



<p align="center"><b>SHIP FROM</b></p> <p>Name: E &amp; E COMPANY LTD          Address: 1680 Tide Court          City/State/Zip: Woodland, CA 95776          SID#: _____ FOB: <input type="checkbox"/></p>	<p>Bill of Lading Number: 06757164000206503</p>  <p>(402)06757164000206503</p>
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<p align="center"><b>SHIP TO</b></p> <p>Name: Wal-Mart DC 6031G-GENERAL Location #: 6031G          Address: 23701 West Southern Avenue          6031G          City/State/Zip: Buckeye, AZ 85326          CID#: _____ FOB: <input type="checkbox"/>          Dept: 00022</p>	<p><b>CARRIER NAME:</b> Swift Transportation          Trailer number: 504058          Seal number(s): 3741051  <b>SCAC:</b> SWFT  <b>Pro Number:</b>  </p>
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<p align="center"><b>THIRD PARTY FREIGHT CHARGES BILL TO:</b></p> <p>Name: _____          Address: _____          City/State/Zip: _____</p>	<p><b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b></p> <p>Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/></p>
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<p><b>SPECIAL INSTRUCTIONS:</b>          Load #: 77176981</p>	<p><input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading          (check box)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td align="center">2:00 AM PM</td> <td align="center">7:00 AM PM</td> <td align="center">8:00 AM PM</td> </tr> </table>	Appointment Time	Actual Driver Arrival Time	Driver Departure Time	2:00 AM PM	7:00 AM PM	8:00 AM PM
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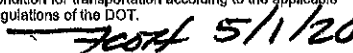
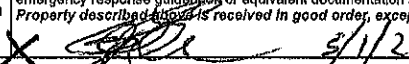
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER	# PKGS	Pkts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)	Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
5452729472	1235	30	13813.84	Y N	05/04/2020	6031G	0003	00022	TL # 1
<b>GRAND TOTAL</b>	1235	30	13813.84						

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 369</small>	LTL ONLY			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
1235	ctns			13813.84		Comforters, Bedspreads	49017	200		
1235				13813.84		<b>GRAND TOTAL</b>				

<p>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 _____</p>	<p><b>COD Amount: \$</b> _____</p> <p><b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>          Customer check acceptable: <input type="checkbox"/></p>
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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).**

<p>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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p align="right"><b>Shipper Signature</b></p>
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<p><b>SHIPPER SIGNATURE / DATE</b>  <small>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.</small>   5/1/20</p>	<p><b>Trailer Loaded:</b>  <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver</p>	<p><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</p>	<p><b>CARRIER SIGNATURE / PICKUP DATE</b>  <small>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.</small>   5/1/20</p>
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