

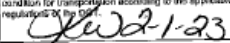


Date: 2/1/2023 2:23:03 PM

Bill Of Lading

SHIP FROM Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ FOB: <input type="checkbox"/>		Bill of Lading Number: 06757168000879576  (402)06757168000879576									
SHIP TO Name: Wal-Mart Regional DC - 7853 Location #: 7853 Address: 5100 North Ridge Trail 7853 City/State/Zip: Davenport, FL 33897 CID#: _____ FOB: <input type="checkbox"/> Dept: 00022		CARRIER NAME: FedEx Trailer number: 563225 Seal number(s): 40361493 SCAC: FDEG Pro Number: 									
THIRD PARTY FREIGHT CHARGES BILL TO: Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/>									
SPECIAL INSTRUCTIONS: Load #: 25062658		Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/> (check box) Appointment Time: <u>Preload</u> AM Actual Driver Arrival Time: AM Driver Departure Time: 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		
4328870302	10	0	122.52	Y N	02/01/2023	07853	0020	00022			
GRAND TOTAL	10	0	122.52								
CARRIER INFORMATION											
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION			LTL ONLY		
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transport with ordinary care. See Section 219 of NMFC Item 349.			NMFC #	CLASS	
1	Pallet			35.00		Pallet					
		10	ctns	122.52		Comforters, Bedspreads			49017	200	
1		10		157.52		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"/>					
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 merchandise are property 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 sealed to contain <input type="checkbox"/> By Driver/Places		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available to carrier through the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.			

Wholesale Order Changes Report

Customer PO No. Start:	4328870302	Customer PO No. End:	4328870302	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: 2 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
4328870302	6887898	WALMART01	0020	00022	7853	01/05/2023	01/12/2023		02/01/2023	MS9944409622-20	T/7XL Black Flor/Comforter Set	Black Floral	086569318534	577082887	5	SV3	B20230105074942		1	1	0	01/05/2023 21:53:59	yanxiaoying@scmhome.com	Zero out
4328870302	6887898	WALMART01	0020	00022	7853	01/05/2023	01/12/2023		02/01/2023	MS8144409622-42	F/Q Quilt Mini Set		086569763716	595603570	7	SV3	B20230105074942		2	2	0	01/05/2023 21:53:42	yanxiaoying@scmhome.com	Zero out