

Master Bill of Lading Page 1 of 1

Date: 12/5/2022 2:09:10 PM

SHIP FROM

Name: **E & E COMPANY LTD**
 Address: **311 International Trade Pkwy**
 City/State/Zip: **Port Wentworth, GA 31407**
 SID#: _____ FOB:

Master Bill of Lading Number: 06757168000841375

SHIP TO

Name: **Consolidation Dock 7101** DCP: **7101**
 Div. _____
 Address: **1200 Mason Dixon Ln**
7101
 City/State/Zip: **Conley, GA 30288**
 SID#: _____ FOB:

CARRIER NAME: WAL-MART FLEET

Trailer number: **177354**
 Seal number(s): **30505901**
 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 LADING: WITH ATTACHED UNDERLYING BILLS OF LADING

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

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO		
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET(S) (CIRCLE ONE)		BOL#	DC#	Supplier#
5009389150	1	5.50	Y	N	06757168000841320	6020A	
2958525958	28	419.16	Y	N	06757168000841306	6020R	
4258526506	56	752.08	Y	N	06757168000838450	7034R	
9275163418	110	1482.20	Y	N	06757168000841337	6039A	
4324943606	140	1930.88	Y	N	06757168000841313	6020A	
9324973571	347	4570.83	Y	N	06757168000841344	6070A	
Grand Total	682	9260.65					

CARRIER INFORMATION						LTL ONLY	
HANDLING UNIT	PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION	NMFC #	CLASS
	QTY	TYPE					
669	ctns		9230.22		Comforters, Bedspreads	49017	200
12	ctns		24.93		Sheet Set & Pillowcase	49390 Sub 4	175
1	ctns		5.50		Shower curtain	49385	77.5
682			9260.65		Grand Total		

Where the rate is dependent on value, shippers are required to check 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 conditions that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise in this bill of lading, classifications and rates that have been established by the carrier and are available to the shipper, as required, and to all applicable state and federal regulations.

This carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature

<p>SHIPPER SIGNATURE / DATE</p> <p>(This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transport according to the applicable regulations of the DOT.)</p> <p><i>[Signature]</i> <i>12-6-22</i></p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to carrier <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE</p> <p>Carrier's 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><i>[Signature]</i> <i>12-6-22</i></p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Order No.: 6844119 Order Date: 11/16/2022 Customer: WALMART Customer PO No.: 2958525958
PO Type No.: 0020 Location No.: 6020R Dept. No.: 00022

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 6020R - REGULAR
4220 KETTERING ROAD
BROOKSVILLE, FL 34602

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
587366122	MS8144409622-37	086569494665	K Medallion Comforter Set	EA	1	28	28	28	28

Total Quantity Ordered: 28
Total Ordered: 28
Total Quantity Shipped: 28
Total Cartons Shipped: 28