

Date: 10/5/2023 12:21:22 PM

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: 06757163000830886



SHIP TO

Name: Wal-Mart DC 7033A-ASM DIS Location #: 7033A
 Address: CO WAL-MART HAWAII DISTRIBUTI
 7033A
 City/State/Zip: Apple Valley, CA 92307
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: Central Transport

Trailer number: TL1901154

Seal number(s):

SCAC: CTII

Pro Number: 150-7750421-3



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

Prepaid Collect **X** 3rd Party

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

SPECIAL INSTRUCTIONS:
Load #: 29660690

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	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
5473667873	177	4	2464.02	Y N	10/09/2023	7033A	0033	00022	
GRAND TOTAL	177	4	2464.02						

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
4	Pallet			200.00		Pallet		
		177	ctns	2464.02		Comforters, Bedspreads	49017	200
4		177		2664.02		GRAND TOTAL		

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.
[Signature] 10-5-23

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.
[Signature] 10/6/23

SLC



20747194

Order Date : 09/29/2023

Order No. : 20747194

Tel : 855-842-4358 Fax : 510-490-2804

WHOLESALE PLATFORM FOR HOUSEHOLD

Shipping From :

Ollix.Com
221 Hanson Way
Woodland, CA- 95776

Shipping To :

Christine Scanlon
MASTERPIECE INTERIORS
6869 Stapoint Court, Suite 109
WH 9:30am-4pm M-F (no HD)
Winter Park FL 32792

Shipping Method :

LTL

Ref. No. :

1341202-88852

Billing Address :

Christine Scanlon
MASTERPIECE INTERIORS
6869 Stapoint Court, Suite 104
WH 9:30am-4pm M-F (no HD)
Winter Park FL 32792

Item No.	UPC	Description	Ref. No.	Qty Ord	Qty Sent
MP104-0512	086569952110	Carson Counter stool with swiv	1341202-88852	4	4

To initiate a return, you must have a Return Authorization Number. For Return Policy information and the Return Authorization Number, please contact the company your item was purchased through.