

Date: 7/2/2024 8:19:45 AM

# 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: 06757163000903764

**SHIP TO**

Name: Wal-Mart DC 6561A-ASM DIS DC#: 6561A  
 Div. \_\_\_\_\_  
 Address: 1600 Agua Mansa Road  
 6561A  
 City/State/Zip: Colton, CA 92324  
 SID#: \_\_\_\_\_ FOB:

CARRIER NAME: **WAL-MART FLEET**

Trailer number: 185104  
 Seal number(s): 35521805

SCAC: WALM  
 Pro Number: \_\_\_\_\_

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

Freight Charge Terms:

Prepaid:  Collect:  3rd Party:

**SPECIAL INSTRUCTIONS:**  
 Load #: 79141224

MASTER BILL OF LANDING: WITH ATTACHED  
 UNDERLYING BILLS OF LANDING

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 (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO		Supplier#
						DC#		
1730965844	900	9598.36	Y	N	06757163000903641	6561A		
9521645857	292	3489.96	Y	N	06757163000903665	6561R		
<b>Grand Total</b>	<b>1192</b>	<b>13088.32</b>						

**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 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
29	Pallet			1450.00		Pallet		70
		1192	ctns	13088.32		Comforters, Bedspreads	49017	200
29				14538.32		<b>Grand Total</b>		

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.  
 Total Pallet: 29  7/2/24

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.  


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

Bill of Lading Number: 06757163000903665  
  
 (402)06757163000903665

**SHIP TO**  
 Name: Wal-Mart DC 6561R-Regular Location #: 6561R  
 Address: 1600 Agua Mansa Road  
 6561R  
 City/State/Zip: Colton, CA 92324  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 185104  
 Seal number(s): 35521805

**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

**SPECIAL INSTRUCTIONS:**  
 Load #: 79141224

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

**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
9521645857	292	7	3489.96	Y	N	07/05/2024	6561R	0020	00022	
<b>GRAND TOTAL</b>	292	7	3489.96							

**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
7	Pallet			350.00		Pallet		
		292	ctns	3489.96		Comforters, Bedspreads	49017	200
7		292		3839.96		<b>GRAND TOTAL</b>		

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 (300090366)**

BOL #:	06757163000903665	Customer:	<b>WALMARTWHS</b>	Ship To:	6561R
Carrier:	WAL-MART FLEET	Ship Date:	07/03/2024	Load Number:	79141224
Trailer Number:	185104	Pro Number:		Seal Number:	35521805
Total Cartons/Units:	292/292	Total Cube:	543.60	Total Weight(LB):	3489.96
Ship From:	<b>E &amp; E COMPANY LTD- 444096</b> 221 Hanson Way Woodland, CA 95776	Ship To:	<b>Wal-Mart DC 6561R-Regular</b> 1600 Agua Mansa Road Colton, CA 92324		

<u>Customer PO No.</u>	<u>E&amp;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>
9521645857	70898349		MS9344409 622-02	022164323054 662833772 Q Allie 10pcs Comforter Set	144	1	144	11.52	1658.88	1.77	254.88
9521645857	70898349		MS9344409 622-03	022164323061 662833771 K Allie 10pcs Comforter Set	40	1	40	13.08	523.20	1.98	79.20
9521645857	70898349		MS9344409 622-17	022164322767 662800973 F/Q Moran 5pcs Comforter Set	108	1	108	12.11	1307.88	1.94	209.52

SHIP FROM		Bill of Lading Number: 06757163000903665	
Name: E & E COMPANY LTD		 (402)06757163000903665	
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 6561R-Regular	Location #: 6561R	Trailer number: 185104	
Address: 1600 Agua Mansa Road		Seal number(s): 35521805	
6561R		SCAC: WALM	
City/State/Zip: Colton, CA 92324		Pro Number:	
CID#: _____	FOB: <input type="checkbox"/>		
Dept: 00022			

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____		Prepaid <input type="checkbox"/>	Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>
Address: _____		Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip: _____			

SPECIAL INSTRUCTIONS:		Appointment Time			Actual Driver Arrival Time			Driver Departure Time		
Load #: 79141224		<input type="checkbox"/> (check box)			Master Bill of Lading: with attached underlying Bills of Lading					
		AM			AM			AM		
		PM			PM			PM		

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
9521645857	292	7	3489.96	Y	N	07/05/2024	6561R	0020	00022	
<b>GRAND TOTAL</b>	292	7	3489.96							

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	
7	Pallet			350.00		Pallet			
		292	ctns	3489.96		Comforters, Bedspreads	49017	200	
7		292		3839.96		<b>GRAND TOTAL</b>			

<p>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 _____</p>	<p><b>COD Amount: \$</b> _____</p> <p><b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
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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).**

<p>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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;"><b>Shipper Signature</b></p>
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SHIPPER SIGNATURE / DATE	Trailer Loaded:	Freight Counted:	CARRIER SIGNATURE / PICKUP 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.	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	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.

Date: 7/2/2024 7:26:51 AM

# 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: 06757163000903665  
  
 (402)06757163000903665

**SHIP TO**  
 Name: Wal-Mart DC 6561R-Regular Location #: 6561R  
 Address: 1600 Agua Mansa Road  
 6561R  
 City/State/Zip: Colton, CA 92324  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 185104  
 Seal number(s): 35521805

**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

**SPECIAL INSTRUCTIONS:**  
 Load #: 79141224

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

### 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
9521645857	292	7	3489.96	Y	N	07/05/2024	6561R	0020	00022	
<b>GRAND TOTAL</b>	292	7	3489.96							

### 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
7	Pallet			350.00		Pallet		
		292	ctns	3489.96		Comforters, Bedspreads	49017	200
7		292		3839.96		<b>GRAND TOTAL</b>		

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.*

Date: 7/2/2024 7:27:03 AM

# Bill Of Lading

Page 1 of 1

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

Bill of Lading Number: 06757163000903641  
  
 (402)06757163000903641

**SHIP TO**  
 Name: Wal-Mart DC 6561A-ASM DIS Location #: 6561A  
 Address: 1600 Agua Mansa Road  
 6561A  
 City/State/Zip: Colton, CA 92324  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 185104  
 Seal number(s): 35521805

**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

**SPECIAL INSTRUCTIONS:**  
 Load #: 79141224

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

**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
1730965844	900	22	9598.36	Y	N	07/05/2024	6561A	0033	00022	
<b>GRAND TOTAL</b>	900	22	9598.36							

**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
22	Pallet			1100.00		Pallet		
		900	ctns	9598.36		Comforters, Bedspreads	49017	200
22		900		10698.36		<b>GRAND TOTAL</b>		

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 (300090364)**

BOL #:	06757163000903641	Customer:	<b>WALMARTWHS</b>	Ship To:	6561A
Carrier:	WAL-MART FLEET	Ship Date:	07/03/2024	Load Number:	79141224
Trailer Number:	185104	Pro Number:		Seal Number:	35521805
Total Cartons/Units:	900/900	Total Cube:	1756.04	Total Weight(LB):	9598.36
Ship From:	<b>E &amp; E COMPANY LTD- 444096</b> 221 Hanson Way Woodland, CA 95776	Ship To:	<b>Wal-Mart DC 6561A-ASM DIS</b> 1600 Agua Mansa Road Colton, CA 92324		

<u>Customer PO No.</u>	<u>E&amp;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>
1730965844	70898334		MS9344409 622-01	022164323047 662833770 F Allie 10pcs Comforter Set	52	1	52	10.24	532.48	1.59	82.68
1730965844	70898334		MS9344409 622-07	022164323108 662833778 F Chase 10pcs Comforter Set	48	1	48	10.15	487.20	1.71	82.08
1730965844	70898334		MS9344409 622-09	022164323122 662833774 K Chase 10pcs Comforter Set	40	1	40	13.12	524.80	2.02	80.80
1730965844	70898334		MS9344409 622-12	022164323153 662833775 K Cara 10pcs Comforter Set	40	1	40	13.37	534.80	1.98	79.20
1730965844	70898334		MS9344409 622-21	022164322804 662800962 F/Q Rune 5pcs Comforter Set	200	1	200	9.70	1940.00	1.80	360.00
1730965844	70898334		MS9344409 622-22	022164322811 662800967 K Rune 5pcs Comforter Set	144	1	144	10.72	1543.68	1.96	282.24
1730965844	70898334		MS9344409 622-27	022164322866 662800966 F/Q Juniper 5pcs Comforter Set	180	1	180	10.26	1846.80	2.02	363.60
1730965844	70898334		MS9344409 622-28	022164322873 662800975 K Juniper 5pcs Comforter Set	128	1	128	11.56	1479.68	2.18	279.04
1730965844	70898334		MS9344409 622-30	022164322897 662800974 K Albion 5pcs Comforter Set	32	1	32	10.24	327.68	2.37	75.84
1730965844	70898334		MS9344409 622-34	022164322934 662800963 K Rune 5pcs Comforter Set	36	1	36	10.59	381.24	1.96	70.56

Date: 7/2/2024 7:27:03 AM

# Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000903641
Name: E & E COMPANY LTD		 (402)06757163000903641
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: <input type="checkbox"/> FOB:		

SHIP TO		CARRIER NAME: WAL-MART FLEET
Name: Wal-Mart DC 6561A-ASM DIS	Location #: 6561A	Trailer number: 185104
Address: 1600 Agua Mansa Road		Seal number(s): 35521805
6561A		SCAC: WALM
City/State/Zip: Colton, CA 92324		Pro Number:
CID#: <input type="checkbox"/> FOB:		
Dept: 00022		

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name:	
Address:	
City/State/Zip:	

SPECIAL INSTRUCTIONS: Load #: 79141224	Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>  Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>  <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>	Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time								
AM	AM	AM								
PM	PM	PM								

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
1730965844	900	22	9598.36	Y	N	07/05/2024	6561A	0033	00022	
<b>GRAND TOTAL</b>	900	22	9598.36							

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		
22	Pallet			1100.00		Pallet				
		900	ctns	9598.36		Comforters, Bedspreads	49017	200		
22		900		10698.36		<b>GRAND TOTAL</b>				

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.  <p style="text-align: right;"><b>Shipper Signature</b></p>
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<b>SHIPPER SIGNATURE / DATE</b> 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
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<b>CARRIER SIGNATURE / PICKUP DATE</b> 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>
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Date: 7/2/2024 7:27:03 AM

# Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000903641
Name: E & E COMPANY LTD		 (402)06757163000903641
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: <input type="checkbox"/> FOB:		

SHIP TO		CARRIER NAME: WAL-MART FLEET
Name: Wal-Mart DC 6561A-ASM DIS	Location #: 6561A	Trailer number: 185104
Address: 1600 Agua Mansa Road		Seal number(s): 35521805
6561A		SCAC: WALM
City/State/Zip: Colton, CA 92324		Pro Number:
CID#: <input type="checkbox"/> FOB:		
Dept: 00022		

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Name:		Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>
Address:		Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/>
City/State/Zip:		

SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 79141224		AM PM	AM PM	AM PM

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
1730965844	900	22	9598.36	Y	N	07/05/2024	6561A	0033	00022	
<b>GRAND TOTAL</b>	900	22	9598.36							

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		
22	Pallet			1100.00		Pallet				
		900	ctns	9598.36		Comforters, Bedspreads	49017	200		
22		900		10698.36		<b>GRAND TOTAL</b>				

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 _____	<b>COD Amount: \$</b> _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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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.  <div style="text-align: right;"><b>Shipper Signature</b></div>
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<b>SHIPPER SIGNATURE / DATE</b> 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.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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>
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