

Date: 9/11/2024 2:09:35 PM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757168001265682
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.	Trailer number: 163991
Address:	1209 Mason Dixon Ln 7101	Seal number(s): 36585886
City/State/Zip:	Conley, GA 30288	SCAC: SWFT
SID#:	FOB: <input type="checkbox"/>	Pro Number:

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:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING		
City/State/Zip:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
SPECIAL INSTRUCTIONS:		1100 AM	1215 PM	1 AM
Load #: 35784497				

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
3730297509	8	39.64	Y N	06757168001265569	6006A	
4858526626	288	3583.28	Y N	06757168001265552	6006R	
2274699602	276	3127.81	Y N	06757168001265576	6006A	
2958527418	264	3181.04	Y N	06757168001265538	6020R	
4324948790	355	4060.52	Y N	06757168001265545	6020A	
Grand Total	1191	13972.29				

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(c) of NMFC Item 588</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1183	ctns			13932.65		Comforters, Bedspreads	49017	200
8	ctns			39.64		Ice Cream Maker	55620	100
1191				13972.29		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 _____	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 rules 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, or 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, sealed and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. Total Pallets: 29 <i>[Signature]</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 guidebook or equivalent documentation in the vehicle. <i>[Signature]</i>

Order No.: 71489198 **Order Date:** 09/05/2024 **Customer:** WALMARTWHS **Customer PO No.:** 2958527418
PO Type No.: 0020 **Location No.:** 6020R **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 6020R - REGULAR
4220 KETTERING ROAD
BROOKSVILLE, FL 34602

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
662833772	MS9344409622-02	022164323054	Q Allie 10pcs Comforter Set	EA	1	96	96	96	96
662833771	MS9344409622-03	022164323061	K Allie 10pcs Comforter Set	EA	1	80	80	80	80
662833776	MS9344409622-08	022164323115	Q Chase 10pcs Comforter Set	EA	1	88	88	88	88

Total Quantity Ordered: 264
Total Ordered: 264
Total Quantity Shipped: 264
Total Cartons Shipped: 264