



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

Bill of Lading Number: 06757164000316608

 (402)06757164000316608

SHIP TO
 Name: Wal-Mart DC 7039R-REGULAR Location #: 7039R
 Address: 113 Distribution Way
 7039R
 City/State/Zip: Beaver Dam, WI 53916
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: WAL-MART FLEET
 Trailer number: 138213
 Seal number(s): 2149040
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 3rd Party
 Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 Load #: 98727964

Appointment Time: AM PM
 Actual Driver Arrival Time: AM PM
 Driver Departure Time: AM 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 |
| 3558524895 | 68 | 2 | 791.60 | Y | N | 08/29/2022 | 7039R | 0020 | 00022 | |
| GRAND TOTAL | 68 | 2 | 791.60 | | | | | | | |

| 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 | |
| 68 | ctns | | | 791.60 | | Comforters, Bedspreads | 49017 | 200 | |
| 68 | | | | 791.60 | | 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: 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.

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: 06757164000316585

 (402)06757164000316585

SHIP TO
 Name: Wal-Mart DC 7039A-ASM DIS Location #: 7039A
 Address: 111 Distribution Way
 7039A
 City/State/Zip: Beaver Dam, WI 53916
 CID#: _____ FOB:
 Dept: 00020

CARRIER NAME: WAL-MART FLEET
 Trailer number: 138213
 Seal number(s): 2149040

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 3rd Party

SPECIAL INSTRUCTIONS:
 Load #: 98727964

Master Bill of Lading: with attached 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 | 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 |
| 1059398219 | 1 | 1 | 5.95 | Y | N | 08/29/2022 | 7039A | 0033 | 00020 | |
| GRAND TOTAL | 1 | 1 | 5.95 | | | | | | | |

| 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 | |
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| | | | | | | | | | |
| 1 | | | | 5.95 | | 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: 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.


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: 06757164000316592

 (402)06757164000316592

SHIP TO
 Name: Wal-Mart DC 7039A-ASM DIS Location #: 7039A
 Address: 111 Distribution Way
 7039A
 City/State/Zip: Beaver Dam, WI 53916
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: WAL-MART FLEET
 Trailer number: 138213
 Seal number(s): 2149040
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 3rd Party
 Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 Load #: 98727964

| | | |
|------------------|----------------------------|-----------------------|
| 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 |
| 7675402520 | 227 | 5 | 3418.40 | Y | N | 08/29/2022 | 7039A | 0033 | 00022 | |
| GRAND TOTAL | 227 | 5 | 3418.40 | | | | | | | |

| 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 | | |
| 175 | ctns | | | 3288.77 | | Comforters, Bedspreads | 49017 | 200 | | |
| 52 | ctns | | | 129.63 | | Sheet Set & Pillowcase | 49390 Sub 4 | 175 | | |
| 227 | | | | 3418.40 | | GRAND TOTAL | | | | |

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

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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.
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 sold 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.