



SHIP FROM		Bill of Lading Number: 06757164000313218
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____	 (402)06757164000313218	
FOB: <input type="checkbox"/>		

SHIP TO		CARRIER NAME: JB Hunt Transport
Name: Wal-Mart DC 6031A-ASM DIS Location #: 6031A Address: 23701 West Southern Avenue 6031A City/State/Zip: Buckeye, AZ 85326 CID#: _____ Dept: 00022	Trailer number: HMKD-801506 Seal number(s): 2149069 SCAC: HJBT Pro Number: 	
FOB: <input type="checkbox"/>		

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

SPECIAL INSTRUCTIONS:		Master Bill of Lading: with attached	
Load #: 22066563	<input type="checkbox"/> (check box) 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	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
6874482916	935	18	10997.97	Y	N	07/17/2022	6031A	0033	00022	
GRAND TOTAL	935	18	10997.97							


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	
726	ctns			10450.65		Comforters, Bedspreads	49017	200	
209	ctns			547.32		Sheet Set & Pillowcase	49390 Sub 4	175	
935				10997.97		GRAND TOTAL			


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: <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;">Shipper Signature</p>
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SHIPPER SIGNATURE / DATE	Trailer Loaded:	Freight Counted:	CARRIER SIGNATURE / PICKUP 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.	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	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		Bill of Lading Number: 06757164000313225	
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06757164000313225	
City/State/Zip: Woodland, CA 95776	SID#: _____		
FOB: <input type="checkbox"/>			

SHIP TO		CARRIER NAME: JB Hunt Transport	
Name: Wal-Mart DC 6026R - Regular	Location #: 6026R	Trailer number: HMKD-801506	
Address: 10813 HWY 99W	6026R	Seal number(s): 2149069	
City/State/Zip: Red Bluff, CA 96080	CID#: _____	SCAC: HJBT	
FOB: <input type="checkbox"/>		Pro Number: 	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>	
Name: _____	Address: _____	Prepaid	Collect <input checked="" type="checkbox"/> 3rd Party
City/State/Zip: _____	<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading		

SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 22066563		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
3608525147	448	11	5430.32	Y	N	07/16/2022	6026R	0020	00022	
GRAND TOTAL	448	11	5430.32							

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						
448	ctns					5430.32		Comforters, Bedspreads	49017	200			
448						5430.32		GRAND TOTAL					

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: <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.

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: <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	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.
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