

SHIP FROM		Master Bill of Lading Number: 06757164000164988					
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>							
SHIP TO		CARRIER NAME: Heartland Express					
Name: Wal-Mart Centerpoint 6912 DC#: 6912 Div. _____ Address: 600 Live Oak Ave 6912 City/State/Zip: Irwindale, CA 91706 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 140422 Seal number(s): 0972943 SCAC: HAEI Pro Number: _____					
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:					
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>					
SPECIAL INSTRUCTIONS: Load #: 69874835		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)					
		<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 style="text-align: center;">12:00 <small>AM</small> <small>PM</small></td> <td style="text-align: center;">11:00 <small>AM</small> <small>PM</small></td> <td style="text-align: center;">12:00 <small>AM</small> <small>PM</small></td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	12:00 <small>AM</small> <small>PM</small>
Appointment Time	Actual Driver Arrival Time	Driver Departure Time					
12:00 <small>AM</small> <small>PM</small>	11:00 <small>AM</small> <small>PM</small>	12:00 <small>AM</small> <small>PM</small>					

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	DC#	Supplier#
2865200586	177	2203.65	Y	N	06757164000164810	6035G	
5402729163	242	3012.90	Y	N	06757164000164797	6016G	
5507529160	182	2265.90	Y	N	06757164000164803	6025G	
6710155106	251	3124.95	Y	N	06757164000164827	7036G	
Grand Total		852	10607.40				

CARRIER INFORMATION						LTL ONLY			
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION			
QTY	TYPE	QTY	TYPE			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.		NMFC #	CLASS
852	ctns			10607.40		Comforters, Bedspreads		49017	200
852				10607.40		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.
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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. <i>Scott</i> 8/29/19	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. <i>[Signature]</i> 8/29/19
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SHIP FROM
 Name: E & E COMPANY LTD
 Address: 1680 Tide Court
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06757164000164810

 (402)06757164000164810

SHIP TO
 Name: Wal-Mart DC 6035G-GENERAL Location #: 6035G
 Address: 3220 Nevada Terrace
 6035G
 City/State/Zip: Ottawa, KS 66067
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: Heartland Express
 Trailer number: 140422
 Seal number(s): 0972943
SCAC: HAEI
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 # =69874835

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	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
2865200586	177	2203.65	Y	N	09/10/2019	6035G	0003	00022	
GRAND TOTAL	177	2203.65							

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(a) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
177	ctns			2203.65		Comforters, Bedspreads	49017	200
177				2203.65		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		Bill of Lading Number: 06757164000164803
Name: E & E COMPANY LTD		 (402)06757164000164803
Address: 1680 Tide Court		
City/State/Zip: Woodland, CA 95776		
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Heartland Express
Name: Wal-Mart DC 6025G - General	Location #: 6025G	Trailer number: 140422
Address: 6140 3M Drive		Seal number(s): 0972943
6025G		SCAC: HAEI
City/State/Zip: Menomonie, WI 54751		Pro Number:
CID#:	FOB: <input type="checkbox"/>	
Dept: 00022		

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:	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Load # = 69874835		
Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER	# PKGS	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
5507529160	182	2265.90	Y	N	09/12/2019	6025G	0003	00022	
GRAND TOTAL	182	2265.90							


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(a) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE	NMFC #	CLASS								
182	ctns			2265.90		Comforters, Bedspreads	49017	200					
182				2265.90		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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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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SHIP FROM		Bill of Lading Number: 06757164000164827
Name: E & E COMPANY LTD		 (402)06757164000164827
Address: 1680 Tide Court		
City/State/Zip: Woodland, CA 95776		
SID#: _____	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Heartland Express
Name: Wal-Mart DC 7036G - GENERAL Location #: 7036G		Trailer number: 140422
Address: 2226 FM 3013 Suite 100		Seal number(s): 0972943
7036G		SCAC: HAEI
City/State/Zip: Sealy, TX 77474		Pro Number:
CID#: _____	FOB: <input type="checkbox"/>	
Dept: 00022		

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

SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached	
Load # =69874835		<input type="checkbox"/> (check box) 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	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
6710155106	251	3124.95	Y	N	09/12/2019	7036G	0003	00022	
GRAND TOTAL	251	3124.95							

CARRIER INFORMATION						LTL ONLY			
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>		NMFC #	CLASS
QTY	TYPE	QTY	TYPE						
251	ctns			3124.95		Comforters, Bedspreads		49017	200
251				3124.95		GRAND TOTAL			

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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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