

Date: 5/23/2023 4:03:05 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757168000950350	
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 City/State/Zip: Conley, GA 30288 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 114745 Seal number(s): 36585640 SCAC: WALM Pro Number: 0	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time AM PM Actual Driver Arrival Time AM PM Driver Departure Time AM PM 0930 AM 1240 PM	
Load #: 68595809			

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	
			Y	N		DC#	Supplier#
4909389659	2	6.38	Y	N	06757168000950220	6011A	
9830044840	594	9103.27	Y	N	06757168000950275	6010A	
2573886101	111	956.15	Y	N	06757168000950169	7034A	
4408525795	12	195.00	Y	N	06757168000950190	6068R	
8225634332	103	1736.69	Y	N	06757168000950244	6011A	
2374295848	213	3037.32	Y	N	06757168000950152	6024A	
6959169995	5	15.95	Y	N	06757168000950237	6010A	
9624934968	11	168.93	Y	N	06757168000950251	6066A	
1724555543	1	3.45	Y	N	06757168000950138	6068A	
9830044815	36	694.72	Y	N	06757168000950114	6010A	
2729780100	7	22.33	Y	N	06757168000950176	7034A	
1724555490	6	59.46	Y	N	06757168000950091	6068A	
2274695276	667	8946.73	Y	N	06757168000950145	6006A	
4713325176	12	195.00	Y	N	06757168000950206	6011R	

<p>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 _____</p>	<p>COD Amount \$ _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/></p>
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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).

<p>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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature</p>
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<p>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. Total Pallet: 43 <i>HW 523883</i></p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>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>AW 5/23/23</i></p>
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Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time _____ Actual Driver Arrival Time _____ Driver Departure Time _____ Load #: 68595809 AM PM AM PM AM PM	

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO BOL#	Supplier#
4829850048	2	6.38	Y	N	06757168000950213	6024A
3008526460	24	390.00	Y	N	06757168000950183	6024R
1059359966	7	25.08	Y	N	06757168000950121	6006A
9624934979	2	19.82	Y	N	06757168000950268	6066A
6959169977	7	22.33	Y	N	06757168000950107	6010A
Grand Total		1822	25604.99			

CARRIER INFORMATION						LTL ONLY		
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 so to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
350	ctns			816.84		Sheet Set & Pillowcase	49390 Sub 4	175
30	ctns			98.45		Shower curtain	49385	77.5
1442	ctns			24689.70		Comforters, Bedspreads	49017	200
Grand Total				1822				

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 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____

COD Amount \$ _____

Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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 / 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. Total Pallet: 43	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.
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Order No.: 6992041 **Order Date:** 05/17/2023 **Customer:** WALMART **Customer PO No.:** 3008526460
PO Type No.: 0020 **Location No.:** 6024R **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 6024R - REGULAR
3910 SOUTHWEST BLVD.
GROVE CITY, OH 43123

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	24	24	24	24

Total Quantity Ordered: 24
Total Ordered: 24
Total Quantity Shipped: 24
Total Cartons Shipped: 24