

SHIP FROM		Master Bill of Lading Number: 06757168001199147	
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	Trailer number:	234181
		Seal number(s):	5628180
City/State/Zip:	Conley, GA 30288	SCAC:	SWFT
SID#:		Pro Number:	
		FOB:	<input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 34919443		1000 AM PM	0954 AM PM
		Driver Departure Time	1159 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
2374299573	108	1203.12	Y	N	06757168001198768	6024G	
2374299830	229	2497.26	Y	N	06757168001198805	6024A	
3008527320	208	2577.04	Y	N	06757168001198836	6024R	
4658526365	328	4026.32	Y	N	06757168001198829	6094R	
5380067364	43	331.04	Y	N	06757168001198799	6094A	
9325048187	298	3371.15	Y	N	06757168001198812	6094A	
9980116763	1	7.50	Y	N	06757168001198775	6024A	
Grand Total	1215	14013.43					

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(b) of NMFC Item 350</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1171	ctns			13674.89		Comforters, Bedspreads	49017	200
44	ctns			338.54		Ice Cream Maker	55620	100
1215				14013.43		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: <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.

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>[Signature]</i> 6/21/24	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 document or equivalent documentation in the vehicle. <i>[Signature]</i> 6/21/24
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Order No.: 70632838 Order Date: 05/21/2024 Customer: WALMARTWHS Customer PO No.: 2374299573
 PO Type No.: 0003 Location No.: 6024G 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 6024G - GENERAL
 0078742029832
 GROVE CITY, OH 43123

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
662800976	MS9344409622-23	022164322828	F/Q Nari 5pcs Comforter Set	EA	1	54	54	54	54
662800968	MS9344409622-24	022164322835	K Nari 5pcs Comforter Set	EA	1	54	54	54	54

Total Quantity Ordered: 108
Total Ordered: 108
Total Quantity Shipped: 108
Total Cartons Shipped: 108