




Date: 10/26/2022 12:14:13 PM

# Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757164000325020
Name: E & E COMPANY LTD		 (402)06757164000325020
Address: 1680 Tide Court		
City/State/Zip: Woodland, CA 95776		
SID#: _____	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Central Transport
Name: Wal-Mart DC 6026A - ASM DIS	Location #: 6026A	Trailer number:
Address: 10817 HWY 99W		Seal number(s):
6026A		
City/State/Zip: Red Bluff, CA 96080		SCAC: CTII
CID#: _____	FOB: <input type="checkbox"/>	Pro Number:
Dept: 00022		

THIRD PARTY FREIGHT CHARGES BILL TO:		
Name:		Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>  Prepaid                      Collect <input checked="" type="checkbox"/> 3rd Party
Address:		
City/State/Zip:		

SPECIAL INSTRUCTIONS: Load #: 23435106	<input type="checkbox"/>	Master Bill of Lading: with attached underlying Bills of Lading
	(check box)	
	Appointment Time	Actual Driver Arrival Time
	AM	AM
	PM	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
6575023309	301	5	2974.35	Y	N	10/27/2022	6026A	0033	00022	
<b>GRAND TOTAL</b>	<b>301</b>	<b>5</b>	<b>2974.35</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	
142	ctns			2590.88		Comforters, Bedspreads	49017	200	
159	ctns			383.47		Sheet Set & Pillowcase	49390 Sub 4	175	
301				2974.35		<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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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**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.  <p style="text-align:right"><b>Shipper Signature</b></p>
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<b>SHIPPER SIGNATURE / DATE</b> 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.  10/27	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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.  10-27-22
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Date: 10/26/2022 12:14:31 PM

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757164000325037		
Name: E & E COMPANY LTD		 (402)06757164000325037		
Address: 1680 Tide Court				
City/State/Zip: Woodland, CA 95776				
SID#: _____ FOB: <input type="checkbox"/>				
<b>SHIP TO</b>		CARRIER NAME: Central Transport		
Name: Wal-Mart DC 6026A - ASM DIS Location #: 6026A		Trailer number:		
Address: 10817 HWY 99W		Seal number(s):		
6026A		SCAC: CTII		
City/State/Zip: Red Bluff, CA 96080		Pro Number:		
CID#: _____ FOB: <input type="checkbox"/>				
Dept: 00020				
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>				
Name:		Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>  Prepaid                      Collect <input checked="" type="checkbox"/> 3rd Party		
Address:				
City/State/Zip:				
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading		
Load #: 23435106				
		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
		AM	AM	AM
		PM	PM	PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Pts 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
5214188758	15	1	74.14	Y	N	10/27/2022	6026A	0033	00020	
<b>GRAND TOTAL</b>	<b>15</b>	<b>1</b>	<b>74.14</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
15	ctns			74.14		Shower curtain	49385	77.5
15				74.14		<b>GRAND TOTAL</b>		

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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.  <p style="text-align: right;"><b>Shipper Signature</b></p>
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<b>SHIPPER SIGNATURE / DATE</b> 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. _____ 10/27/22	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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.  10-27-22
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