

SHIP FROM		Master Bill of Lading Number: 0675716800083160
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	Trailer number: 170701
	DC#: 7101	Seal number(s): 36585954
	Div.	SCAC: SWFT
Address:	1200 Mason Dixon Ln	Pro Number:
	7101	
City/State/Zip:	Conley, GA 30288	
SID#:		FOB: <input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
Address:		
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED
		(check box) UNDERLYING BILLS OF LANDING

SPECIAL INSTRUCTIONS:
Load #: 25046306

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
0800 AM	0800 AM	1129 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
1059359316	3	11.88	Y	N	06757168000878869	6006A	
4408525588	16	211.36	Y	N	06757168000878968	6068R	
7159169306	2	6.36	Y	N	06757168000879019	7038A	
7859169306	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:
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 contents are properly classified, packaged, secured and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. Total Pallets: <u>1</u>	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 <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.
	Shipper Signature 		Carrier Signature / Pickup Date 

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

Master Bill Of Lading

Page 2 of 6

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 LANDING: WITH ATTACHED (check box) 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 (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
5259368791	12	45.21	Y	N	06757168000879187	6023A	
2608525259	52	734.44	Y	N	06757168000879101	7045R	
4759389489	2	11.00	Y	N	06757168000879200	6068A	
9325163922	27	259.57	Y	N	06757168000879057	7038A	
3108525856	20	233.40	Y	N	06757168000879163	6070R	
5309389004	5	20.57	Y	N	06757168000878845	6018A	
9773296417	79	599.84	Y	N	06757168000878784	7035A	
9830044008	25	253.17	Y	N	06757168000879064	6010A	
2966526189	32	428.40	Y	N	06757168000879248	6020R	
4909389005	4	15.07	Y	N	06757168000879071	6011A	
9325044045	27	323.00	Y	N	06757168000878753	6094A	
1375024013	11	130.77	Y	N	06757168000878807	6038A	
1724564631	22	223.73	Y	N	06757168000878876	6068A	
4324944123	89	619.36	Y	N	06757168000879255	6020A	

When 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		SHIPPER SIGNATURE Trailer Loaded: <input 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 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.	

Order No.: 6903557 **Order Date:** 01/26/2023 **Customer:** WALMART **Customer PO No.:** 5259388791
PO Type No.: 0033 **Location No.:** 6023A **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 6023A - ASM DIS
21504 COX ROAD
SUTHERLAND, VA 23885

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	27	9	27	9
578506691	MS8144409620-02	086569352231	Mink Medal Shower Curtain	EA	3	9	3	9	3

Total Quantity Ordered: 36
Total Ordered: 12
Total Quantity Shipped: 36
Total Cartons Shipped: 12