



SHIP FROM		Bill of Lading Number: 06757164000206121
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06757164000206121
City/State/Zip: Woodland, CA 95776	SID#: _____	
FOB: <input type="checkbox"/>		

SHIP TO		CARRIER NAME: JB Hunt Intermodal
Name: Wal-Mart DC 7036G - GENERAL	Location #: 7036G	Trailer number: JBHU-311433
Address: 2226 FM 3013 Suite 100	7036G	Seal number(s): 3741039
City/State/Zip: Sealy, TX 77474		SCAC: HJBI
CID#: _____	FOB: <input type="checkbox"/>	Pro Number: 
Dept: 00022		

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

SPECIAL INSTRUCTIONS:		
Load #: 77028522		
Appointment Time	Actual Driver Arrival Time	Driver Departure Time
2:00 AM PM	2:00 AM PM	2:20 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
6710155724	1132	30	13429.09	Y	N	05/06/2020	7036G	0003	00022	TL #1
GRAND TOTAL	1132	30	13429.09							

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 300</small>	LTL ONLY			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
1132	ctns			13429.09		Comforters, Bedspreads	49017	200		
1132				13429.09		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 4/28/20

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 sold 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.
 X [Signature]

OA COPY

04-28-2020