

Date: 10/19/2023 3:26:42 PM

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757168001042658					
Name: <b>E &amp; E COMPANY LTD</b> Address: <b>311 International Trade Pkwy</b> City/State/Zip: <b>Port Wentworth, GA 31407</b> SID#: _____ FOB: <input type="checkbox"/>							
<b>SHIP TO</b>		<b>CARRIER NAME:</b> Swift Transportation					
Name: <b>Consolidation Dock 7101</b> DC#: 7101 Div. _____ Address: <b>1200 Mason Dixon Ln</b> <b>7101</b> City/State/Zip: <b>Conley, GA 30288</b> SID#: _____ FOB: <input type="checkbox"/>		Trailer number: <b>831284</b> Seal number(s): <b>5626194</b> SCAC: <b>SWFT</b> Pro Number: <b>0</b>					
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>					
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>					
<b>SPECIAL INSTRUCTIONS:</b> Load #: 29853888		<input checked="" type="checkbox"/> <b>MASTER BILL OF LANDING: WITH ATTACHED</b> (check box) <b>UNDERLYING BILLS OF LANDING</b>					
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;"><b>1000</b> AM PM</td> <td style="text-align: center;"><b>12:39</b> AM PM</td> <td style="text-align: center;"><b>15:26</b> AM PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	<b>1000</b> AM PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time					
<b>1000</b> AM PM	<b>12:39</b> AM PM	<b>15:26</b> AM PM					

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
					BOL#	DC#	Supplier#
8080160457	6	19.14	Y	N	06757168001042627	6040A	
1079700897	8	25.52	Y	N	06757168001042603	6020A	
4376359323	619	2425.69	Y	N	06757168001042641	7035A	
4074586946	91	1201.33	Y	N	06757168001042559	6027G	
9879191686	10	31.90	Y	N	06757168001042634	7035A	
4324946409	228	3920.13	Y	N	06757168001042580	6020A	
9773298706	47	622.73	Y	N	06757168001042566	7035G	
9773298715	582	8802.50	Y	N	06757168001042597	7035A	
5574886755	396	6168.44	Y	N	06757168001042610	6040A	
1724557236	117	1548.81	Y	N	06757168001042542	6068G	
4324946399	85	1130.23	Y	N	06757168001042573	6020G	
			Y	N			
			Y	N			
<b>Grand Total</b>	<b>2189</b>	<b>25896.42</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: _____ per _____	<b>COD Amount \$</b> _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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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).**

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: 36 <i>Anthony 10/19/23</i>	<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. <i>Jacob</i>		

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<b>Order No.:</b> 7074963	<b>Order Date:</b> 10/11/2023	<b>Customer:</b> WALMART	<b>Customer PO No.:</b> 4324946399
<b>PO Type No.:</b> 0003	<b>Location No.:</b> 6020G	<b>Dept. No.:</b> 00022	

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**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 6020G - GENERAL  
 4224 KETTERING ROAD  
 BROOKSVILLE, FL 34602

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
655161781	MS9044409622-02	086569393807	K Comforter Set	EA	1	12	12	12	12
577082870	MS9944409622-31	086569318688	K Jade Comforter Set	EA	1	73	73	73	73

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<b>Total Quantity Ordered:</b>	<b>85</b>
<b>Total Ordered:</b>	<b>85</b>
<b>Total Quantity Shipped:</b>	<b>85</b>
<b>Total Cartons Shipped:</b>	<b>85</b>