

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

Master Bill of Lading Number: 06757163000742943

**SHIP TO**  
 Name: Wal-Mart Centerpoint - 6909 DC#: 6909  
 Div.  
 Address: 3485 Wineville Rd  
 6909  
 City/State/Zip: Jurupa Valley, CA 91752  
 SID#: \_\_\_\_\_ FOB:

**CARRIER NAME: WAL-MART FLEET**  
 Trailer number: 139649  
 Seal number(s): 8068623  
 SCAC: WALM  
 Pro Number:

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

**Freight Charge Terms:**  
 Prepaid:  Collect:  3rd Party:   
 MASTER BILL OF LANDING: WITH ATTACHED  
 (check box) UNDERLYING BILLS OF LANDING

**SPECIAL INSTRUCTIONS:**  
 Load #: 63852062

Appointment Time: 10:00 AM  
 Actual Driver Arrival Time: 9:40 AM  
 Driver Departure Time: 10:00 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
1109398795	3	16.94	Y	N	06757163000742646	6019A	
3308525565	208	2965.92	Y	N	06757163000742653	6019R	
3474953404	215	2789.74	Y	N	06757163000742660	6025A	
4729443787	12	132.12	Y	N	06757163000742677	6019G	
4729443791	290	3706.44	Y	N	06757163000742684	6019A	
<b>Grand Total</b>	<b>728</b>	<b>9611.16</b>					

CARRIER INFORMATION								
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 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
695	ctns			9524.96		Comforters, Bedspreads	49017	200
30	ctns			69.26		Sheet Set & Pillowcase	49390 Sub 4	175
3	ctns			16.94		Shower curtain	49385	77.5
728				9611.16		<b>Grand Total</b>		

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.  
 Total Pallet: 19 70076  
11/9/22

**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.  
X Ala Carl 11-9-22

**OA Copy**

SHIP FROM		Bill of Lading Number: 06757163000742646
Name: E & E COMPANY LTD		 (402)06757163000742646
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: _____	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: WAL-MART FLEET
Name: Wal-Mart DC 6019A - ASM DIS	Location #: 6019A	Trailer number: 139649
Address: 7504 East Crossroads Boulevard		Seal number(s): 8068623
6019A		
City/State/Zip: Loveland, CO 80538		SCAC: WALM
CID#: _____	FOB: <input type="checkbox"/>	Pro Number:
Dept: 00020		

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

SPECIAL INSTRUCTIONS:		Master Bill of Lading: with attached underlying Bills of Lading		
Load #: 63852062		<input type="checkbox"/> (check box)		
		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
		AM	AM	AM
		PM	PM	PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	PIts 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
1109398795	3	1	16.94	Y	N	11/11/2022	6019A	0033	00020	
<b>GRAND TOTAL</b>	<b>3</b>	<b>1</b>	<b>16.94</b>							

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		
3	ctns			16.94		Shower curtain	49385	77.5		
3				16.94		<b>GRAND TOTAL</b>				

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: <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.
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SHIPPER SIGNATURE / DATE	Trailer Loaded:	Freight Counted:	CARRIER SIGNATURE / PICKUP 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.	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	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>Property described above is received in good order, except as noted.</i>

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

Master Bill of Lading Number: 06757163000742943

**SHIP TO**  
 Name: Wal-Mart Centerpoint - 6909 DC#: 6909  
 Div.  
 Address: 3485 Wineville Rd  
 6909  
 City/State/Zip: Jurupa Valley, CA 91752  
 SID#: \_\_\_\_\_ FOB:

**CARRIER NAME: WAL-MART FLEET**  
 Trailer number: 139649  
 Seal number(s): 8068623  
 SCAC: WALM  
 Pro Number:

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

**Freight Charge Terms:**  
 Prepaid:  Collect:  3rd Party:   
 (check box) MASTER BILL OF LANDING: WITH ATTACHED  
 UNDERLYING BILLS OF LANDING

**SPECIAL INSTRUCTIONS:**  
 Load #: 63852062

Appointment Time: 10:00 AM  
 Actual Driver Arrival Time: 9:40 AM  
 Driver Departure Time: 10:00 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
1109398795	3	16.94	Y	N	06757163000742646	6019A	
3308525565	208	2965.92	Y	N	06757163000742653	6019R	
3474953404	215	2789.74	Y	N	06757163000742660	6025A	
4729443787	12	132.12	Y	N	06757163000742677	6019G	
4729443791	290	3706.44	Y	N	06757163000742684	6019A	
<b>Grand Total</b>	<b>728</b>	<b>9611.16</b>					

CARRIER INFORMATION								
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 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
695	ctns			9524.96		Comforters, Bedspreads	49017	200
30	ctns			69.26		Sheet Set & Pillowcase	49390 Sub 4	175
3	ctns			16.94		Shower curtain	49385	77.5
<b>728</b>				<b>9611.16</b>		<b>Grand Total</b>		

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.  
 Total Pallet: 19 *7007L*  
*11/9/22*

**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.  
*X Ala Carl 11-9-22*

**OA Copy**

<b>SHIP FROM</b>		<b>Bill of Lading Number:</b> 06757163000742646
<b>Name:</b> E & E COMPANY LTD		 (402)06757163000742646
<b>Address:</b> 221 Hanson Way		
<b>City/State/Zip:</b> Woodland, CA 95776		
<b>SID#:</b>	<b>FOB:</b> <input type="checkbox"/>	

<b>SHIP TO</b>		<b>CARRIER NAME:</b> WAL-MART FLEET
<b>Name:</b> Wal-Mart DC 6019A - ASM DIS	<b>Location #:</b> 6019A	<b>Trailer number:</b> 139649
<b>Address:</b> 7504 East Crossroads Boulevard		<b>Seal number(s):</b> 8068623
	6019A	
<b>City/State/Zip:</b> Loveland, CO 80538		<b>SCAC:</b> WALM
<b>CID#:</b>	<b>FOB:</b> <input type="checkbox"/>	<b>Pro Number:</b>
<b>Dept:</b> 00020		

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

<b>SPECIAL INSTRUCTIONS:</b>	<input type="checkbox"/>	<b>Appointment Time</b>	<b>Actual Driver Arrival Time</b>	<b>Driver Departure Time</b>
<b>Load #:</b> 63852062	(check box)	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
1109398795	3	1	16.94	Y	N	11/11/2022	6019A	0033	00020	
<b>GRAND TOTAL</b>	<b>3</b>	<b>1</b>	<b>16.94</b>							

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								
3	ctns			16.94		Shower curtain	49385	77.5					
3				16.94		<b>GRAND TOTAL</b>							

<p>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 _____"</p>	<p><b>COD Amount:</b> \$ _____</p> <p><b>Fee Terms:</b> <b>Collect:</b> <input type="checkbox"/> <b>Prepaid:</b> <input type="checkbox"/></p> <p><b>Customer check acceptable:</b> <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).**

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. <p style="text-align: right;"><b>Shipper Signature</b></p>
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<p><b>SHIPPER SIGNATURE / DATE</b></p> <p><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><b>Trailer Loaded:</b></p> <p><input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver</p> <p><b>Freight Counted:</b></p> <p><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><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. Property described above is received in good order, except as noted.</small></p>
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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: 06757163000742653  
  
 (402)06757163000742653

**SHIP TO**  
 Name: Wal-Mart DC 6019R - REGULAR Location #: 6019R  
 Address: 7506 East Crossroads Boulevard  
 6019R  
 City/State/Zip: Loveland, CO 80538  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 139649  
 Seal number(s): 8068623

**SCAC:** WALM  
**Pro Number:**  


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

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

**SPECIAL INSTRUCTIONS:**  
 Load #: 63852062

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	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
3308525565	208	7	2965.92	Y	N	11/11/2022	6019R	0020	00022	
<b>GRAND TOTAL</b>	208	7	2965.92							

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			2965.92		Comforters, Bedspreads	49017	200
<b>GRAND TOTAL</b>								

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 property 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: 06757163000742677



(402)06757163000742677

SHIP TO

Name: Wal-Mart DC 6019G - GENERAL Location #: 6019G  
 Address: 7504 East Crossroads Boulevard  
 6019G  
 City/State/Zip: Loveland, CO 80538  
 CID#:  
 Dept: 00022

FOB:

CARRIER NAME: WAL-MART FLEET

Trailer number: 139649  
 Seal number(s): 8068623

SCAC: WALM

Pro Number:



THIRD PARTY FREIGHT CHARGES BILL TO:

Name:  
 Address:

City/State/Zip:

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

Prepaid Collect X 3rd Party



(check box)

Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:

Load #: 63852062

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	Plts 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
4729443787	12	1	132.12	Y N	11/10/2022	6019G	0003	00022	
<b>GRAND TOTAL</b>	12	1	132.12						

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
12	ctns			132.12		Comforters, Bedspreads	49017	200
12				132.12		<b>GRAND TOTAL</b>		

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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).**

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: 06757163000742684



**SHIP TO**  
 Name: Wal-Mart DC 6019A - ASM DIS Location #: 6019A  
 Address: 7504 East Crossroads Boulevard  
 6019A  
 City/State/Zip: Loveland, CO 80538  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET

Trailer number: 139649  
 Seal number(s): 8068623

**SCAC:** WALM

**Pro Number:**



**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 (check box)

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

**SPECIAL INSTRUCTIONS:**  
 Load #: 63852062

**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
4729443791	290	5	3706.44	Y	N	11/11/2022	6019A	0033	00022	
<b>GRAND TOTAL</b>	290	5	3706.44							

**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
260	ctns			3637.18		Comforters, Bedspreads	49017	200
30	ctns			69.26		Sheet Set & Pillowcase	49390 Sub 4	175
290				3706.44		<b>GRAND TOTAL</b>		

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: 06757163000742660



**SHIP TO**  
 Name: Wal-Mart DC 6025A - ASM DIS Location #: 6025A  
 Address: 6140 3M Drive  
 6025A  
 City/State/Zip: Menomonie, WI 54751  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

CARRIER NAME: WAL-MART FLEET

Trailer number: 139649  
 Seal number(s): 8068623

SCAC: WALM

Pro Number: \_\_\_\_\_



**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

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

SPECIAL INSTRUCTIONS:  
 Load #: 63852062

**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
3474953404	215	5	2789.74	Y N	11/26/2022	6025A	0033	00022	
<b>GRAND TOTAL</b>	215	5	2789.74						

**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
215	ctns			2789.74		Comforters, Bedspreads	49017	200
215				2789.74		<b>GRAND TOTAL</b>		

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.

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.