

SHIP FROM		Master Bill of Lading Number: 06757163000747795
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: 168937
		Seal number(s): 2149115
City/State/Zip:	Jurupa Valley, CA 91752	SCAC: WALM
SID#:		Pro Number:
		FOB: <input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address:			3rd Party: <input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS: Load #: 64215862		Appointment Time 2:00 AM	Actual Driver Arrival Time 12:30 AM
			Driver Departure Time 12:40 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
2024950866	69	593.34	Y	N	06757163000747740	3859	
4308525797	140	1976.12	Y	N	06757163000747696	6031R	
5858998987	5	15.95	Y	N	06757163000747702	6031A	
5858999010	2	11.00	Y	N	06757163000747719	6031A	
6574990789	54	457.73	Y	N	06757163000747757	3865	
6874483920	303	3328.57	Y	N	06757163000747726	6031A	
6874483965	350	4853.75	Y	N	06757163000747733	6031A	
6908528518	10	88.34	Y	N	06757163000747764	8103	
<b>Grand Total</b>	<b>933</b>	<b>11324.80</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
880	ctns			11183.77		Comforters, Bedspreads	49017	200
46	ctns			114.08		Sheet Set & Pillowcase	49390 Sub 4	175
7	ctns			26.95		Shower curtain	49385	77.5

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 / 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. Total Pallet: 26 <i>7074</i>	Trailer Loaded:	Freight Counted:	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>11/22/22</i>
	<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	

11/22/22



**SHIP FROM**

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

Bill of Lading Number: 06757163000747719



(402)06757163000747719

**SHIP TO**

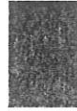
Name: Wal-Mart DC 6031A-ASM DIS Location #: 6031A  
 Address: 23701 West Southern Avenue  
 6031A  
 City/State/Zip: Buckeye, AZ 85326  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

CARRIER NAME: WAL-MART FLEET

Trailer number: 168937  
 Seal number(s): 2149115

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 \_\_\_\_\_

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

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

SPECIAL INSTRUCTIONS:  
 Load #: 64215862

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
5858999010	2	1	11.00	Y	N	11/26/2022	6031A	0033	00020	
<b>GRAND TOTAL</b>	<b>2</b>	<b>1</b>	<b>11.00</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	
2	ctns			11.00		Shower curtain	49385	77.5	
2				11.00		<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		Bill of Lading Number: 06757163000747740
Name: E & E COMPANY LTD		 (402)06757163000747740
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 CLT1 Troutman NC - FC Location #: 3859		Trailer number: 168937
Address: 386 Murdock Rd		Seal number(s): 2149115
City/State/Zip: Troutman, NC 28166		SCAC: WALM
CID#: _____	FOB: <input type="checkbox"/>	Pro Number: _____
Dept: 00022		

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

SPECIAL INSTRUCTIONS: Load #: 64215862	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)
Appointment Time: AM	Actual Driver Arrival Time: AM
	Driver Departure Time: AM

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
2024950866	69	2	593.34	Y	N	12/02/2022	03859	0020	00022	
<b>GRAND TOTAL</b>	69	2	593.34							

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(a) of NMFC Item 360</small>	LTL ONLY			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
2	Pallet			70.00		Pallet				
		69	ctns	593.34		Comforters, Bedspreads	49017	200		
2		69		663.34		<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.  <div style="text-align: right;"><b>Shipper Signature</b></div>
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<b>SHIPPER SIGNATURE / DATE</b> 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.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<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	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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>
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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: 06757163000747726



(402)06757163000747726

**SHIP TO**  
 Name: Wal-Mart DC 6031A-ASM DIS Location #: 6031A  
 Address: 23701 West Southern Avenue  
 6031A  
 City/State/Zip: Buckeye, AZ 85326  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

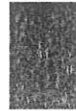
CARRIER NAME: WAL-MART FLEET

Trailer number: 168937

Seal number(s): 2149115

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

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

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

SPECIAL INSTRUCTIONS:  
 Load #: 64215862

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
6874483920	303	7	3328.57	Y	N	11/23/2022	6031A	0033	00022	
<b>GRAND TOTAL</b>	303	7	3328.57							

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
257	ctns			3214.49		Comforters, Bedspreads	49017	200
46	ctns			114.08		Sheet Set & Pillowcase	49390 Sub 4	175
303				3328.57		<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: 06757163000747696



**SHIP TO**

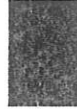
Name: Wal-Mart DC 6031R-REGULAR Location #: 6031R  
 Address: 23701 West Southern Avenue  
 6031R  
 City/State/Zip: Buckeye, AZ 85326  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

CARRIER NAME: WAL-MART FLEET

Trailer number: 168937  
 Seal number(s): 2149115

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 #: 64215862

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
4308525797	140	3	1976.12	Y	N	11/23/2022	6031R	0020	00022	
<b>GRAND TOTAL</b>	140	3	1976.12							

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	
140	ctns			1976.12		Comforters, Bedspreads	49017	200	
140				1976.12		<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.

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000747764
Name: E & E COMPANY LTD	Address: 221 Hanson Way	 (402)06757163000747764
City/State/Zip: Woodland, CA 95776	SID#: _____	
FOB: <input type="checkbox"/>		

<b>SHIP TO</b>		<b>CARRIER NAME:</b> WAL-MART FLEET
Name: Wal-mart DC - 8103	Location #: 8103	Trailer number: 168937
Address: 6750 Kimball Avenue	8103	Seal number(s): 2149115
City/State/Zip: Chino, CA 91708	CID#: _____	<b>SCAC:</b> WALM
FOB: <input type="checkbox"/>		<b>Pro Number:</b>
Dept: 00022		

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>	
Name:	
Address:	
City/State/Zip:	

SPECIAL INSTRUCTIONS: Load #: 64215862		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>  Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>	
		Master Bill of Lading: with attached (check box) 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
6908528518	10	1	88.34	Y	N	11/25/2022	08103	0020	00022	
<b>GRAND TOTAL</b>	10	1	88.34							

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	
1	Pallet			35.00		Pallet			
		10	ctns	88.34		Comforters, Bedspreads	49017	200	
1		10		123.34		<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 _____	<b>COD Amount: \$</b> _____ <b>Fee Terms:</b> 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.  <p style="text-align: right;"><b>Shipper Signature</b></p>
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<b>SHIPPER SIGNATURE / DATE</b> 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.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<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	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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>
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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: 06757163000747702  
  
 (402)06757163000747702

**SHIP TO**  
 Name: Wal-Mart DC 6031A-ASM DIS Location #: 6031A  
 Address: 23701 West Southern Avenue  
 6031A  
 City/State/Zip: Buckeye, AZ 85326  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 168937  
 Seal number(s): 2149115  
**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

**SPECIAL INSTRUCTIONS:**  
 Load #: 64215862

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	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	
5858998987	5	1	15.95	Y N	11/23/2022	6031A	0033	00020		
<b>GRAND TOTAL</b>	5	1	15.95							

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			15.95		Shower curtain	49385	77.5	
5				15.95		<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 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.*

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000747733
Name: E & E COMPANY LTD		 (402)06757163000747733
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: _____	FOB: <input type="checkbox"/>	

<b>SHIP TO</b>		<b>CARRIER NAME:</b> WAL-MART FLEET
Name: Wal-Mart DC 6031A-ASM DIS	Location #: 6031A	Trailer number: 168937
Address: 23701 West Southern Avenue		Seal number(s): 2149115
6031A		<b>SCAC:</b> WALM
City/State/Zip: Buckeye, AZ 85326		<b>Pro Number:</b>
CID#: _____	FOB: <input type="checkbox"/>	
Dept: 00022		

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>			
Name:		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>	
Address:		Prepaid	Collect <input checked="" type="checkbox"/> 3rd Party
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 64215862		AM	AM
		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
6874483965	350	10	4853.75	Y	N	11/26/2022	6031A	0033	00022	
<b>GRAND TOTAL</b>	350	10	4853.75							

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	
350	ctns			4853.75		Comforters, Bedspreads	49017	200	
350				4853.75		<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 _____	<b>COD Amount:</b> \$ _____ <b>Fee Terms:</b> 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.  <p style="text-align: right;"><b>Shipper Signature</b></p>
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<b>SHIPPER SIGNATURE / DATE</b> 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.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<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	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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>
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