

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

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"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
		<input checked="" type="checkbox"/> MASTER BILL OF LADING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	

SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 25046366		0800 AM	0800 AM	1129 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLETS/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO		
					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	06757168000879085	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: <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 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 received materials are properly classified, packaged, marked, labeled, and are in proper condition for transport, according to the applicable regulations of the DOT. Total Pallets: <u>11</u> <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/Pallets sold to carrier <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 OOT emergency response guidelines or equivalent documentation in the vehicle. <i>[Signature]</i>
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Date: 1/31/2023 11:29:24 AM

Master 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"/>		Master Bill of Lading Number: 0675716800083160	
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		<input checked="" type="checkbox"/> MASTER BILL OF LADING WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
4359389029	1	5.50	Y N	06757168000879347	6027A	
4376355467	64	275.38	Y N	06757168000878821	7035A	
4858525599	24	390.00	Y N	06757168000878951	6006R	
9624934108	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:
 *The 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.

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: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/Pallets sold to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required paperwork. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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PACKING LIST

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Order No.: 6903536 **Order Date:** 01/26/2023 **Customer:** WALMART **Customer PO No.:** 4858525599
PO Type No.: 0020 **Location No.:** 6006R **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 6006R- REGULAR
2200A 7TH AVENUE SOUTHWEST
CULLMAN, AL 35055

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
577082886	MS9944409622-35	086569318725	K Burgndy Comforter Set	EA	1	24	24	24	24

Total Quantity Ordered: 24
Total Ordered: 24
Total Quantity Shipped: 24
Total Cartons Shipped: 24