

Date: 3/22/2024 12:08:49 PM

Master Bill Of Lading

SHIP FROM

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

Master Bill of Lading Number: 06757163000867905

SHIP TO

Name: Wal-Mart Regional DC-7552 DC#: 7552
Div. _____
Address: 5756 ENTERPRISE DR 7552
City/State/Zip: MCCORDSVILLE, IN 46055
SID#: _____ FOB:

CARRIER NAME: ITF LLC

Trailer number: 781

Seal number(s): 8096835

SCAC: ITFC

Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

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

Freight Charge Terms:

Prepaid: Collect: 3rd Party:

MASTER BILL OF LANDING: WITH ATTACHED
(check box) UNDERLYING BILLS OF LANDING

SPECIAL INSTRUCTIONS:

Load #: 33237928

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
6479468463	1640	13284.00	Y	N	06757163000867790	7552	
Grand Total	1640	13284.00					

CARRIER INFORMATION

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 350</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
12	Pallet			600.00		Pallet		70
		1400	ctns	10164.00		Ice Cream Maker	55620	100
		240	ctns	3120.00		Ice Cream Powder	72750	92.5
12				13884.00		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: 12

Scott
3/22/24

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.

CAS 3.22.24

Date: 3/22/2024 12:08:49 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: 06757163000867790



SHIP TO

Name: Wal-Mart Regional DC-7552 Location #: 7552
Address: 5756 ENTERPRISE DR
7552
City/State/Zip: MCCORDSVILLE, IN 46055
CID#: _____ FOB:
Dept: 00014

CARRIER NAME: ITF LLC

Trailer number: 781
Seal number(s): 8096835

SCAC: ITFC

Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:

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

Prepaid Collect 3rd Party

City/State/Zip:

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

SPECIAL INSTRUCTIONS:

Load #: 33237928

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	Plts 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
				Y	N					
6479468463	1640	12	13284.00	Y	N	03/29/2024	07552	0020	00014	
GRAND TOTAL	1640	12	13284.00							

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing 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
12	Pallet			420.00		Pallet		
		1400	ctns	10164.00		Ice Cream Maker	55620	100
		240	ctns	3120.00		Ice Cream Powder	72750	92.5
12		1640		13704.00		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.

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.

Shipment Manifest (300086779)

BOL #:	06757163000867790	Customer:	WALMART01WHS	Ship To:	7552
Carrier:	ITF LLC	Ship Date:	03/22/2024	Load Number:	33237928
Trailer Number:	781	Pro Number:		Seal Number:	8096835
Total Cartons/Units:	1640/4240	Total Cube:	1152.00	Total Weight(LB):	13284.00
Ship From:	E & E COMPANY LTD- 444096 221 Hanson Way Woodland, CA 95776	Ship To:	Wal-Mart Regional DC-7552 5756 ENTERPRISE DR MCCORDSVILLE, IN 46055		

<u>Customer PO No.</u>	<u>E&E SO No.</u>	<u>Mark for Store</u>	<u>Item No.</u>	<u>Item Info.</u>	<u>Qty To Ship</u>	<u>Case Pack Qty</u>	<u>Total Cartons</u>	<u>Carton Weight (LB)</u>	<u>Total Weight (LB)</u>	<u>Carton Cube</u>	<u>Total Cube</u>
6479468463	70149546		SD170-0001	022164359831 665725752 Ice Shaver-OPP	2800	2	1400	7.26	10164.00	0.72	1008.00
6479468463	70149546		SD171-0005	022164359879 666041518 Ice Cream Mixes	1440	6	240	13.00	3120.00	0.60	144.00