

Date: 1/31/2023 11:29:24 AM

**Master Bill Of Lading**

Page 1 of 6

<b>SHIP FROM</b> Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ FOB: <input type="checkbox"/>		Master Bill of Lading Number: 06757168000883160	
<b>SHIP TO</b> Name: Consolidation Dock 7101 DC#: 7101 Div. _____ Address: 1200 Mason Dixon Ln 7101 City/State/Zip: Conley, GA 30288 SID#: _____ FOB: <input type="checkbox"/>		CARRIER NAME: Swift Transportation Trailer number: 170701 Seal number(s): 36585954 SCAC: SWFT Pro Number:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b> Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS:</b> Load #: 25046366		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING	
		Appointment Time 0800 AM PM	Actual Driver Arrival Time 0800 AM PM
		Driver Departure Time 1129 AM PM	

CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO		
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)	BOL#	DC#	Supplier#
1059359316	3	11.88	Y N	06757168000878869	6006A	
4408525588	16	211.36	Y N	06757168000878968	6068R	
7159169306	2	6.38	Y N	06757168000879019	7038A	
7859169396	2	6.38	Y N	06757168000879194	6024A	
4659388809	2	6.38	Y N	06757168000879088	6038A	
7113969170	12	47.52	Y N	06757168000879033	6017A	
9324974150	23	217.76	Y N	06757168000879095	6070A	
1109359638	1	5.94	Y N	06757168000879217	6080A	
5258689155	6	26.51	Y N	06757168000878944	6039A	
5359389449	9	33.33	Y N	06757168000879354	6070A	
2573885128	28	250.63	Y N	06757168000879170	7034A	
4058525547	36	585.00	Y N	06757168000878883	6023R	
5059389167	7	26.95	Y N	06757168000878913	6092A	
3058525385	48	697.44	Y N	06757168000879316	6010R	

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:  
 \*This 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.

<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 transport according to the applicable regulations of the DOT. Total Pallets: 71 [Signature] 1/31-23	<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 carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. [Signature]
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## Master Bill Of Lading

Page 4 of 6

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: _____		CUSTOMER ORDER INFORMATION	
		CARRIER NAME: Swift Transportation Trailer number: 170701 Seal number(s): 36585954 SCAC: SWFT Pro Number: _____		Freight Charge Terms: Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>		Appointment Time AM PM	
		Master Bill of Lading Number: 06757168000883160		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING		Actual Driver Arrival Time AM PM	
				<input type="checkbox"/> Driver Departure Time AM PM		SPECIAL INSTRUCTIONS: Load #: 25046386	
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#	
4359389029	1	5.50	Y N	06757168000879347	6027A		
4376355487	64	275.38	Y N	06757168000878821	7035A		
4858525599	24	390.00	Y N	06757168000878951	6006R		
9824934108	91	615.81	Y N	06757168000878937	6066A		
1009359271	9	35.64	Y N	06757168000879286	6066A		
2124554401	91	579.72	Y N	06757168000878746	6092A		
4358526153	60	913.08	Y N	06757168000878739	7038R		
9275163967	34	389.52	Y N	06757168000879026	6039A		
3224254940	17	131.61	Y N	06757168000878890	6080A		
4459389454	33	123.75	Y N	06757168000879224	7034A		
4713325003	92	1320.84	Y N	06757168000879231	6011R		
2374294938	45	419.66	Y N	06757168000878838	6024A		
3508526179	28	419.16	Y N	06757168000879361	7035R		
4158525255	88	1340.08	Y N	06757168000878760	6018R		

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:  
 \*This 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, class/rates 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 Pallet: 71

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.

Order No.: 6903542      Order Date: 01/26/2023      Customer: WALMART      Customer PO No.: 4713325003  
 PO Type No.: 0020      Location No.: 6011R      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 6011R - REGULAR  
 2210 MANUFACTURERS BOULEVARD  
 BROOKHAVEN, MS 39601

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
583249713	BH9044409622-05	086569396365	F/Q Comforter Mini Set	EA	1	20	20	20	20
577082879	MS9944409622-34	086569318718	Q Burgndy Comforter Set	EA	1	48	48	48	48
577082886	MS9944409622-35	086569318725	K Burgndy Comforter Set	EA	1	24	24	24	24

**Total Quantity Ordered: 92**  
**Total Ordered: 92**  
**Total Quantity Shipped: 92**  
**Total Cartons Shipped: 92**