


Date: 2/6/2023 9:52:31 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000883672
Name: E & E COMPANY LTD	Address: 311 International Trade Pkwy	 (402)06757168000883672
City/State/Zip: Port Wentworth, GA 31407	SIID#: _____	
FOB: <input type="checkbox"/>		

SHIP TO		CARRIER NAME: AAA Cooper Transportation
Name: Wal-Mart Regional DC - 7853	Location #: 7853	Trailer number: 534466
Address: 5100 North Ridge Trail	7853	Seal number(s): 0000
City/State/Zip: Davenport, FL 33897		SCAC: AACT
CID#: _____	FOB: <input type="checkbox"/>	Pro Number: 51610540
Dept: 00022		

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>
Name: _____	Address: _____	Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/>
City/State/Zip: _____		Appointment Time: AM <input type="checkbox"/> PM <input type="checkbox"/> Actual Driver Arrival Time: AM <input type="checkbox"/> PM <input type="checkbox"/> Driver Departure Time: AM <input type="checkbox"/> PM <input type="checkbox"/>
SPECIAL INSTRUCTIONS:		
Load #: 25153637		

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
4328870332	22	0	222.09	Y	N	02/07/2023	07853	0020	00022	
GRAND TOTAL	22	0	222.09							

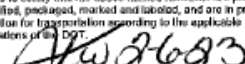
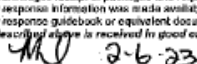
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and privileged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			35.00		Pallet		
		22	ctns	222.09		Comforters, Bedspreads	49017	200
1		22		257.09		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: <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.

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: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said 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. Property described above is received in good order, except as noted.  2-6-23
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Wholesale Order Changes Report

Customer PO No. Start: Customer PO No. End: Date Type:

E&E SO No. Start: E&E SO No. End: Start Date:

Customer: Location: End Date:

Dept. No.: Batch No.: Item No.:

Routing PO No.: Multiple Cust. PO No.:

User Operation: Remark:

Items: 1 Page number: 1/1 Paginal: 100 items << <

Customer PO No.	E&E SO No.	Customer	EDI Order Type	Dept. No.	Ship To	Create Date	Shipping Date	Cancel After Date	In DC Date	Item No.	Description	Pattern	UPC	Cust. Item No.	Cust Line No.	Location	Batch No.	Routing PO No.	Case Pack Qty	Qty Ordered	Qty To Ship	Updated Date	Updated By	Operation Type
4328870332	6894975	WALMART01	0020	00022	7853	01/12/2023	01/18/2023		02/07/2023	M55144409622-Q Z1	Triangle Comforter Set	Triangle	086569692443	596065132	2	SV3	B20230112110241		1	1		01/12/2023 22:47:47	yanxiaoying@scmhome.com	Zero out

pro search

PRO Track Results

PRO	BOL	PO
51610540	25153637	4328870332
Shipper		Consignee
Origin Service Center : SAVANNAH		Destination Service Center : ORLANDO
Origin Service Center Phone # : (912) 966-2712		Destination Service Center Phone # : (407) 851-7900
Delivery Information	Shipment Information	
Pickup Date : 02/06/2023	Shipment Type : Collect	
Delivery Date Time : 02/10/2023 08:14	Pkgs : 1	
Delivery Status : Delivered	Weight : 257	
Signed For : CUC		