

SHIP FROM		Master Bill of Lading Number: 06757168001244076	
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: WAL-MART FLEET	
Name: Consolidation Dock 7101 DC#: 7101 Div. _____ Address: 1200 Mason Dixon Ln 7101 City/State/Zip: Conley, GA 30288 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 166225 Seal number(s): 56284173 SCAC: WALM Pro Number: 0000	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: 80381487		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
		Appointment Time: 1300 AM PM Actual Driver Arrival Time: _____ AM PM Driver Departure Time: 1524 AM PM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
1880495743	7	45.43	Y	N	06757168001234947	7045A	
4480237284	7	45.43	Y	N	06757168001235111	6066A	
3130376045	2	12.98	Y	N	06757168001235395	6039A	
7960157740	10	64.90	Y	N	06757168001235258	6017A	
2730336669	21	136.29	Y	N	06757168001234985	7036A	
8934877961	2	12.98	Y	N	06757168001235302	6080A	
7335196091	10	64.90	Y	N	06757168001235227	6030A	
9680226965	3	19.47	Y	N	06757168001235586	6040A	
2282050132	2	12.98	Y	N	06757168001235371	7035A	
3429799004	11	71.39	Y	N	06757168001235043	6037A	
5382040354	6	38.94	Y	N	06757168001235173	7033A	
2830167201	1	6.49	Y	N	06757168001235388	6036A	
6280396297	18	116.82	Y	N	06757168001235203	7026A	
3730296660	4	25.96	Y	N	06757168001235456	6006A	

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, class/conditions 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: 48 <i>GW 8/16/24</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 handbook or equivalent documentation in the vehicle. <i>Paula 7/506</i> 11-51
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SHIP FROM		Master Bill of Lading Number: 06757168001244076	
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: WAL-MART FLEET	
Name:	Consolidation Dock 7101	DC#:	7101
		Div.	
Address:	1200 Mason Dixon Ln 7101		
City/State/Zip:	Conley, GA 30288		
SID#:	FOB:	<input type="checkbox"/>	
		Trailer number:	166225
		Seal number(s):	56284173
		SCAC:	WALM
		Pro Number:	0000

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input checked="" type="checkbox"/> (check box) MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
Load #: 60381487		Appointment Time	Actual Driver Arrival Time
		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		
			BOL#	DC#	Supplier#		
3930246837	4	25.96	Y	N	06757168001235470	7038A	
5030276809	12	77.88	Y	N	06757168001235135	6035A	
9680227108	14	90.86	Y	N	06757168001235326	6040A	
3030376309	46	298.54	Y	N	06757168001235005	6043A	
3931034634	15	97.35	Y	N	06757168001235104	6009A	
5380895151	9	58.41	Y	N	06757168001235166	6023A	
6630097559	2	12.98	Y	N	06757168001235517	6054A	
8180386200	22	142.78	Y	N	06757168001235265	6025A	
Grand Total		413	2731.37				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 3(a) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
413	ctns			2731.37		Ice Cream Powder	72750	92.5
413				2731.37		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. <p style="text-align: right;">Shipper Signature</p>
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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. Total Pallet: 48	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.
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Order No.: 71107536	Order Date: 07/22/2024	Customer: WALMARTWHS	Customer PO No.: 6630097559
PO Type No.: 0033	Location No.: 6054A	Dept. No.: 00014	

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 6054A-ASM DIS
 385 CALLAWAY CHURCH ROAD
 LA GRANGE, GA 30241

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
666852223	SD171-0018	022164360233	Ice Syrups	EA	6	6	1	6	1
666852222	SD171-0021	022164360264	Ice Syrups	EA	6	6	1	6	1

Total Quantity Ordered:	12
Total Ordered:	2
Total Quantity Shipped:	12
Total Cartons Shipped:	2