

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

Master Bill Of Lading

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SHIP FROM 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	
SHIP TO 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:	
THIRD PARTY FREIGHT CHARGES BILL TO: Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: 25046366		[X] MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING Appointment Time AM/PM: 0800 AM Actual Driver Arrival Time AM/PM: 0800 PM Driver Departure Time AM/PM: 1129 PM	

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#
1069359316	3	11.88	Y	N	06757168000878869	6006A
4408525588	16	211.36	Y	N	06757168000878968	6068R
7159169306	2	6.36	Y	N	06757168000879019	7038A
7859169396	2	6.38	Y	N	06757168000879194	6024A
4659388809	2	6.38	Y	N	06757168000879086	6038A
7113969170	12	47.52	Y	N	06757168000879033	6017A
9324974150	23	217.76	Y	N	06757168000879095	6070A
1109359638	1	5.94	Y	N	06757168000879217	6090A
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 _____
 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 / DATE This is to certify that the above named materials are properly classified, packaged, marked, labeled, and are in proper condition for transport according to the applicable regulations of the DOT. [Signature] 1/31/23	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 sold to carrier <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required manifests. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. [Signature]
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Master Bill Of Lading

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

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO DCA	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	
7859169386	2	6.38	Y N	06757168000879194	6024A	
4659388809	2	6.38	Y N	06757168000879088	6038A	
7113969170	12	47.82	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: 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 contents are properly classified, packaged, marked and labeled, and are in proper condition for transport according to the applicable regulations of the DOT. <i>[Signature]</i> 1/31/23	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/Pieces <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 to carrier per the DOT emergency response guidelines or placard documentation in the vehicle. <i>[Signature]</i>
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PACKING LIST

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Order No.: 6903568 **Order Date:** 01/26/2023 **Customer:** WALMART **Customer PO No.:** 7859169396
PO Type No.: 0033 **Location No.:** 6024A **Dept. No.:** 00020

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 6024A - ASM DIS
3920 SOUTHWEST BLVD.
GROVE CITY, OH 43123

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
578506690	MS8144409620-01	086569352248	Terazzo Fabr Shower Curtain	EA	3	6	2	6	2

Total Quantity Ordered: 6
Total Ordered: 2
Total Quantity Shipped: 6
Total Cartons Shipped: 2