

Date: 8/24/2022 12:40:20 PM

# Master Bill Of Lading

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<b>SHIP FROM</b>		Master Bill of Lading Number: 06757168000780568	
Name: <b>E &amp; E COMPANY LTD</b> Address: <b>311 International Trade Pkwy</b> City/State/Zip: <b>Port Wentworth, GA 31407</b> SID#: _____ FOB: <input type="checkbox"/>			
<b>SHIP TO</b>		<b>CARRIER NAME: WAL-MART FLEET</b>	
Name: <b>Consolidation Dock 7101</b> DC#: <b>7101</b> Div. _____ Address: <b>1200 Mason Dixon Ln</b> <b>7101</b> City/State/Zip: <b>Conley, GA 30288</b> SID#: _____ FOB: <input type="checkbox"/>		Trailer number: <b>114064</b> Seal number(s): <b>1586989</b> SCAC: <b>WALM</b> Pro Number: _____	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS:</b> Load #: 62013237		<input checked="" type="checkbox"/> <b>MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING</b>	
		Appointment Time <b>1000</b> AM PM	Actual Driver Arrival Time <b>1104</b> AM PM

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
4358525688	48	645.12	Y N	06757168000780537	7038R	
4213325611	40	505.92	Y N	06757168000780520	6092R	
3108525425	160	1799.04	Y N	06757168000780513	6070R	
9275162701	112	1319.92	Y N	06757168000780551	6039A	
2124553165	134	2149.73	Y N	06757168000780490	6092A	
3008525731	164	1690.32	Y N	06757168000780506	6024R	
1724553260	596	8680.43	Y N	06757168000780483	6068A	
4808524997	76	786.46	Y N	06757168000780544	6039R	
<b>Grand Total</b>	<b>1330</b>	<b>17576.96</b>				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE			<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>	NMFC #	CLASS
120	ctns			317.68		Sheet Set & Pillowcase	49390 Sub 4	175
1210	ctns			17259.28		Comforters, Bedspreads	49017	200
1330				17576.96		<b>Grand Total</b>		

<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><b>COD Amount \$</b> _____</p> <p><b>Fee Terms:</b> 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><b>RECEIVED</b>, 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 style="text-align: center;"><b>Shipper Signature</b></p> <p style="text-align: center;">_____                  Date: 8-24-2022</p>
<p><b>SHIPPER SIGNATURE / DATE</b></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>Total Pallets: <b>133</b></p>	<p><b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p><b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p><b>CARRIER SIGNATURE / PICKUP DATE</b></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.</p> <p style="text-align: center;">_____                  Date: _____</p>

\*\*\*PACKING LIST\*\*\*

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**Order No.:** 6781051      **Order Date:** 08/14/2022      **Customer:** WALMART      **Customer PO No.:** 4358525688  
**PO Type No.:** 0020      **Location No.:** 7038R      **Dept. No.:** 00022

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**SHIP FROM:**  
E & E COMPANY LTD  
311 INTERNATIONAL TRADE PKWY  
PORT WENTWORTH, GA 31407

**BILL TO:**  
WAL-MART STORE  
1108 SE 10TH STREET  
ATTN: A/P DEPT.  
BENTONVILLE, AR 72716

**SHIP TO:**  
WAL-MART DC 7038R-REGULAR  
4013 SOUTH JENKINS RD.  
FT PIERCE, FL 34981

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
587366304	MS8144409622-36	086569494559	Q Medallion Comforter Set	EA	1	48	48	48	48

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**Total Quantity Ordered:** 48  
**Total Ordered:** 48  
**Total Quantity Shipped:** 48  
**Total Cartons Shipped:** 48