

**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 1680 Tide Court  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_ FOB:

Master Bill of Lading Number: 06757164000316547

**SHIP TO**  
 Name: Wal-Mart Centerpoint - 6561 DC#: \_\_\_\_\_  
 Address: 1600 Agua Mansa Road Div. \_\_\_\_\_  
 City/State/Zip: Colton, CA 92324  
 SID#: \_\_\_\_\_ FOB:

CARRIER NAME: WAL-MART FLEET  
 Trailer number: 137178  
 Seal number(s): 2149038  
 SCAC: WALM  
 Pro Number: \_\_\_\_\_

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

Freight Charge Terms:  
 Prepaid:  Collect:  3rd Party:

**SPECIAL INSTRUCTIONS:**  
 Load #: 98673784

MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING  
 Appointment Time: 2:00 AM  
 Actual Driver Arrival Time: \_\_\_\_\_ AM  
 Driver Departure Time: \_\_\_\_\_ AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
4458525465	372	3922.16	Y	N	06757164000316417	6021R	
4758525348	224	2477.60	Y	N	06757164000316387	6037R	
5913798433	1	5.95	Y	N	06757164000316424	6021A	
5973664067	818	9754.10	Y	N	06757164000316394	6037A	
6316066194	53	169.07	Y	N	06757164000316400	6069A	
7909168871	17	101.15	Y	N	06757164000316370	6037A	
<b>Grand Total</b>	<b>1485</b>	<b>16430.03</b>					

CARRIER INFORMATION								
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 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1286	ctns			15838.18		Comforters, Bedspreads	49017	200
128	ctns			315.68		Sheet Set & Pillowcase	49390 Sub 4	175
71	ctns			276.17		Shower curtain	49385	77.5
<b>1485</b>				<b>16430.03</b>		<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: 33  
 8/19/22

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.  
 X [Signature]

SHIP FROM

Name: E & E COMPANY LTD  
 Address: 1680 Tide Court  
 City/State/Zip: Woodland, CA 95776  
 SID#:

FOB:

Bill of Lading Number: 06757164000316424



SHIP TO

Name: Wal-Mart DC 6021A - ASM DIS Location #: 6021A  
 Address: 1005 South H Street  
 6021A  
 City/State/Zip: Porterville, CA 93257  
 CID#:  
 Dept: 00020

FOB:

CARRIER NAME: WAL-MART FLEET

Trailer number: 137178  
 Seal number(s): 2149038

SCAC: WALM

Pro Number:



THIRD PARTY FREIGHT CHARGES BILL TO:

Name:  
 Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 98673784

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

Prepaid Collect X 3rd Party

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
5913798433	1	1	5.95	Y	N	08/20/2022	6021A	0033	00020	
<b>GRAND TOTAL</b>	<b>1</b>	<b>1</b>	<b>5.95</b>							

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	ctns			5.95		Shower curtain	49385	77.5
<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).

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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.



**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 1680 Tide Court  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757164000316370  
  
 (402)06757164000316370

**SHIP TO**  
 Name: Wal-Mart DC 6037A-ASM DIS Location #: 6037A  
 Address: 2650 HWY 395 South  
 6037A  
 City/State/Zip: Hermiston, OR 97838  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

**CARRIER NAME:** WAL-MART FLEET  
 Traller number: 137178  
 Seal number(s): 2149038  
**SCAC:** WALM  
**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 X 3rd Party

**SPECIAL INSTRUCTIONS:**  
 Load #: 98673784

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	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
7909168871	17	1	101.15	Y	N	08/20/2022	6037A	0033	00020	
<b>GRAND TOTAL</b>	<b>17</b>	<b>1</b>	<b>101.15</b>							

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	
17	ctns			101.15		Shower curtain	49385	77.5	
<b>17</b>				<b>101.15</b>		<b>GRAND TOTAL</b>			

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

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

**CARRIER SIGNATURE / PICKUP DATE**  
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SHIP FROM

Name: E & E COMPANY LTD  
 Address: 1680 Tide Court  
 City/State/Zip: Woodland, CA 95776  
 SID#:

FOB:

Bill of Lading Number: 06757164000316394



(402)06757164000316394

SHIP TO

Name: Wal-Mart DC 6037A-ASM DIS Location #: 6037A  
 Address: 2650 HWY 395 South  
 6037A  
 City/State/Zip: Hermiston, OR 97838  
 CID#:  
 Dept: 00022

FOB:

CARRIER NAME: WAL-MART FLEET

Trailer number: 137178

Seal number(s): 2149038

SCAC: WALM

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 X 3rd Party

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

SPECIAL INSTRUCTIONS:

Load #: 98673784

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
5973664067	818	18	9754.10	Y N	08/20/2022	6037A	0033	00022	
<b>GRAND TOTAL</b>	<b>818</b>	<b>18</b>	<b>9754.10</b>						

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
690	ctns			9438.42		Comforters, Bedspreads	49017	200
128	ctns			315.68		Sheet Set & Pillowcase	49390 Sub 4	175
818				9754.10		<b>GRAND TOTAL</b>		

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

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SHIPPER SIGNATURE / DATE

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Trailer Loaded:

By Shipper  
 By Driver

Freight Counted:

By Shipper  
 By Driver/pallets said to contain  
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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