

Date: 8/13/2024 2:47:22 PM

Master Bill Of Lading

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SHIP FROM		Master Bill of Lading Number: 06757168001243208	
Name: E & E COMPANY LTD			
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407			
SID#: <input type="checkbox"/> FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: WAL-MART FLEET	
Name: Consolidation Dock 7101		Trailer number: 140728	
DC#: 7101		Seal number(s): 5626288	
Div.		SCAC: WALM	
Address: 1200 Mason Dixon Ln		Pro Number:	
7101			
City/State/Zip: Conley, GA 30288			
SID#: <input type="checkbox"/> FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:			
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS: Load #: 80249569		Appointment Time	
		Actual Driver Arrival Time	
		Driver Departure Time	
		1300 AM	
		1318 AM	
		1447 AM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
1330445910	10	64.90	Y	N	06757168001240269	6038A	
1380545451	7	45.43	Y	N	06757168001240252	6069A	
1380545568	7	45.43	Y	N	06757168001240702	6069A	
1430197733	4	25.96	Y	N	06757168001240276	6031A	
1730326878	6	38.94	Y	N	06757168001240283	8027A	
1880495884	6	38.94	Y	N	06757168001240290	7045A	
1880545660	12	128.88	Y	N	06757168001240306	6018A	
2282050402	10	64.90	Y	N	06757168001240313	7035A	
2730336792	20	129.80	Y	N	06757168001240320	7036A	
2830167484	13	84.37	Y	N	06757168001240337	6036A	
3030376443	9	58.41	Y	N	06757168001240344	6043A	
3130376314	8	51.92	Y	N	06757168001240351	6039A	
3131044718	11	71.39	Y	N	06757168001240368	6048A	
3230326949	4	25.96	Y	N	06757168001240382	6026A	

<p>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 _____</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>
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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>SHIPPER SIGNATURE / DATE</p> <p>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.</p> <p>Total Pallet: 45 <i>JWS 8-13-24</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 said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE</p> <p>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.</p> <p><i>J. Am... 5L5C 6010</i> 8/13/24</p>
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Master Bill Of Lading

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SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:		
Name:	E & E COMPANY LTD	Name:	Consolidation Dock 7101	Name:		
Address:	311 International Trade Pkwy	DC#: 7101		Address:		
City/State/Zip:	Port Wentworth, GA 31407	Div.		City/State/Zip:		
SID#:				SID#:		
	FOB: <input type="checkbox"/>				FOB: <input type="checkbox"/>	
Master Bill of Lading Number: 06757168001243208		CARRIER NAME: WAL-MART FLEET		Freight Charge Terms:		
		Trailer number: 140728		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>		
		Seal number(s): 5628288		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED		
		SCAC: WALM		<input type="checkbox"/> UNDERLYING BILLS OF LANDING		
		Pro Number:		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#
3429799147	7	45.43	Y N	06757168001240399	6037A	
3430825305	3	19.47	Y N	06757168001240405	7039A	
3474959044	12	36.20	Y N	06757168001240726	6025G	
3680396290	7	45.43	Y N	06757168001240412	6021A	
3730296924	12	77.88	Y N	06757168001240429	6006A	
3880247218	13	84.37	Y N	06757168001240436	6012A	
3930247094	4	25.96	Y N	06757168001240443	7038A	
3931034753	4	25.96	Y N	06757168001240450	6009A	
4480237430	11	71.39	Y N	06757168001240467	6066A	
5030147668	5	32.45	Y N	06757168001240474	6020A	
5030278944	14	90.86	Y N	06757168001240481	6035A	
5235146728	12	77.88	Y N	06757168001240498	6016A	
5380068296	7	45.43	Y N	06757168001240504	6094A	
5380895292	14	90.86	Y N	06757168001240511	6023A	

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 _____

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 Pallets: 45

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.

Order No.: 71228370 **Order Date:** 08/05/2024 **Customer:** WALMARTWHS **Customer PO No.:** 3429799147
PO Type No.: 0033 **Location No.:** 6037A **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 6037A-ASM DIS
1455 SE FEEDVILLE RD
HERMISTON, OR 97838

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
666852222	SD171-0021	022164360264	Ice Syrups	EA	6	12	2	12	2

Total Quantity Ordered: 42
Total Ordered: 7
Total Quantity Shipped: 42
Total Cartons Shipped: 7