

SCANNED

SHIP FROM		Master Bill of Lading Number: 06757168001165258
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		
Address: 1200 Mason Dixon Ln 7101		
City/State/Zip: Conley, GA 30288		
SID#: _____ FOB: <input type="checkbox"/>		
Div.:		
Trailer number: 182404		Seal number(s): 5628898
SCAC: SWFT		Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:
Name:		
Address:		
City/State/Zip:		
SPECIAL INSTRUCTIONS: Load #: 34166850	Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING
		Appointment Time ^{AM} 11:00 PM Actual Driver Arrival Time ^{AM} 10:52 PM Driver Departure Time ^{AM} 1:00 PM

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#
4408526518	452	5506.12	Y	N	06757168001165227	6068R
4658526237	240	2969.84	Y	N	06757168001165241	6094R
1724558860	620	6789.57	Y	N	06757168001165210	6068A
9325047826	312	3519.03	Y	N	06757168001165234	6094A
Grand Total	1624	18784.56				

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(s) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1624	ctns			18784.56		Comforters, Bedspreads	49017	200
				Grand Total				

<p><small>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 _____</small></p>	<p>COD Amount \$ _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
--	--

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

<p><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></p>	<p><small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small></p>
--	---

<p>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></p> <p>Total Pallets: 38 <i>JO 5/10/24</i></p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>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></p> <p><i>ad ch</i></p>
--	--	---	--

Order No.: 70515192 Order Date: 05/05/2024 Customer: WALMARTWHS Customer PO No.: 4408526518
 PO Type No.: 0020 Location No.: 6068R Dept. No.: 00022

SHIP FROM:
 E & E COMPANY LTD
 311 INTERNATIONAL TRADE PKWY
 PORT WENTWORTH, GA 31407

BILL TO:
 WAL-MART STORE 111 WHS
 1108 SE 10TH STREET
 ATTN: A/P DEPT.
 BENTONVILLE, AR 72716

SHIP TO:
 WAL-MART DC 6068R-REGULAR
 225 LOIS ROAD
 SANGER, TX 76266

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
662833772	MS9344409622-02	022164323054	Q Allie 10pcs Comforter Set	EA	1	96	96	96	96
662833771	MS9344409622-03	022164323061	K Allie 10pcs Comforter Set	EA	1	40	40	40	40
662833776	MS9344409622-08	022164323115	Q Chase 10pcs Comforter Set	EA	1	96	96	96	96
662833777	MS9344409622-11	022164323146	Q Cara 10pcs Comforter Set	EA	1	48	48	48	48
662800973	MS9344409622-17	022164322767	F/Q Moran 5pcs Comforter Set	EA	1	108	108	108	108
662800971	MS9344409622-18	022164322774	K Moran 5pcs Comforter Set	EA	1	64	64	64	64

Total Quantity Ordered: 452
Total Ordered: 452
Total Quantity Shipped: 452
Total Cartons Shipped: 452