

Date: 12/21/2023 11:52:26 AM

# Master Bill Of Lading

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SHIP FROM		Master Bill of Lading Number: 06757163000838929
Name: E & E COMPANY LTD		
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: _____	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Central Transport
Name: Wal-Mart DC 6026A - ASM DIS	DC#: 6026A	
	Div. _____	
Address: 10815 STATE HWY 99W		
6026A		
City/State/Zip: Red Bluff, CA 96080		
SID#: _____	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____			
Address: _____			
City/State/Zip: _____			
SPECIAL INSTRUCTIONS: Load #: 30187704	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	
		Appointment Time	Actual Driver Arrival Time
		AM PM	AM PM
		Driver Departure Time	
		AM PM	

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#      Supplier#
9329970672	2	6.38	Y	N	06757163000834334	6026A
6575026844	253	3333.09	Y	N	06757163000838905	6026A
9329970733	13	41.47	Y	N	06757163000838912	6026A
<b>Grand Total</b>	268	3380.94				

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
7	Pallet			350.00		Pallet		70
		253	ctns	3333.09		Comforters, Bedspreads	49017	200
		15	ctns	47.85		Shower curtain	49385	77.5
7				3730.94		<b>Grand Total</b>		

<p>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 _____</p>	<p><b>COD Amount \$</b> _____</p> <p>Fee Terms:      Collect: <input type="checkbox"/>      Prepaid: <input type="checkbox"/></p> <p style="text-align: center;">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;"><b>Shipper Signature</b></p>
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<p><b>SHIPPER SIGNATURE / DATE</b>  <small>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.</small></p> <p>Total Pallet: 7</p>	<p><b>Trailer Loaded:</b></p> <p><input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver</p>	<p><b>Freight Counted:</b></p> <p><input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver/pallets said to contain  <input type="checkbox"/> By Driver/Pieces</p>	<p><b>CARRIER SIGNATURE / PICKUP DATE</b>  <small>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.</small></p>
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Date:

## Bill Of Lading

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## SHIP FROM

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

FOB: 

Bill of Lading Number: 06757163000834334



(402)06757163000834334

## SHIP TO

Name: Wal-Mart DC 6026A - ASM DIS Location #: 6026A  
 Address: 10815 STATE HWY 99W  
 6026A  
 City/State/Zip: Red Bluff, CA 96080  
 CID#:  
 Dept: 00020

FOB: 

CARRIER NAME: Central Transport

Trailer number: 1900583

Seal number(s):

SCAC: CTII

Pro Number: 777-7142558-2

## 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 #: 30187704

Master Bill of Lading: with attached  
 (check box) 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	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
9329970672	2	1	6.38	Y	N	10/24/2023	6026A	0033	00020	
<b>GRAND TOTAL</b>	2	1	6.38							

## 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		
		2	ctns	6.38		Shower curtain	49385	77.5
1		2		56.38		<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: 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.

**Shipment Manifest (300083433)**

BOL #:	06757163000834334	Customer:	<b>WALMART</b>	Ship To:	6026A
Carrier:	Central Transport	Ship Date:	11/03/2023	Load Number:	30187704
Trailer Number:	1900583	Pro Number:	777-7142558-2	Seal Number:	
Total Cartons/Units:	2/6	Total Cube:	0.50	Total Weight(LB):	6.38
Ship From:	<b>E &amp; E COMPANY LTD- 444096</b> 221 Hanson Way Woodland, CA 95776	Ship To:	<b>Wal-Mart DC 6026A - ASM DIS</b> 10815 STATE HWY 99W Red Bluff, CA 96080		

<u>Customer</u> <u>PO No.</u>	<u>E&amp;E</u> <u>SO No.</u>	<u>Mark for</u> <u>Store</u>	<u>Item No.</u>	<u>Item Info.</u>	<u>Qty To</u> <u>Ship</u>	<u>Case</u> <u>Pack Qty</u>	<u>Total</u> <u>Cartons</u>	<u>Carton</u> <u>Weight</u> <u>(LB)</u>	<u>Total</u> <u>Weight</u> <u>(LB)</u>	<u>Carton</u> <u>Cube</u>	<u>Total</u> <u>Cube</u>
9329970672	7076180		MS8144409 620-01	086569352248 578506690 Terazzo Fabr Shower Curtain	6	3	2	3.19	6.38	0.25	0.50