

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 <input type="checkbox"/> UNDERLYING BILLS OF LANDING	
		Appointment Time: 1300 AM Actual Driver Arrival Time: _____ AM Driver Departure Time: 1524 PM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
					BOL#	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	
7980157740	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, 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: 48 <i>HW 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>Paloma 7/5/26</i> 1151
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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:	1206 Mason Dixon Ln 7101	Trailer number:	166225
		Seal number(s):	58284173
City/State/Zip:	Conley, GA 30288	SCAC:	WALM
SID#:		Pro Number:	0000
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		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 AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
3930246967	9	58.41	Y	N	06757168001235098	7038A	
5735156473	3	19.47	Y	N	06757168001235180	6092A	
8230386118	10	64.90	Y	N	06757168001235272	6010A	
1880545390	4	25.96	Y	N	06757168001235364	6018A	
3131044609	10	64.90	Y	N	06757168001235029	6048A	
6630097685	3	19.47	Y	N	06757168001235210	6054A	
1880545519	7	45.43	Y	N	06757168001234961	6018A	
2282050251	1	6.49	Y	N	06757168001234978	7035A	
3880247071	13	84.37	Y	N	06757168001235081	6012A	
7980157609	8	51.92	Y	N	06757168001235548	6017A	
3130376172	3	19.47	Y	N	06757168001235012	6039A	
5030147514	1	6.49	Y	N	06757168001235128	6020A	
5380068165	9	58.41	Y	N	06757168001235159	6094A	
5380895030	7	45.43	Y	N	06757168001235500	6023A	

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"/>

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 rules, 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: 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.: 71169031 Order Date: 07/29/2024 Customer: WALMARTWHS Customer PO No.: 5380068165
 PO Type No.: 0033 Location No.: 6094A 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 6094A-ASM DIS
 5801 SW REGIONAL AIRPORT BLVD.
 BENTONVILLE, AR 72712

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	30	5	30	5
666852225	SD171-0019	022164360240	Ice Syrups	EA	6	18	3	18	3
666852222	SD171-0021	022164360264	Ice Syrups	EA	6	6	1	6	1

Total Quantity Ordered: 54
Total Ordered: 9
Total Quantity Shipped: 54
Total Cartons Shipped: 9