

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Master Bill of Lading Number: 06757163000755172

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

CARRIER NAME: Central Transport
 Trailer number: 5313589R
 Seal number(s): _____
 SCAC: CTII
 Pro Number: 149-2080386-4
 WWW.CENTRALTRANSPORTATION.COM
 Driver's Signature Only Acknowledges Receipt of Freight
149-2080386-4
 SHIPPER LABEL
 Subject to NMFC 100, CT 100/CT 101
 Rules Terms: 49 USC 14706 and 49 CFR 392

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 #: 24157429

Appointment Time: 2:00 AM
 Actual Driver Arrival Time: 7:32 AM
 Driver Departure Time: _____ AM/PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
1874623968	408	4964.44	Y	N	06757163000755103	6016A	
3308525636	56	777.12	Y	N	06757163000755080	6019R	
4508525906	84	1323.72	Y	N	06757163000755097	6016R	
Grand Total	548	7065.28					

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 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
478	ctns			6903.47		Comforters, Bedspreads	49017	200
70	ctns			161.81		Sheet Set & Pillowcase	49390 Sub 4	175
548				7065.28		Grand Total		

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 properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.
 Total Pallet: 13
 12/14/22

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.
 12-14-2022

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06757163000755103

 (402)06757163000755103

SHIP TO
 Name: Wal-Mart DC 6016A - ASM DIS Location #: 6016A
 Address: 3920 Ih 35 North
 6016A
 City/State/Zip: New Braunfels, TX 78130
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: Central Transport
 Trailer number: 5313589R
 Seal number(s): _____
SCAC: CTII
Pro Number: 149-2080386-4


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 #: 24157429

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	Pits 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
1874623968	408	9	4964.44	Y	N	12/20/2022	6016A	0033	00022	
GRAND TOTAL	408	9	4964.44							

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	
338	ctns			4802.63		Comforters, Bedspreads	49017	200	
70	ctns			161.81		Sheet Set & Pillowcase	49390 Sub 4	175	
408				4964.44		GRAND TOTAL			

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 *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.

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06757163000755080

 (402)06757163000755080

SHIP TO
 Name: Wal-Mart DC 6019R - REGULAR Location #: 6019R
 Address: 7506 East Crossroads Boulevard
 6019R
 City/State/Zip: Loveland, CO 80538
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: Central Transport
 Trailer number: 5313589R
 Seal number(s): _____
SCAC: CTII
Pro Number: 149-2080386-4


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 #: 24157429

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	PIts 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
3308525636	56	2	777.12	Y	N	12/19/2022	6019R	0020	00022	
GRAND TOTAL	56	2	777.12							

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
56	ctns			777.12		Comforters, Bedspreads	49017	200
56				777.12		GRAND TOTAL		

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).

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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 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.*

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06757163000755097



SHIP TO
 Name: Wal-Mart DC 6016R - Regular Location #: 6016R
 Address: 3930 lh 35 North
 6016R
 City/State/Zip: New Braunfels, TX 78130
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: Central Transport

Trailer number: 5313589R

Seal number(s):

SCAC: CTII

Pro Number: 149-2080386-4



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

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

SPECIAL INSTRUCTIONS:
 Load #: 24157429

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	PIts 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
4508525906	84	2	1323.72	Y	N	12/20/2022	6016R	0020	00022	
GRAND TOTAL	84	2	1323.72							

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
84	ctns			1323.72		Comforters, Bedspreads	49017	200
84				1323.72		GRAND TOTAL		

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 *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:

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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.*