

Date: 10/25/2023 1:09:52 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757168001046175	
Name: E & E COMPANY LTD			
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407			
SID#: <input type="checkbox"/> FOB:			
SHIP TO		CARRIER NAME: Swift Transportation	
Name: Consolidation Dock 7101 DC#: 7101		Trailer number: 083657	
Address: 1200 Mason Dixon Ln 7101		Seal number(s): 5626184	
City/State/Zip: Conley, GA 30288		SCAC: SWFT	
SID#: <input type="checkbox"/> FOB:		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED	
City/State/Zip:		<input type="checkbox"/> UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 29955172		Actual Driver Arrival Time	
		Driver Departure Time	
		1300 AM PM	
		1309 AM PM	

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#
4074586990	9	136.71	Y	N	06757168001045956	6027G
9324976796	4	60.76	Y	N	06757168001045963	6070G
9773298742	3	45.57	Y	N	06757168001046007	7035G
1375026540	11	167.09	Y	N	06757168001046069	6038G
4575636070	9	136.71	Y	N	06757168001046106	6023G
5929227398	13	197.47	Y	N	06757168001046083	6054G
6929920708	9	28.71	Y	N	06757168001045918	6010A
8225635780	10	151.90	Y	N	06757168001046045	6011G
4074586991	88	1017.39	Y	N	06757168001046076	6027G
8775435858	25	379.75	Y	N	06757168001046052	6018G
8775435874	21	370.02	Y	N	06757168001046151	6018G
9830046214	5	88.10	Y	N	06757168001045949	6010G
5974427484	86	1000.87	Y	N	06757168001046137	6043G
9325046338	103	1196.58	Y	N	06757168001045994	6094G

<small>Where the value 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, on request, and to all applicable state and federal regulations.</small>		FOB 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).			
<small>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.</small>		<small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small>	
SHIPPER SIGNATURE / DATE <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> Total Pallet: 46 <i>10-25-23</i>		CARRIER SIGNATURE / PICKUP DATE <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> <i>[Signature]</i> 10/25/23	
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 said to contain <input type="checkbox"/> By Driver/Pieces	

SHIP FROM		Master Bill of Lading Number: 06757168001046175	
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: Swift Transportation	
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: 083657 Seal number(s): 5626184 SCAC: SWFT Pro Number: _____	
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"/>	
SPECIAL INSTRUCTIONS: Load #: 29955172		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
		Appointment Time _____ AM/PM	Actual Driver Arrival Time _____ AM/PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
			Y	N		DC#	Supplier#
2274696887	38	577.22	Y	N	06757168001046014	6006G	
9624936504	36	546.84	Y	N	06757168001045970	6066G	
1375026541	83	959.81	Y	N	06757168001046113	6038G	
9325046337	45	683.55	Y	N	06757168001046021	6094G	
1424707127	9	136.71	Y	N	06757168001046120	6030G	
4074467519	28	425.32	Y	N	06757168001045987	6017G	
5974427483	7	106.33	Y	N	06757168001046038	6043G	
9830046197	124	1453.18	Y	N	06757168001045932	6010G	
8775435869	100	1173.58	Y	N	06757168001046090	6018G	
9325046352	38	669.56	Y	N	06757168001046168	6094G	
9275166404	24	364.56	Y	N	06757168001046144	6039G	
9830046217	606	9584.57	Y	N	06757168001045925	6010A	
Grand Total		1534	21660.86				

Wholesale rate is dependent on value of shipment. If declared value of property is less than the amount of 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.

Total Pallet: 46

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.

Order No.: 7076897 **Order Date:** 10/17/2023 **Customer:** WALMART **Customer PO No.:** 9325046352
PO Type No.: 0003 **Location No.:** 6094G **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 6094G-GENERAL
5801 SW REGIONAL AIRPORT BLVD
BENTONVILLE, AR 72712

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
578275804	BH8044409622-26	086569356116	K Paisley Medallion Quilt	EA	2	76	38	76	38

Total Quantity Ordered: 76
Total Ordered: 38
Total Quantity Shipped: 76
Total Cartons Shipped: 38