

Order No.: 6971901 Order Date: 03/29/2023 Customer: WALMART Customer PO No.: 3224255452
PO Type No.: 0033 Location No.: 6080A 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 6080A-ASM DIS
300 VETERANS DRIVE
TOBYHANNA, PA 18466

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
578275793	BH8044409622-10	086569356277	K Embroidered Velvet Quilt	EA	2	2	1	2	1
578275794	BH8044409622-25	086569356109	F/Q Paisley Medallion Quilt	EA	2	12	6	12	6
578275796	BH8044409622-27	086569356123	STD Paisley Medallion Sham	EA	2	2	1	2	1
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	9	9	9	9
587366113	BH8144409622-04	086569509437	K Pintuck Comforter Set	EA	1	4	4	4	4
587366129	BH8144409622-05	086569509444	F/Q Pintuck Comforter Set	EA	1	5	5	5	5
587366286	BH8144409622-06	086569509451	K Pintuck Comforter Set	EA	1	2	2	2	2
583249710	BH9044409622-03	086569396341	F/Q Comforter Mini Set	EA	1	3	3	3	3
583249712	BH9044409622-04	086569396358	K Comforter Mini Set	EA	1	2	2	2	2
583249714	BH9044409622-06	086569396372	K Comforter Mini Set	EA	1	6	6	6	6

Total Quantity Ordered: 397
Total Ordered: 187
Total Quantity Shipped: 397
Total Cartons Shipped: 187

Date: 4/5/2023 11:31:27 AM

Master Bill Of Lading

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SHIP FROM		Master Bill of Lading Number: 0675716800923941
Name:	E & E COMPANY LTD	
Address:	311 International Trade Pkwy	
City/State/Zip:	Port Wentworth, GA 31487	
SID#:		FOB: <input type="checkbox"/>

SHIP TO		CARRIER NAME: WAL-MART FLEET
Name:	Consolidation Dock 7101	DC#: 7101
		Div.
Address:	1208 Mason Dixon Ln	Trailer number: 130374
	7101	Seal number(s): 36585522
City/State/Zip:	Conley, GA 30288	SCAC: WALM
SID#:		Pro Number:
		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 LADING: WITH ATTACHED
		<input type="checkbox"/> UNDERLYING BILLS OF LADING

SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 67475438		AM 0900	AM 1055	AM 1131
		PM	PM	PM

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
9679620084	16	56.10	Y N	06757168000922050	6080A	
2859319776	8	25.52	Y N	06757168000921985	6094A	
4909389440	5	15.95	Y N	06757168000922012	6011A	
8225633966	192	2618.56	Y N	06757168000922029	6011A	
3224255452	187	2625.41	Y N	06757168000921992	6080A	
9830044483	157	2379.08	Y N	06757168000922067	6010A	
9325044526	220	2294.63	Y N	06757168000922043	6094A	
Grand Total	784	10015.25				

CARRIER INFORMATION						
HANDLING UNIT	PACKAGE	WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION	L.T.L. ONLY	
QTY	TYPE	QTY	TYPE		NMFC #	CLASS
28	ctns	97.57		Shower curtain	49385	77.5
153	ctns	333.78		Sheet Set & Pillowcase	49390 Sub 4	175
603	ctns	9583.90		Comforters, Bedspreads	49017	200
784		10015.25		Grand Total		

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, reference to the rules, classifications and rates 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 paper regulations of the DOT. Total Pallets: 15 <i>HW 4589</i>	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 placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Paul 4-5-23</i>
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