

<p align="center">SHIP FROM</p> <p>Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/></p>	<p>Master Bill of Lading Number: 06757164000166685</p>
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<p align="center">SHIP TO</p> <p>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"/></p>	<p>CARRIER NAME: Heartland Express</p> <p>Trailer number: 28325 Seal number(s): 0972902</p> <p>SCAC: HAEI Pro Number: _____</p>
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<p align="center">THIRD PARTY FREIGHT CHARGES BILL TO:</p> <p>Name: _____ Address: _____ City/State/Zip: _____</p> <p>SPECIAL INSTRUCTIONS: Load #: 70010716</p>	<p>Freight Charge Terms:</p> <p>Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time 12:00 ^{AM} _{PM}</td> <td style="width:33%;">Actual Driver Arrival Time 10:10 ^{AM} _{PM}</td> <td style="width:33%;">Driver Departure Time 12:00 ^{AM} _{PM}</td> </tr> </table>	Appointment Time 12:00 ^{AM} _{PM}	Actual Driver Arrival Time 10:10 ^{AM} _{PM}	Driver Departure Time 12:00 ^{AM} _{PM}
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CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
5803208540	670	7671.39	Y	N	06757164000166357	7026G	TL #2
Grand Total	670	7671.39					


CARRIER INFORMATION							LTL ONLY	
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 380</small>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE				49017	200
670	ctns			7671.39		Comforters, Bedspreads		
670				7671.39		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>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).

<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 align="right">Shipper Signature</p>
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<p>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></p> <p><i>Scott</i> 9/4/19</p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <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 <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></p> <p><i>[Signature]</i> 9/4/19</p>
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SHIP FROM		Bill of Lading Number: 06757164000166357
Name: E & E COMPANY LTD		 (402)06757164000166357
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 7026G - GENERAL Location #: 7026G		Trailer number: 28325
Address: 945 North State Road 138 7026G		Seal number(s): 0972902
City/State/Zip: Grantsville, UT 84029		SCAC: HAEI
CID#:	FOB: <input type="checkbox"/>	Pro Number:
Dept: 00022		

THIRD PARTY FREIGHT CHARGES BILL TO:					
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)			
Address:					
City/State/Zip:					
		<table style="width:100%; border: none;"> <tr> <td style="width: 33%;">Prepaid</td> <td style="width: 33%;">Collect <input checked="" type="checkbox"/></td> <td style="width: 33%;">3rd Party</td> </tr> </table>	Prepaid	Collect <input checked="" type="checkbox"/>	3rd Party
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SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Load # =70010716		<input type="checkbox"/> (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
5803208540	670	7671.39	Y	N	09/02/2019	7026G	0003	00022	
GRAND TOTAL	670	7671.39							

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	
670	ctns			7671.39		Comforters, Bedspreads	49017	200	
670				7671.39		GRAND TOTAL			

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