


Date: 6/6/2023 8:21:46 AM

# Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000801435
Name:	E & E COMPANY LTD	
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:		FOB: <input type="checkbox"/>

SHIP TO		CARRIER NAME: <b>Central Transport</b>
Name:	Wal-Mart Centerpoint - 6561	Trailer number: <b>1800541</b>
Address:	1600 Agua Mansa Road	Seal number(s): N/A
City/State/Zip:	Colton, CA 92324	SCAC: CTII
SID#:		Pro Number: 777-8482934-1

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:
Name:	<a href="http://www.centraltransport.com">www.centraltransport.com</a>	Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
Address:	Driver's Signature Only Acknowledges Receipt of Freight <b>777-8482934-1</b>	<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING
City/State/Zip:	 SHIPPER LABEL Subject to: NMFC 100; CT 100/CT 101 Rules Apply: 49 USC 14725 and 49 CFR 372	Appointment Time AM PM Actual Driver Arrival Time AM PM Driver Departure Time AM PM
SPECIAL INSTRUCTIONS: Load #: 27495413		

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
3308526006	48	780.00	Y	N	06757163000801398	6019R	
3608525867	48	780.00	Y	N	06757163000801411	6026R	
4308526245	48	780.00	Y	N	06757163000801428	6031R	
6575025112	468	6862.56	Y	N	06757163000801404	6026A	
<b>Grand Total</b>	<b>612</b>	<b>9202.56</b>					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
11	Pallet			550.00		Pallet		70
		542	ctns	9039.68		Comforters, Bedspreads	49017	200
		70	ctns	162.88		Sheet Set & Pillowcase	49390 Sub 4	175
11				9752.56		<b>Grand Total</b>		

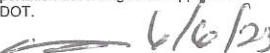
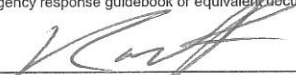
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

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

**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. Total Pallet: 11  6/6/23	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said 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 documentation in the vehicle.  6-7-23
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Date: 6/6/2023 8:21:40 AM

# Bill Of Lading

**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 221 Hanson Way  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757163000801428  
  
 (402)06757163000801428

**SHIP TO**  
 Name: Wal-Mart DC 6031R-REGULAR Location #: 6031R  
 Address: 23701 West Southern Avenue  
 6031R  
 City/State/Zip: Buckeye, AZ 85326  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** Central Transport  
 Trailer number: 1800541  
 Seal number(s): N/A  
**SCAC:** CTII  
**Pro Number:** 777-8482934-1

**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name:  
 Address:  
 City/State/Zip:

**Freight Charge Terms: (freight charges are prepaid unless marked otherwise)**  
 Prepaid Collect X 3rd Party

**SPECIAL INSTRUCTIONS:**  
 Load #: 27495413

Master Bill of Lading: with attached underlying Bills of Lading  

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Plts Count	WEIGHT	PALET/SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
4308526245	48	1	780.00	Y	N	06/10/2023	6031R	0020	00022	
<b>GRAND TOTAL</b>	48	1	780.00							

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 as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE	NMFC #	CLASS								
1	Pallet					50.00				Pallet			
		48	ctns			780.00				Comforters, Bedspreads	49017	200	
1		48				830.00				<b>GRAND TOTAL</b>			

Where the rate is dependent on value, shippers are required to stated 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:  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**

**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:**  By Shipper  By Driver  
**Freight Counted:**  By Shipper  By Driver/pallets said to contain  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. *Property described above is received in good order, except as noted.*

Date: 6/6/2023 8:21:34 AM

# Bill Of Lading

Page 1 of 1

**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 221 Hanson Way  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757163000801404  
  
 (402)06757163000801404

**SHIP TO**  
 Name: Wal-Mart DC 6026A - ASM DIS Location #: 6026A  
 Address: 10817 HWY 99W  
 6026A  
 City/State/Zip: Red Bluff, CA 96080  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** Central Transport  
 Trailer number: 1800541  
 Seal number(s): N/A  
**SCAC:** CTII  
**Pro Number:** 777-8482934-1

**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name:  
 Address:  
 City/State/Zip:

**Freight Charge Terms: (freight charges are prepaid unless marked otherwise)**  
 Prepaid Collect X 3rd Party

**SPECIAL INSTRUCTIONS:**  
 Load #: 27495413

Master Bill of Lading: with attached underlying Bills of Lading  
 Appointment Time Actual Driver Arrival Time Driver Departure Time  
 AM AM AM  
 PM PM PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Plts 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
6575025112	468	8	6862.56	Y	N	06/10/2023	6026A	0033	00022	
<b>GRAND TOTAL</b>	468	8	6862.56							

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 as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
8	Pallet			400.00		Pallet				
		398	ctns	6699.68		Comforters, Bedspreads		49017		200
		70	ctns	162.88		Sheet Set & Pillowcase		49390 Sub 4		175
8		468		7262.56		<b>GRAND TOTAL</b>				

Where the rate is dependent on value, shippers are required to stated 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:  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**

**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:**  By Shipper  By Driver  
**Freight Counted:**  By Shipper  By Driver/pallets said to contain  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. *Property described above is received in good order, except as noted.*

**SHIP FROM**

Name: E & E COMPANY LTD  
 Address: 221 Hanson Way  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757163000801411



(402)06757163000801411

**SHIP TO**

Name: Wal-Mart DC 6026R - Regular Location #: 6026R  
 Address: 10813 HWY 99W  
 6026R  
 City/State/Zip: Red Bluff, CA 96080  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** Central Transport  
 Trailer number: 1800541  
 Seal number(s): N/A  
**SCAC:** CTII  
**Pro Number:** 777-8482934-1

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

**Freight Charge Terms: (freight charges are prepaid unless marked otherwise)**

Prepaid  Collect  3rd Party

**SPECIAL INSTRUCTIONS:**  
 Load #: 27495413

Master Bill of Lading: with attached underlying Bills of Lading (check box)

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Pts 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
3608525867	48	1	780.00	Y	N	06/10/2023	6026R	0020	00022	
<b>GRAND TOTAL</b>	48	1	780.00							

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 as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE			NMFC #	CLASS							
1	Pallet					50.00								
		48	ctns			780.00					49017	200		
1		48				830.00								
<b>GRAND TOTAL</b>														

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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).**

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**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:**  By Shipper  By Driver

**Freight Counted:**  By Shipper  By Driver/pallets said to contain  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. Property described above is received in good order, except as noted.


Date: 6/6/2023 8:21:27 AM

# Bill Of Lading

**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 221 Hanson Way  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757163000801398  
  
 (402)06757163000801398

**SHIP TO**  
 Name: Wal-Mart DC 6019R - REGULAR Location #: 6019R  
 Address: 7506 East Crossroads Boulevard  
 6019R  
 City/State/Zip: Loveland, CO 80538  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** Central Transport  
 Trailer number: 1800541  
 Seal number(s): N/A  
**SCAC:** CTII  
**Pro Number:** 777-8482934-1  


**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

**Freight Charge Terms: (freight charges are prepaid unless marked otherwise)**  
 Prepaid  Collect  3rd Party   
 Master Bill of Lading: with attached underlying Bills of Lading (check box)  

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

**SPECIAL INSTRUCTIONS:**  
 Load #: 27495413

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Pts 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
3308526006	48	1	780.00	Y	N	06/14/2023	6019R	0020	00022	
<b>GRAND TOTAL</b>	48	1	780.00							

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 as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
1	Pallet			50.00		Pallet				
		48	ctns	780.00		Comforters, Bedspreads	49017	200		
1		48		830.00		<b>GRAND TOTAL</b>				

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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:

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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:**  By Shipper  By Driver  
**Freight Counted:**  By Shipper  By Driver/pallets said to contain  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. Property described above is received in good order, except as noted.