

Date: 2/13/2024 2:05:21 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000860456
Name:	E & E COMPANY LTD	
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: WAL-MART FLEET
Name:	Wal-Mart Centerpoint - 6909	DC#: 6909
		Div.
Address:	3485 Wineville Rd 6909	Trailer number: 178042
		Seal number(s): 8096020
City/State/Zip:	Jurupa Valley, CA 91752	SCAC: WALM
SID#:	FOB: <input type="checkbox"/>	Pro Number:

Preload

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 (check box) UNDERLYING BILLS OF LANDING
City/State/Zip:		Appointment Time Actual Driver Arrival Time Driver Departure Time
SPECIAL INSTRUCTIONS:	Load #: 75416285	14:00 ^{AM} / _{PM} 14:28 ^{AM} / _{PM} 14:55 ^{AM} / _{PM}

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
8534871093	9	28.71	Y	N	06757163000860296	6036A	
4234841138	9	28.71	Y	N	06757163000860272	6019A	
9074777207	1099	12896.62	Y	N	06757163000860289	6036A	
4729447778	476	5597.50	Y	N	06757163000860265	6019A	
Grand Total	1593	18551.54					

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							
32	Pallet			1600.00				Pallet			70	
		1575	ctns	18494.12				Comforters, Bedspreads		49017	200	
		18	ctns	57.42				Shower curtain		49385	77.5	
32				20151.54				Grand Total				

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. Total Pallet: 32 <i>2/14/24</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> 2-14-24
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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: 06757163000860272

 (402)06757163000860272

SHIP TO
 Name: Wal-Mart DC 6019A - ASM DIS Location #: 6019A
 Address: 7500 East Crossroads Boulevard
 6019A
 City/State/Zip: Loveland, CO 80538
 CID#: _____ FOB:
 Dept: 00020

CARRIER NAME: WAL-MART FLEET
 Trailer number: 178042
 Seal number(s): 8096020
SCAC: WALM
Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid Collect 3rd Party

SPECIAL INSTRUCTIONS:
 Load #: 75416285

Master Bill of Lading: with attached underlying Bills of Lading (check box)

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	PIts 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
4234841138	9	1	28.71	Y	N	02/22/2024	6019A	0033	00020	
GRAND TOTAL	9	1	28.71							

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				
		9	ctns	28.71		Shower curtain	49385	77.5		
1		9		78.71		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 property 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.

SHIP FROM		Bill of Lading Number: 06757163000860289
Name: E & E COMPANY LTD		 (402)06757163000860289
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: _____	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: WAL-MART FLEET
Name: Wal-Mart DC 6036A-ASM DIS	Location #: 6036A	Trailer number: 178042
Address: 8660 South US Hwy 79		Seal number(s): 8096020
6036A		SCAC: WALM
City/State/Zip: Palestine, TX 75803		Pro Number:
CID#: _____	FOB: <input type="checkbox"/>	
Dept: 00022		

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>	
Name:		Prepaid <input type="checkbox"/>	Collect <input checked="" type="checkbox"/> 3rd Party
Address:		Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
SPECIAL INSTRUCTIONS:		Driver Departure Time	
Load #: 75416285		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	PIts 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
9074777207	1099	21	12896.62	Y	N	02/24/2024	6036A	0033	00022	
GRAND TOTAL	1099	21	12896.62							

HANDLING UNIT							PACKAGE		COMMODITY DESCRIPTION			LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	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			NMFC #	CLASS			
21	Pallet			1050.00		Pallet							
		1099	ctns	12896.62		Comforters, Bedspreads			49017	200			
21		1099		13946.62		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: <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.	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>Property described above is received in good order, except as noted.</i>		

SHIP FROM

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

FOB: []

Bill of Lading Number: 06757163000860265



(402)06757163000860265

SHIP TO

Name: Wal-Mart DC 6019A - ASM DIS Location #: 6019A
Address: 7500 East Crossroads Boulevard
6019A
City/State/Zip: Loveland, CO 80538
CID#:
Dept: 00022

FOB: []

CARRIER NAME: WAL-MART FLEET

Trailer number: 178042
Seal number(s): 8096020

SCAC: WALM
Pro Number:

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 #: 75416285

Master Bill of Lading: with attached underlying Bills of Lading

Table with 3 columns: Appointment Time, Actual Driver Arrival Time, Driver Departure Time. Includes AM and PM options.

CUSTOMER ORDER INFORMATION

Table with columns: CUSTOMER ORDER NUMBER, # PKGS, Plts Count, WEIGHT, PALLET/SLIP, Must Deliver By Date, 5-Digit Destination Number, 4-Digit PO Type Number, 5-Digit Dept. Number, Additional Shipper Info.

CARRIER INFORMATION

Table with columns: HANDLING UNIT, PACKAGE, WEIGHT, H.M. (X), COMMODITY DESCRIPTION, LTL ONLY (NMFC #, CLASS). Includes Grand Total row.

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.

Trailer Loaded:

[X] By Shipper
[] By Driver

Freight Counted:

[X] 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.

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

Bill of Lading Number: 06757163000860296

 (402)06757163000860296

SHIP TO
 Name: Wal-Mart DC 6036A-ASM DIS Location #: 6036A
 Address: 8660 South US Hwy 79
 6036A
 City/State/Zip: Palestine, TX 75803
 CID#: _____ FOB:
 Dept: 00020

CARRIER NAME: WAL-MART FLEET
 Trailer number: 178042
 Seal number(s): 8096020
SCAC: WALM
Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid Collect 3rd Party
 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

SPECIAL INSTRUCTIONS:
 Load #: 75416285

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
8534871093	9	1	28.71	Y	N	02/24/2024	6036A	0033	00020	
GRAND TOTAL	9	1	28.71							

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			
		9	ctns			28.71				Shower curtain	49385	77.5	
1		9				78.71				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:

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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.