

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: 1300 AM/PM Actual Driver Arrival Time: _____ AM/PM Driver Departure Time: 1309 AM/PM	

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	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	1198.58	Y N	06757168001045994	6094G	

When 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 _____	FOB Amount: _____ 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.
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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 <i>AW 10-25-23</i>	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	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. <i>[Signature]</i> 10/25/23
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Date: 10/25/2023 1:09:52 PM

Master Bill Of Lading

Page 2 of 3

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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 (check box) UNDERLYING BILLS OF LANDING			
Appointment Time		Actual Driver Arrival Time		Driver Departure Time			
AM PM		AM PM		AM PM			
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO 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	
8775435859	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					

When this bill is prepared, the shipper agrees to pay the freight charges and to indemnify the carrier for 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 described, 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.: 7076655	Order Date: 10/16/2023	Customer: WALMART	Customer PO No.: 9830046197
PO Type No.: 0003	Location No.: 6010G	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 6010G - GENERAL
 1401 BAKER HWY W
 DOUGLAS, GA 31533

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
587374662	BH8144409622-03	086569509420	F/Q Pintuck Comforter Set	EA	1	10	10	10	10
587366129	BH8144409622-05	086569509444	F/Q Pintuck Comforter Set	EA	1	19	19	19	19
587366286	BH8144409622-06	086569509451	K Pintuck Comforter Set	EA	1	19	19	19	19
583249713	BH9044409622-05	086569396365	F/Q Comforter Mini Set	EA	1	32	32	32	32
655161464	MS9944409622-08	086569287991	Swiss Cross Comforter Set	EA	1	20	20	20	20
577082889	MS9944409622-29	086569318626	F Jade Comforter Set	EA	1	24	24	24	24

Total Quantity Ordered:	124
Total Ordered:	124
Total Quantity Shipped:	124
Total Cartons Shipped:	124