

Date: 11/14/2022

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757163000744565	
Name:	E & E COMPANY LTD		
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 Centerpoint - 6909	DC#:	6909
		Div.:	
Address:	3485 Wineville Rd 6909	Trailer number:	168950
		Seal number(s):	8068616
City/State/Zip:	Jurupa Valley, CA 91752	SCAC:	WALM
SID#:		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 63981488		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
5958998828	5	18.26	Y	N	06757163000744534	6025A	
3474953421	590	7836.85	Y	N	06757163000744527	6025A	
3558525124	152	2127.60	Y	N	06757163000744541	7039R	
Grand Total	747	9982.71					

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
678	ctns			9794.93		Comforters, Bedspreads	49017	200
64	ctns			169.52		Sheet Set & Pillowcase	49390 Sub 4	175
5	ctns			18.26		Shower curtain	49385	77.5
747				9982.71		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: 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 Pallets: 16

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.

DRIVER TOOK ALL COPIES
 (20)

Date: 11/14/2022

Bill Of Lading

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SHIP FROM				SHIP TO			
Name:	E & E COMPANY LTD			Name:	Wal-Mart DC 6025A - ASM DIS Location #: 6025A		
Address:	221 Hanson Way			Address:	6140 3M Drive		
City/State/Zip:	Woodland, CA 95776			City/State/Zip:	Menomonie, WI 54751		
SID#:	FOB: <input type="checkbox"/>			CID#:	FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:				CARRIER NAME: WAL-MART FLEET			
Name:				Trailer number: 168950			
Address:				Seal number(s): 8068616			
City/State/Zip:				SCAC: WALM			
SPECIAL INSTRUCTIONS:				Pro Number:			
Load #: 63981488				Freight Charge Terms: (freight charges are prepaid unless marked otherwise)			
				Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>			
				<input type="checkbox"/> 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
5958998828	5	1	18.26	Y	N	11/21/2022	6025A	0033	00020	
GRAND TOTAL	5	1	18.26							

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
5	ctns			18.26		Shower curtain	49385	77.5
5				18.26		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:

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.

Date 11/14/2022

Bill Of Lading

Page 1 of 1

SHIP FROM				SHIP TO			
Name:	E & E COMPANY LTD			Name:	Wal-Mart DC 6025A - ASM DIS Location #: 6025A		
Address:	221 Hanson Way			Address:	6140 3M Drive		
City/State/Zip:	Woodland, CA 95776			City/State/Zip:	Menomonie, WI 54751		
SID#:	FOB: <input type="checkbox"/>			CID#:	FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:				Name:			
Address:				Address:			
City/State/Zip:				City/State/Zip:			
SPECIAL INSTRUCTIONS:				SPECIAL INSTRUCTIONS:			
Load #: 63981488				Load #: 63981488			
Bill of Lading Number: 06757163000744527				CARRIER NAME: WAL-MART FLEET			
				Trailer number: 168950			
(402)06757163000744527				Seal number(s): 8068616			
SCAC: WALM				Pro Number:			
Freight Charge Terms: (freight charges are prepaid unless marked otherwise)				Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>			
Master Bill of Lading: with attached underlying Bills of Lading				Appointment Time			
AM				Actual Driver Arrival Time		Driver Departure Time	
PM				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
3474953421	590	12	7836.85	Y	N	11/21/2022	6025A	0033	00022	
GRAND TOTAL	590	12	7836.85							

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			169.52		Sheet Set & Pillowcase	49390 Sub 4	175
526	ctns			7667.33		Comforters, Bedspreads	49017	200
590				7836.85		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: 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.

Date 11/14/2022

Bill Of Lading

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SHIP FROM				SHIP TO									
Name: E & E COMPANY LTD				Name: Wal-Mart DC 7039R-REGULAR Location #: 7039R									
Address: 221 Hanson Way				Address: 113 Distribution Way									
City/State/Zip: Woodland, CA 95776				City/State/Zip: Beaver Dam, WI 53916									
SID#: _____ FOB: <input type="checkbox"/>				CID#: _____ FOB: <input type="checkbox"/>									
Dept: 00022				Dept: 00022									
THIRD PARTY FREIGHT CHARGES BILL TO:													
Name: _____				Name: _____									
Address: _____				Address: _____									
City/State/Zip: _____				City/State/Zip: _____									
SPECIAL INSTRUCTIONS: Load #: 63981488				SPECIAL INSTRUCTIONS: Load #: 63981488									
				Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/> <input type="checkbox"/> (check box) 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			
3558525124	152	3	2127.60	Y	N	11/20/2022	7039R	0020	00022				
GRAND TOTAL	152	3	2127.60										
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					
152	ctns			2127.60		Comforters, Bedspreads	49017	200					
152				2127.60		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"/>							
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 / 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: <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>Property described above is received in good order, except as noted.</i>			
										Shipper Signature			