

Date: 12/2/2022 11:09:11 AM

Master Bill Of Lading

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SHIP FROM		Master Bill of Lading Number: 06757168000840330
Name:	E & E COMPANY LTD	
Address:	311 International Trade Pkwy	
City/State/Zip:	Port Wentworth, GA 31407	
SID#:		FOB: <input type="checkbox"/>

SHIP TO		CARRIER NAME: WAL-MART FLEET
Name:	Consolidation Dock 7101	DC#: 7101
		Div.
Address:	1200 Mason Dixon Ln	
	7101	
City/State/Zip:	Conley, GA 30288	
SID#:		FOB: <input type="checkbox"/>
		Trailer number: 166582
		Seal number(s): 36585287
		SCAC: WALM
		Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address:		3rd Party: <input type="checkbox"/>	
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> UNDERLYING BILLS OF LANDING	
Load #: 64466594		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)	BOL#	DC#	Supplier#
4608525441	48	697.44	Y N	06757168000840323	6027R	
7113968836	28	108.24	Y N	06757168000840286	6017A	
4359388697	19	76.78	Y N	06757168000840316	6027A	
4074583882	206	2086.54	Y N	06757168000840309	6027A	
3458525815	267	3900.83	Y N	06757168000840293	6017R	
4074464277	1041	11941.57	Y N	06757168000840279	6017A	
Grand Total	1609	18811.40				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodity 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 308</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
223	cins			541.74		Sheet Set & Pillowcase	49390 Sub 4	175
47	cins			185.02		Shower curtain	49385	77.5
1339	cins			18084.64		Comforters, Bedspreads	49017	200
				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. Total Pallets: 27 <i>XW/12-2-22</i>	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>D Love</i>

Wholesale Order Changes Report

Customer PO No. Start:	3458525815	Customer PO No. End:	3458525815	Date Type:	
E&E SO No. Start:		E&E SO No. End:		Start Date:	
Customer:		Location:		End Date:	
Dept. No.:		Batch No.:		Item No.:	
Routing PO No.:		Multiple Cust. PO No.:			
User Operation:		Remark:			

Items:1 Page number:1/1 Paginal:100 items

Customer PO No.	E&E SO No.	Customer	EDI Order Type	Dept. No.	Ship To	Create Date	Shipping Date	Cancel After Date	In DC Date	Item No.	Description	Pattern	UPC	Cust. Item No.	Cust Line No.	Location	Batch No.	Routing PO No.	Case Pack Qty	Qty Ordered	Qty To Ship	Updated Date	Updated By	Operation Type
3458525815	6850763	WALMART	0020	00022	6017R	11/27/2022	12/02/2022		12/04/2022	BH9044409622-06	K Comforter Mini Set		086569396372	583249714	3	5V3	B20221127173008		1	92	0	11/27/2022 19:28:14	yanxiaoying@scmhome.com	Zero out