

Date: 12/21/2022 3:41:47 PM

Master Bill Of Lading

Page 1 of 2

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:		CUSTOMER ORDER INFORMATION							
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ FOB: <input type="checkbox"/>		Name: Consolidation Dock 7101 DC#: 7101 Div. _____ Address: 1200 Mason Dixon Ln 7101 City/State/Zip: Conley, GA 30288 SID#: _____ FOB: <input type="checkbox"/>		Name: _____ Address: _____ City/State/Zip: _____		<table border="1"> <tr> <td>Appointment Time</td> <td>Actual Driver Arrival Time</td> <td>Driver Departure Time</td> </tr> <tr> <td>8:00 AM</td> <td>12:49 PM</td> <td>04:20 PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	8:00 AM	12:49 PM	04:20 PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time											
8:00 AM	12:49 PM	04:20 PM											
Master Bill of Lading Number: 06757168000854115		CARRIER NAME: WAL-MART FLEET		Freight Charge Terms:		<table border="1"> <tr> <td>Prepaid: <input type="checkbox"/></td> <td>Collect: <input checked="" type="checkbox"/></td> <td>3rd Party: <input type="checkbox"/></td> </tr> <tr> <td colspan="3"> <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING </td> </tr> </table>		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>	3rd Party: <input type="checkbox"/>	<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING		
Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>	3rd Party: <input type="checkbox"/>											
<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING													
SPECIAL INSTRUCTIONS: Load #: 64900954													
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)	BOLE#	ADDITIONAL SHIPPER INFO DC#	Supplier#							
5059388952	2	6.38	Y N	06757168000853835	6092A								
4409388805	2	6.38	Y N	06757168000853989	6048A								
4909388787	7	31.57	Y N	06757168000853828	6011A								
2859319120	3	9.57	Y N	06757168000853927	6094A								
4158525141	24	369.36	Y N	06757168000853965	6018R								
7113968950	10	36.52	Y N	06757168000853859	6017A								
1059359097	3	16.50	Y N	06757168000853897	6006A								
4713324907	48	697.44	Y N	06757168000853804	6011R								
4658525293	72	1128.72	Y N	06757168000853798	6094R								
4074464435	128	906.30	Y N	06757168000853958	6017A								
4213325980	124	1855.32	Y N	06757168000853972	6092R								
2274694100	161	1350.87	Y N	06757168000853910	6006A								
4858525477	178	2440.16	Y N	06757168000853811	6006R								
6475643143	158	2163.11	Y N	06757168000853842	6048A								

When 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 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 material is as properly described, packaged, marked and labeled, and in proper condition for transportation according to the applicable regulations of the DOT.

Total Pallets: MS 12/21/22

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.

Signature: [Signature] 12/21/22

Date: 12/21/2022 3:41:47 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757168000854115	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Westworth, GA 31407 SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: WAL-MART FLEET	
Name: Consolidation Dock 7101 DC#: 7101 Div. _____ Address: 1200 Mason Dixon Ln 7101 City/State/Zip: Conley, GA 30288 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 149033 Seal number(s): 36585992 SCAC: WALM Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input checked="" type="checkbox"/> (check box) MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time Actual Driver Arrival Time Driver Departure Time AM AM AM PM PM PM	
Load #: 64900954			

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
8775433367	224	2434.73	Y	N	06757168000853873	6018A	
8225633184	212	1970.69	Y	N	06757168000853866	6011A	
3458525877	140	2038.84	Y	N	06757168000853934	6017R	
2124554101	202	2447.94	Y	N	06757168000853903	6092A	
3658524981	76	1010.52	Y	N	06757168000853941	6048R	
9325043709	253	1861.82	Y	N	06757168000853880	6094A	
Grand Total		2023	22782.74				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Overwrites require special or additional care or attention in handling or stowing must be so marked and packaged so as to ensure safe transportation with ordinary care. See Section 204 of NMFC Item 300.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
509	ctns			1239.92		Sheet Set & Pillowcase	49390 Sub 4	175
27	ctns			106.92		Shower curtain	49385	77.5
1487	ctns			21435.90		Comforters, Bedspreads	49017	200
Grand Total				22782.74				

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: <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, or 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 Pallet: 41	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets used 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.		

Order No.: 6875599	Order Date: 12/15/2022	Customer: WALMART	Customer PO No.: 3458525877
PO Type No.: 0020	Location No.: 6017R	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 6017R - REGULAR
 2106 EAST TIPTON STREET
 SEYMOUR, IN 47274

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
583249714	BH9044409622-06	086569396372	K Comforter Mini Set	EA	1	48	48	48	48
587366304	MS8144409622-36	086569494559	Q Medallion Comforter Set	EA	1	32	32	32	32
577082886	MS9944409622-35	086569318725	K Burgndy Comforter Set	EA	1	60	60	60	60

Total Quantity Ordered:	140
Total Ordered:	140
Total Quantity Shipped:	140
Total Cartons Shipped:	140