  
 City/State/Zip: Port Wentworth, GA 31407  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757168000770385



(402)06757168000770385

**SHIP TO**

Name: Wal-Mart DC 6066A-ASM DIS Location #: 6066A  
 Address: 694 Crenshaw Blvd  
 6066A  
 City/State/Zip: Hopkinsville, KY 42240  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** ALLEN LUND COMPANY  
 Trailer number: 21162  
 Seal number(s): 1586748

**SCAC:** LUAC  
**Pro Number:**  


**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name:  
 Address:  
 City/State/Zip:

**Freight Charge Terms: (freight charges are prepaid unless marked otherwise)**

Prepaid  Collect  3rd Party

**SPECIAL INSTRUCTIONS:**  
 Load #: 22428134

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	Pkts Count	WEIGHT	PALLET/SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
9624932796	910	0	9304.80	Y	N	08/12/2022	6066A	0033	00022	
<b>GRAND TOTAL</b>	910	0	9304.80							

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 380</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
634	ctns			8576.74		Comforters, Bedspreads	49017	200	
276	ctns			728.06		Sheet Set & Pillowcase	49390 Sub 4	175	
910				9304.80		<b>GRAND TOTAL</b>			

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. Property described above is received in good order, except as noted.

Truck# #2 Carrier Allen Lund

Load# 22428134

Date 8-11-02

Time Arrived 0808

Apt Time 1100

Loader Tobias

Dock Door 207

At Door? Yes/No \_\_\_\_\_

Waiting Yes/No \_\_\_\_\_

Driver Name Andres

Cell Phone # 786-352-9386

# OA Logistics

## Detention Waiver

- You have arrived late and missed your scheduled appointment time. Every effort will be made to fit you into our schedule but please advised that OA Logistics will NOT be responsible for any detention chargers. If you wish you can make another appointment and reschedule if this is not acceptable.
- ✓ You have arrived early for your schedule appointment. Please be advised that your loading time begins at your scheduled appointment time and OA Logistics will not be responsible for detention .

Date: 8-11-22

Carrier: A MAEHL Trucking Inc / Allen Lund

B/L Number: 22428134

Scheduled Appt Time: 11:00

Arrival Time: 8:08

Driver Signature: 

OA Logistics Signature: 