


Date: 11/8/2022 12:45:42 PM

Bill Of Lading

Page 1 of 1

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

Bill of Lading Number: 06757163000743155

 (402)06757163000743155

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: Central Transport
 Trailer number:
 Seal number(s):

SCAC: CTII
Pro Number:

149-1829820-0 BL Pg 1
 Subject to: NMFC 100; CT 100/CT 101 Rules Tariffs; 49 USC 14706 and 49 CFR 370
 Driver's Signature Only Acknowledges Receipt of Freight

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 #: 23666219

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

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
2:00 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
6874483840	368	8	4374.66	Y	N	11/10/2022	6031A	0033	00022	
GRAND TOTAL	368	8	4374.66							

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							
290	ctns			4195.61		Comforters, Bedspreads	49017	200				
78	ctns			179.05		Sheet Set & Pillowcase	49390 Sub 4	175				
368				4374.66		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).

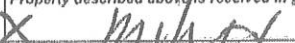
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable 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.
 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. Property described above is received in good order, except as noted.
 11/9/22

1800 951
 SLG

CENTRAL TRANSPORT®

Delivery Receipt

PRO-NUMBER
149-1829820-0

SHIP DATE
2022-11-09

Consignee:
WAL-MART DC 6031
23701 W SOUTHERN AVE
BUCKEYE, AZ 85326

Terminal Location Terminal#
PHOENIX - AZ 861

Shipper:
E-E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

Terminal Location Terminal#
SACRAMENTO - CA 958

Reference Number
44409620

FREIGHT TERMS:

**Freight Charges
Are Collect**

P.O. Number
6874483840

SCAC: CTII

Special Instructions:

Date: 11/9/2022 12:45:42 PM **Bill Of Lading** Page 1 of 1

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

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

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

SPECIAL INSTRUCTIONS:
Load #: 23666219

Bill of Lading Number: 06757163000743155
Barcode: (402)06757163000743155

CARRIER NAME: Central Transport
Trailer number: _____
Seal number(s): _____
SCAC: CTII
Pro Number: 149-1829820-0
BL Pg 1
Driver's Signature Only Acknowledges Receipt of Freight

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

Appointment Time: 2:00 AM
Actual Driver Arrival Time: AM
Driver Departure Time: AM

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
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GRAND TOTAL	368	8	4374.66						

HANDLING UNIT	PACKAGE	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY
290	ctns	4195.61		Comforters, Bedspreads	NMFC # 49017 CLASS 200
7B	ctns	179.05		Sheet Set & Pillowcase	49390 Sub 4 CLASS 175
368		4374.66		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 _____

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 rules, 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.
Signature: _____ Date: 11/9/22

Trailer Loaded:
 By Shipper
 By Driver

Freight Counted:
 By Shipper
 By Driver/pallets paid 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 under carrier has the DOT emergency response guidebook, or equivalent documentation in the vehicle. Property described therein received in good order, except as noted.
Signature: _____ Date: 11/9/22
1800 951 SL

Signed By: ricu h

Signature: _____
(States shipment received in good order)

HU's Received: 8 Date: 2022-11-11

Driver: CT-861487 Trailer: 2300002

Arrive Time: 6:29 PM Depart Time: 6:45 PM

PRO-NUMBER: 149-1829820-0

Inside Delivery Sort/Segregate Driver Delay
 Liftgate Redelivery

By signing below, Consignee acknowledges that additional delivery service/s were performed and are subject to rules and conditions outlined in the CT100 series rules tariff.

Customer Signature: _____ **Date:** _____

Date	Number And Type of Container	Number And Type of PCS	Exception Type
Log #			
Total Exceptions			