

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06757163000754915




(402)06757163000754915

SHIP TO

Name: Wal-Mart DC 6026A - ASM DIS Location #: 6026A
 Address: 10817 HWY 99W
 6026A
 City/State/Zip: Red Bluff, CA 96080
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: Central Transport
 Trailer number: 1900014
 Seal number(s): _____

SCAC: CTII
Pro Number: 149-2080383-1



THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid Collect 3rd Party

SPECIAL INSTRUCTIONS:
 Load #: 24157432

Master Bill of Lading: with attached underlying Bills of Lading
 (check box)

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	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
6575023691	160	3	1620.93	Y	N	12/13/2022	6026A	0033	00022	
GRAND TOTAL	160	3	1620.93							

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	
119	ctns			1522.30		Comforters, Bedspreads	49017	200	
41	ctns			98.63		Sheet Set & Pillowcase	49390 Sub 4	175	
160				1620.93		GRAND TOTAL			

Where the rate is dependent on value, shippers are required to stated 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.

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.

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06757163000754939

 (402)06757163000754939

SHIP TO
 Name: Wal-Mart DC 6021R - Regular Location #: 6021R
 Address: 1005 South H Street
 6021R
 City/State/Zip: Porterville, CA 93257
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: Central Transport
 Trailer number: 1900014
 Seal number(s): _____
SCAC: CTII
Pro Number: 149-2080383-1


THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid Collect 3rd Party

SPECIAL INSTRUCTIONS:
 Load #: 24157432

Master Bill of Lading: with attached underlying Bills of Lading
 (check box)

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Pfts 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
4458525775	132	3	1901.56	Y	N	12/12/2022	6021R	0020	00022	
GRAND TOTAL	132	3	1901.56							

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	
132	ctns			1901.56		Comforters, Bedspreads	49017	200	
132				1901.56		GRAND TOTAL			

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 "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).

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Shipper Signature

SHIPPER SIGNATURE / DATE
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Trailer Loaded: By Shipper By Driver
Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces


CARRIER SIGNATURE / PICKUP DATE
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SHIP FROM
 Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06757163000754922

 (402)06757163000754922

SHIP TO
 Name: Wal-Mart DC 6021A - ASM DIS Location #: 6021A
 Address: 1005 South H Street
 6021A
 City/State/Zip: Porterville, CA 93257
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: Central Transport
 Trailer number: 1900014
 Seal number(s): _____
SCAC: CTII
Pro Number: 149-2080383-1


THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid Collect 3rd Party

SPECIAL INSTRUCTIONS:
 Load #: 24157432

Master Bill of Lading: with attached underlying Bills of Lading
 Appointment Time Actual Driver Arrival Time Driver Departure Time
 AM AM AM
 PM PM PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Pts 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
4525473360	233	5	2650.40	Y	N	12/12/2022	6021A	0033	00022	
GRAND TOTAL	233	5	2650.40							

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	
208	ctns			2590.50		Comforters, Bedspreads	49017	200	
25	ctns			59.90		Sheet Set & Pillowcase	49390 Sub 4	175	
233				2650.40		GRAND TOTAL			

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COD Amount: \$ _____
Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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Shipper Signature

SHIPPER SIGNATURE / DATE
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Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces


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SHIP FROM
 Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06757163000754908

 (402)06757163000754908

SHIP TO
 Name: Wal-Mart DC 6026R - Regular Location #: 6026R
 Address: 10813 HWY 99W
 6026R
 City/State/Zip: Red Bluff, CA 96080
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: Central Transport
 Trailer number: 1900014
 Seal number(s): _____
SCAC: CTII
Pro Number: 149-2080383-1


THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid Collect 3rd Party
 Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 Load #: 24157432

Appointment Time: _____ AM/PM
 Actual Driver Arrival Time: _____ AM/PM
 Driver Departure Time: _____ AM/PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Pts 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
3608525525	64	2	950.08	Y	N	12/14/2022	6026R	0020	00022	
GRAND TOTAL	64	2	950.08							

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	
64	ctns			950.08		Comforters, Bedspreads	49017	200	
64				950.08		GRAND TOTAL			

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COD Amount: \$ _____
Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

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