


SHIP FROM		Bill of Lading Number: 06757163000781294
Name: E & E COMPANY LTD		 (402)06757163000781294
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: WAL-MART FLEET
Name: Wal-Mart DFW6 Fort Worth - FC Location #: 3865 3865		Trailer number: 151211
Address: 14700 Blue Mound Rd 3865		Seal number(s): 8068816
City/State/Zip: Fort Worth, TX 76052		SCAC: WALM
CID#:	FOB: <input type="checkbox"/>	Pro Number:
Dept: 00022		

THIRD PARTY FREIGHT CHARGES BILL TO:		
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid Collect <input checked="" type="checkbox"/> 3rd Party
Address:		
City/State/Zip:		

SPECIAL INSTRUCTIONS: Load #: 66964029	<input type="checkbox"/>	Master Bill of Lading: with attached
	(check box)	underlying Bills of Lading
	Appointment Time AM	Actual Driver Arrival Time AM

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
6574991138	104	3	1116.97	Y	N	03/24/2023	03865	0020	00022	
GRAND TOTAL	104	3	1116.97							


HANDLING UNIT							PACKAGE			COMMODITY DESCRIPTION			LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360						NMFC #	CLASS	
3	Pallet			105.00		Pallet								
		104	ctns	1116.97		Comforters, Bedspreads						49017	200	
3		104		1221.97		GRAND TOTAL								


Where the rate is dependent on value, shippers are required to stated 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. <div style="text-align: right;">Shipper Signature</div>
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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.		

SHIP FROM		Bill of Lading Number: 06757163000781300
Name: E & E COMPANY LTD		 (402)06757163000781300
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: WAL-MART FLEET
Name: Wal-Mart Regional DC - 7767	Location #: 7767	Trailer number: 151211
Address: 15101 N Beach St		Seal number(s): 8068816
	7767	
City/State/Zip: Fort Worth, TX 76177		SCAC: WALM
CID#:	FOB: <input type="checkbox"/>	Pro Number:
Dept: 00022		

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid Collect <input checked="" type="checkbox"/> 3rd Party
Name:		
Address:		
City/State/Zip:		Master Bill of Lading: with attached <input type="checkbox"/> (check box) underlying Bills of Lading

SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 66964029		AM	AM	AM
		PM	PM	PM

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
2658732442	49	2	595.42	Y	N	03/29/2023	07767	0020	00022	
GRAND TOTAL	49	2	595.42							


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 packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE	NMFC #	CLASS								
2	Pallet					70.00							
		49	ctns			595.42							
2		49				665.42							
GRAND TOTAL													

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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.
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SHIP FROM		Bill of Lading Number: 06757163000781287
Name:	E & E COMPANY LTD	 (402)06757163000781287
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: WAL-MART FLEET
Name:	Wal-Mart DFW6 Fort Worth - FC Location #: 3865 3865	Trailer number: 151211
Address:	14700 Blue Mound Rd 3865	Seal number(s): 8068816
City/State/Zip:	Fort Worth, TX 76052	SCAC: WALM
CID#:	FOB: <input type="checkbox"/>	Pro Number:
Dept:	00022	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid Collect <input checked="" type="checkbox"/> 3rd Party
Name:		
Address:		
City/State/Zip:		Master Bill of Lading: with attached <input type="checkbox"/> (check box) underlying Bills of Lading

SPECIAL INSTRUCTIONS:		
Load #: 66964029		
Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Pfts 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
6574991136	81	2	743.74	Y	N	03/24/2023	03865	0020	00022	
GRAND TOTAL	81	2	743.74							

HANDLING UNIT							PACKAGE			WEIGHT	H.M. (X)	COMMODITY DESCRIPTION Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360	LTL ONLY	
QTY	TYPE	QTY	TYPE			NMFC #	CLASS							
2	Pallet					70.00		Pallet						
		81	ctns			743.74		Comforters, Bedspreads	49017	200				
2		81				813.74		GRAND TOTAL						

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