

Date: 2/7/2019 7:10:56 AM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757164000114853	
Name:	E & E COMPANY LTD		
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:	FOB: <input type="checkbox"/>		
SHIP TO		CARRIER NAME: Swift Transportation	
Name:	Wal-Mart Centerpoint - 6909	DC#:	6909
		Div.:	
Address:	3485 Wineville Rd 6909	Trailer number:	182021
		Seal number(s):	0972789
City/State/Zip:	Jurupa Valley, CA 91752	SCAC:	SWFT
SID#:	FOB: <input type="checkbox"/>	Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:	217	<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 63000919		11:00 AM	6:00 PM
		Driver Departure Time	7:30 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	DC#	Supplier#
6758521410	4	29.80	Y	N	06757164000114556	7356	
6858521371	7	68.51	Y	N	06757164000114525	6280	
6158560458	15	74.24	Y	N	06757164000114518	6280	
2658730307	66	817.48	Y	N	06757164000114563	7767	
6858521366	177	1386.72	Y	N	06757164000114532	6280	
6758521328	403	3230.01	Y	N	06757164000114570	7356	
6758521324	366	1411.20	Y	N	06757164000114846	7356	
Grand Total	1038	7017.96					

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(a) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
19	Pallet			950.00		Pallet		70
		993	ctns	6848.02		Comforters, Bedspreads	49017	200

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:

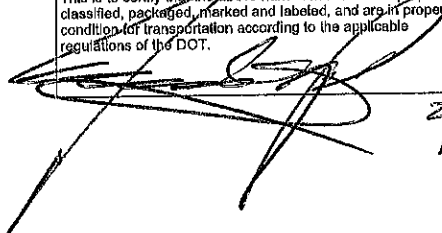
Customer check acceptable:

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 <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>	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 <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.</small>
	 2/7/19		

Date: 2/7/2019 7:10:56 AM

Master Bill Of Lading

SHIP FROM				Master Bill of Lading Number: 06757164000114853				
Name: E & E COMPANY LTD		Address: 1680 Tide Court		City/State/Zip: Woodland, CA 95776		SID#: _____ FOB: <input type="checkbox"/>		
SHIP TO				CARRIER NAME: Swift Transportation				
Name: Wal-Mart Centerpoint - 6909		DC#: 6909		Trailer number: 182021		Seal number(s): 0972789		
Address: 3485 Wineville Rd		6909		SCAC: SWFT		Pro Number:		
City/State/Zip: Jurupa Valley, CA 91752		SID#: _____ FOB: <input type="checkbox"/>		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 #: 63000919				<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING Appointment Time: 11:00 AM Actual Driver Arrival Time: 6:00 AM Driver Departure Time: 7:30 AM				
								217 (check box)
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
		30	ctns	95.70		Pillows,Valance,Towels	49390	100
		15	ctns	74.24		Shower curtain	49385	77.5
19				7967.96		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"/>	
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.		SHIPPER SIGNATURE 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	
[Signature] 2/7/19		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.	
[Signature]		[Signature]	

SHIP FROM		Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>		Bill of Lading Number: 06757164000114556  (402)06757164000114556										
SHIP TO		Name: Wal-Mart DC - 7356 Location #: 7356 Address: 3215 Commerce Center Blvd 7356 City/State/Zip: Bethlehem, PA 18015 CID#: _____ FOB: <input type="checkbox"/> Dept: 00022		CARRIER NAME: Swift Transportation Trailer number: 182021 Seal number(s): 0972789 SCAC: SWFT 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 <input checked="" type="checkbox"/> 3rd Party										
SPECIAL INSTRUCTIONS: Load # =63000919				<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading <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;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
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
6758521410	4	29.80	Y	N	02/11/2019	07356	0020	00022	
GRAND TOTAL	4	29.80							

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	
1	Pallet			35.00		Pallet			
		4	ctns	29.80		Comforters, Bedspreads	49017	200	
1		4		64.80		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:	Freight Counted:
<input checked="" type="checkbox"/> By Shipper	<input checked="" type="checkbox"/> By Shipper
<input type="checkbox"/> By Driver	<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.

SHIP FROM		Bill of Lading Number: 06757164000114525
Name: E & E COMPANY LTD		 (402)06757164000114525
Address: 1680 Tide Court		
City/State/Zip: Woodland, CA 95776		
SID#: _____ FOB: <input type="checkbox"/>		

SHIP TO		CARRIER NAME: Swift Transportation
Name: Wal-Mart Distribution Center - Location #: 6280 6280		Trailer number: 182021
Address: 9590 Allpoints Parkway 6280		Seal number(s): 0972789
City/State/Zip: Plainfield, IN 46168		SCAC: SWFT
CID#: _____ FOB: <input type="checkbox"/>		Pro Number:
Dept: 00022		

THIRD PARTY FREIGHT CHARGES BILL TO:	
Name: _____	
Address: _____	
City/State/Zip: _____	

SPECIAL INSTRUCTIONS: Load # =63000919	Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading									
	<table 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;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>	Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
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
6858521371	7	68.51	Y	N	02/14/2019	06280	0020	00022	
GRAND TOTAL	7	68.51							

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	Pallet			35.00		Pallet			
		7	ctns	68.51		Comforters, Bedspreads	49017	200	
1		7		103.51		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"/>

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.	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>Property described above is received in good order, except as noted.</i>
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Date: 2/7/2019 7:10:43 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____		Bill of Lading Number: 06757164000114518  (402)06757164000114518						
SHIP TO		Name: Wal-Mart Distribution Center - 6280 Address: 9590 Allpoints Parkway City/State/Zip: Plainfield, IN 46168 CID#: _____ Dept: 00020		CARRIER NAME: Swift Transportation Trailer number: 182021 Seal number(s): 0972789 SCAC: SWFT 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 <input checked="" type="checkbox"/> 3rd Party _____						
SPECIAL INSTRUCTIONS: Load # =63000919		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		Appointment Time _____ Actual Driver Arrival Time _____ Driver Departure Time _____ AM PM AM PM AM 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		
6158560458	15	74.24	Y N	02/14/2019	06280	0020	00020			
GRAND TOTAL	15	74.24								
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
1	Pallet			35.00		Pallet				
		15	ctns	74.24		Shower curtain			49385	77.5
1		15		109.24		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 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		Bill of Lading Number: 06757164000114563	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>		 (402)06757164000114563	
SHIP TO		CARRIER NAME: Swift Transportation	
Name: Wal-Mart Regional DC - 7767 Location #: 7767 Address: 15101 N Beach St 7767 City/State/Zip: Fort Worth, TX 76177 CID#: _____ FOB: <input type="checkbox"/> Dept: 00022		Trailer number: 182021 Seal number(s): 0972789 SCAC: SWFT Pro Number: 	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load # =63000919		Appointment Time: AM _____ PM _____ Actual Driver Arrival Time: AM _____ PM _____ Driver Departure Time: AM _____ 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
2658730307	66	817.48	Y	N	02/11/2019	07767	0020	00022	
GRAND TOTAL	66	817.48							

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					
2	Pallet			70.00		Pallet		
		66	ctns	817.48		Comforters, Bedspreads	49017	200
2		66		887.48		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 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
 Name: E & E COMPANY LTD
 Address: 1680 Tide Court
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06757164000114532

 (402)06757164000114532

SHIP TO
 Name: Wal-Mart Distribution Center - Location #: 6280
 Address: 9590 Allpoints Parkway
 6280
 City/State/Zip: Plainfield, IN 46168
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: Swift Transportation
 Trailer number: 182021
 Seal number(s): 0972789
SCAC: SWFT
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 X 3rd Party

SPECIAL INSTRUCTIONS:
 Load # =63000919

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	
6858521366	177	1386.72	Y	N	02/14/2019	06280	0020	00022		
GRAND TOTAL	177	1386.72								

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	
3	Pallet			105.00		Pallet			
		147	ctns	1291.02		Comforters, Bedspreads	49017	200	
		30	ctns	95.70		Pillows, Valance, Towels	49390	100	
3		177		1491.72		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: 06757164000114570
Name: E & E COMPANY LTD		 (402)06757164000114570
Address: 1680 Tide Court		
City/State/Zip: Woodland, CA 95776		
SID#: _____	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Swift Transportation
Name: Wal-Mart DC - 7356	Location #: 7356	Trailer number: 182021
Address: 3215 Commerce Center Blvd		Seal number(s): 0972789
7356		
City/State/Zip: Bethlehem, PA 18015		SCAC: SWFT
CID#: _____	FOB: <input type="checkbox"/>	Pro Number:
Dept: 00022		

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

SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached	
Load # =63000919		<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
6758521328	403	3230.01	Y	N	02/11/2019	07356	0020	00022	
GRAND TOTAL	403	3230.01							

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(a) of NMFC item 360</small>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
7	Pallet			245.00		Pallet		
		403	ctns	3230.01		Comforters, Bedspreads	49017	200
7		403		3475.01		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 _____

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: 06757164000114846
Name: E & E COMPANY LTD		 (402)06757164000114846
Address: 1680 Tide Court		
City/State/Zip: Woodland, CA 95776		
SID#: _____	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Swift Transportation
Name: Wal-Mart DC - 7356	Location #: 7356	Trailer number: 182021
Address: 3215 Commerce Center Blvd		Seal number(s): 0972789
7356		SCAC: SWFT
City/State/Zip: Bethlehem, PA 18015		Pro Number:
CID#: _____	FOB: <input type="checkbox"/>	
Dept: 00022		

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Name: _____		Prepaid Collect X 3rd Party
Address: _____		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading
City/State/Zip: _____		(check box)
SPECIAL INSTRUCTIONS:		Appointment Time Actual Driver Arrival Time Driver Departure Time
Load # =63000919		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
6758521324	366	1411.20	Y	N	02/11/2019	07356	0020	00022	
GRAND TOTAL	366	1411.20							

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(a) of NMFC Item 360</small>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
4	Pallet			140.00		Pallet		
		366	ctns	1411.20		Comforters, Bedspreads	49017	200
4		366		1551.20		GRAND TOTAL		

<p>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 _____</p>	<p>COD Amount: \$ _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p style="text-align: center;">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).

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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<p>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.</p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>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>Property described above is received in good order, except as noted.</i></p>
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