

Date: 11/8/2022 12:47:49 PM

Bill Of Lading

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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: 06757163000743179



(402)06757163000743179

SHIP TO

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

FOB:

CARRIER NAME: Central Transport

Trailer number:

Seal number(s):

SCAC: CTII

Pro Number:



149-1829819-2 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:

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

Prepaid Collect 3rd Party

City/State/Zip:

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

SPECIAL INSTRUCTIONS:

Load #: 23666219

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
2:00 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
4308525767	244	6	3406.28	Y N	11/10/2022	6031R	0020	00022	
GRAND TOTAL	244	6	3406.28						

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
244	ctns			3406.28		Comforters, Bedspreads	49017	200
244				3406.28		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:

John 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.

X Michael 11/9/22

1800 931

SLC

