



SHIP FROM		Bill of Lading Number: 06757164000165749	
Name: E & E COMPANY LTD		 (402)06757164000165749	
Address: 1680 Tide Court			
City/State/Zip: Woodland, CA 95776			
SID#:	FOB: <input type="checkbox"/>	CARRIER NAME: JB Hunt Intermodal	
SHIP TO		Trailer number: JBHU-322009	
Name: Wal-Mart DC 7036G - GENERAL Location #: 7036G		Seal number(s): 0972982	
Address: 2226 FM 3013 Suite 100		SCAC: HJBI	
7036G		Pro Number:	
City/State/Zip: Sealy, TX 77474			
CID#:			
Dept: 00022			
City/State/Zip: Sealy, TX 77474		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>	
Address:		Master Bill of Lading: with attached	
City/State/Zip:		(check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load # =69828479		Actual Driver Arrival Time	
		Driver Departure Time	
		7:00 ^{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
6710155106	929	10236.24	Y	N	09/12/2019	7036G	0003	00022	TL # 1
GRAND TOTAL	929	10236.24							

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(e) of NMFC Item 360</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
929	ctns			10236.24		Comforters, Bedspreads	49017	200	
929				10236.24		GRAND TOTAL			

DRIVER DID NOT TAKE BOL ON 9/2 PICK UP (PN)

<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>Customer check acceptable: <input type="checkbox"/></p>
<p>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>	
<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>Shipper Signature</p>	
<p>SHIPPER SIGNATURE / DATE</p> <p>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><u>Scott</u> 9/2/19</p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver</p> <p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver/Pieces</p>
<p>CARRIER SIGNATURE / PICKUP DATE</p> <p>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.</p> <p style="text-align: center;">X</p>	

OA COPY

SHIP FROM		Bill of Lading Number: 06757164000165749	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____		 (402)06757164000165749	
SHIP TO		CARRIER NAME: JB Hunt Intermodal	
Name: Wal-Mart DC 7036G - GENERAL Location #: 7036G Address: 2226 FM 3013 Suite 100 7036G City/State/Zip: Sealy, TX 77474 CID#: _____		Trailer number: JBHU-322009 Seal number(s): 0972982	
Dept: 00022		SCAC: HJBI Pro Number: 	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>	
SPECIAL INSTRUCTIONS: Load # =69828479		Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time: 7:00 ^{AM} / _{PM} Actual Driver Arrival Time: 10:30 ^{AM} / _{PM} Driver Departure Time: 11 ^{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
6710155106	929	10236.24	Y	N	09/12/2019	7036G	0003	00022	TL # 1
GRAND TOTAL	929	10236.24							

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(e) of NMFC Item 380</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
929	ctns			10236.24		Comforters, Bedspreads	49017	200	
929				10236.24		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 properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.
 Scott 9/2/19

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.

DRIVER COPY