


Date: 3/28/2023 9:24:27 AM

# Bill Of Lading

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SHIP FROM		Bill of Lading Number: 06757168000918961
Name: E & E COMPANY LTD		 (402)06757168000918961
Address: 311 International Trade Pkwy		
City/State/Zip: Port Wentworth, GA 31407		
SID#: _____	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: AAA Cooper Transportation
Name: Wal-Mart CLT1 Troutman NC - FC Location #: 3859 3859		Trailer number: 534955
Address: 386 Murdock Rd		Seal number(s): 0000
City/State/Zip: Troutman, NC 28166		SCAC: AACT
CID#: _____	FOB: <input type="checkbox"/>	Pro Number: 51656474
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 #: 26171789	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)
Appointment Time: AM	Actual Driver Arrival Time: AM
	Driver Departure 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
2024951498	32	0	292.04	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	03/31/2023	03859	0020	00022	
<b>GRAND TOTAL</b>	<b>32</b>	<b>0</b>	<b>292.04</b>							

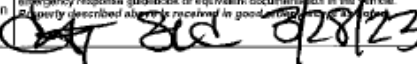
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged so to ensure safe transportation with ordinary care. See Section 2(c) of NMFC Item 599.</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
1	Pallet			35.00		Pallet			
		32	ctns	292.04		Comforters, Bedspreads	49017	200	
<b>1</b>		<b>32</b>		<b>327.04</b>		<b>GRAND TOTAL</b>			

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.

<b>SHIPPER SIGNATURE / DATE</b> 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.  3/28/23	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/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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 documents in the vehicle. All property described above is received in good condition by carrier.  3/28/23
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pro search

PRO#

# PRO Track Results

PRO	BOL	PO
51656474	26171789	2024951498
Shipper		Consignee
Origin Service Center : SAVANNAH		Destination Service Center : HICKORY
Origin Service Center Phone # : (912) 966-2712		Destination Service Center Phone # : (828) 468-3000
Delivery Information		Shipment Information
Pickup Date : 03/30/2023		Shipment Type : Collect
Delivery Date Time 04/03/2023 09:03		Pkgs : 1
Delivery Status : Delivered		Weight : 293
Signed For : Sharon		

\*\*\*PACKING LIST\*\*\*  
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Order No.: 6965867    Order Date: 03/16/2023    Customer: WALMART01    Customer PO No.: 2024951498  
 PO Type No.: 0020    Location No.: 3859    Dept. No.: 00022

**SHIP FROM:**  
E & E COMPANY LTD  
311 INTERNATIONAL TRADE PKWY  
PORT WENTWORTH, GA 31407

**BILL TO:**  
WAL-MART.COM (DC)  
1108 SE 10TH STREET  
ATTN: A/P DEPT.  
BENTONVILLE, AR 72716

**SHIP TO:**  
WAL-MART CLT1 TROUTMAN NC - FC  
3859  
386 MURDOCK RD  
TROUTMAN, NC 28166

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
596074669	MS5144409622-19	086569692696	T/T XL Triangle Comforter Set	EA	1	3	3	3	3
596066282	MS5144409622-20	086569692399	F Triangle Comforter Set	EA	1	2	2	2	2
596065132	MS5144409622-21	086569692443	Q Triangle Comforter Set	EA	1	7	7	7	7
596066252	MS5144409622-22	086569692450	K Triangle Comforter Set	EA	1	6	6	6	6
596074672	MS5144409622-23	086569692467	T/T XL Triangle Comforter Set	EA	1	3	3	3	3
596066253	MS5144409622-24	086569692474	F Triangle Comforter Set	EA	1	3	3	3	3
596083743	MS5144409622-25	086569692658	Q Triangle Comforter Set	EA	1	8	8	8	8

**Total Quantity Ordered: 32**  
**Total Ordered: 32**  
**Total Quantity Shipped: 32**  
**Total Cartons Shipped: 32**