

Order No.: 6964795 Order Date: 03/16/2023 Customer: WALMART Customer PO No.: 1424704889
PO Type No.: 0033 Location No.: 6030A 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 6030A-ASM DIS
42-D FREETOWN ROAD
RAYMOND, NH 03077

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
578275794	BH8044409622-25	086569356109	F/Q Paisley Medallion Quilt	EA	2	2	1	2	1
578275796	BH8044409622-27	086569356123	STD Paisley Medallion Sham	EA	2	6	3	6	3
578275808	BH8044409622-28	086569356130	K Paisley Medallion Sham	EA	2	4	2	4	2
587374662	BH8144409622-03	086569509420	F/Q Pintuck Comforter Set	EA	1	11	11	11	11
587366113	BH8144409622-04	086569509437	K Pintuck Comforter Set	EA	1	8	8	8	8
587366129	BH8144409622-05	086569509444	F/Q Pintuck Comforter Set	EA	1	5	5	5	5
583249710	BH9044409622-03	086569396341	F/Q Comforter Mini Set	EA	1	8	8	8	8
583249712	BH9044409622-04	086569396358	K Comforter Mini Set	EA	1	17	17	17	17
583249713	BH9044409622-05	086569396365	F/Q Comforter Mini Set	EA	1	18	18	18	18
583249714	BH9044409622-06	086569396372	K Comforter Mini Set	EA	1	18	18	18	18
587373649	MS8144409622-09	086569491329	Travel Pillow Cover	EA	9	81	9	81	9

Total Quantity Ordered: 1444
Total Ordered: 534
Total Quantity Shipped: 1444
Total Cartons Shipped: 534

Date: 3/21/2023 5:37:59 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757168000915793
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: WAL-MART FLEET
Name:	Consolidation Dock 7101	DC#: 7101
		Div.
Address:	1200 Mason Dixon Ln	Trailer number: 131293
	7101	Seal number(s): 36585512
City/State/Zip:	Conley, GA 30288	SCAC: WALM
SID#:	FOB: <input type="checkbox"/>	Pro Number:

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:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED
City/State/Zip:		<input type="checkbox"/> UNDERLYING BILLS OF LANDING
SPECIAL INSTRUCTIONS:		Appointment Time AM/PM
Load #: 67043023		Actual Driver Arrival Time AM/PM
		Driver Departure Time AM/PM
		1100 AM
		1:25 PM
		1:37 PM

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#
7159169632	4	12.76	Y	N	06757168000913232	7038A
4376356205	111	390.11	Y	N	06757168000914161	7035A
9879190557	13	41.47	Y	N	06757168000913263	7035A
4213326245	98	1560.00	Y	N	06757168000913188	6092R
4969389353	4	12.76	Y	N	06757168000913201	7045A
4975893779	283	3412.15	Y	N	06757168000913218	7045A
5069389492	5	18.70	Y	N	06757168000913225	6092A
9325164293	273	3873.93	Y	N	06757168000913249	7038A
2124554816	317	4782.97	Y	N	06757168000913171	6092A
4859389290	22	81.73	Y	N	06757168000913195	6030A
1424704889	534	7194.88	Y	N	06757168000913164	6030A
9773296833	296	3792.36	Y	N	06757168000913256	7035A
			Y	N		
Grand Total	1938	25173.82				

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
SHIPPER SIGNATURE / DATE This is to certify that the above named merchandise are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of 49 CFR. Total Pallets: <u>32/23</u>	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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 documents. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.