

Date: 3/2/2023 4:02:54 PM

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: 06757168000903967	
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: WAL-MART FLEET Trailer number: 182194 Seal number(s): 36585543 SCAC: WALM 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"/> <input checked="" type="checkbox"/> (check box) MASTER BILL OF LADING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS: Load #: 89630691		Appointment Time: 1300 AM Actual Driver Arrival Time: 1235 AM Driver Departure Time: 1608 PM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
2859319554	5	22.88	Y	N	06757168000903783	6094A	
4359389233	11	47.52	Y	N	06757168000903837	6027A	
5359389663	3	9.57	Y	N	06757168000903905	6070A	
3658525143	24	390.00	Y	N	06757168000903813	6048R	
5359389657	13	43.78	Y	N	06757168000903899	6070A	
4658525469	12	195.00	Y	N	06757168000903882	6094R	
3108525937	12	195.00	Y	N	06757168000903806	6070R	
4658525467	24	390.00	Y	N	06757168000903875	6094R	
3108525938	36	585.00	Y	N	06757168000903790	6070R	
4409389244	11	37.40	Y	N	06757168000903844	6048A	
9324974338	144	2103.39	Y	N	06757168000903936	6070A	
9324974337	278	3562.72	Y	N	06757168000903929	6070A	
4074584518	193	2581.07	Y	N	06757168000903820	6027A	
9325044239	231	2905.88	Y	N	06757168000903950	6094A	

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 _____ PP	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, reference to the rules, 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 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. [Signature] 3-2-23

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Master Bill Of Lading

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SHIP FROM		Master Bill of Lading Number: 06757168000903967
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 7101	Trailer number: 182194
City/State/Zip:	Conley, GA 30288	Seal number(s): 36585543
SID#:	FOB: <input type="checkbox"/>	SCAC: WALM
		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 (check box) UNDERLYING BILLS OF LANDING		
City/State/Zip:		Appointment Time AM PM	Actual Driver Arrival Time AM PM	Driver Departure Time AM PM
SPECIAL INSTRUCTIONS:				
Load #: 66030691				

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
2859319548	6	19.14	Y N	06757168000903776	6094A	
4608525697	36	585.00	Y N	06757168000903868	6027R	
6475643628	470	7574.21	Y N	06757168000903912	6048A	
9325044234	288	3712.49	Y N	06757168000903943	6094A	
Grand Total	1797	24960.05				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to secure safe transportation with ordinary care. See Section 206 of HRF 0 (Rev. 3/02)</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
231	ctns			580.79		Sheet Set & Pillowcase	49390 Sub 4	175
49	ctns			180.29		Shower curtain	49385	77.5
1517	ctns			24218.97		Comforters, Bedspreads	49017	200
1797				24960.05		Grand Total		

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 _____ PP _____	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 move delivery of this shipment without payment of freight and all other lawful charges.

SHIPPER SIGNATURE / DATE This is to certify that the above named commodities are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. Total Pallets: 2	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 contain <input type="checkbox"/> By Driver/Pallets	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.
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PACKING LIST

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Order No.: 6949330 **Order Date:** 02/23/2023 **Customer:** WALMART **Customer PO No.:** 4608525697
PO Type No.: 0020 **Location No.:** 6027R **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 6027R - REGULAR
210 OWENS ROAD
WOODLAND, PA 16881

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	36	36	36	36

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