

SHIP FROM		Master Bill of Lading Number: 06757168001277296	
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: WERNER ENTERPRISES	
Name: Wal-Mart Center Point 7976 DC#: 7976 Div. _____ Address: 423 Pitts School Road 7976 City/State/Zip: Concord, NC 28027 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 29504 Seal number(s): 38975849 SCAC: WENP 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 #: 35917577		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING	
		Appointment Time: 1300 AM/PM Actual Driver Arrival Time: 1226 AM/PM Driver Departure Time: 1422 AM/PM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
3130377113	21	136.29	Y	N	06757168001276930	6039A	
8880836192	11	71.39	Y	N	06757168001277241	6011A	
6981990549	66	153.47	Y	N	06757168001271393	6037G	
1880546440	17	110.33	Y	N	06757168001276985	6018A	
2282051244	6	38.94	Y	N	06757168001276923	7035A	
8230387069	21	136.29	Y	N	06757168001277180	6010A	
1380546315	4	25.96	Y	N	06757168001277036	6069A	
3931035523	8	51.92	Y	N	06757168001276992	6009A	
4480238279	13	84.37	Y	N	06757168001277104	6066A	
5030148437	11	71.39	Y	N	06757168001277111	6020A	
8934878913	2	12.98	Y	N	06757168001277227	6080A	
3131045506	19	123.31	Y	N	06757168001277074	6048A	
3930247891	11	71.39	Y	N	06757168001276909	7038A	
1880496677	3	19.47	Y	N	06757168001276893	7045A	

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: 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: 40 <i>JW 9-20-24</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 guidebook or equivalent documentation in the vehicle. <i>[Signature]</i>
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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 #: 35917577		<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

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		
					BOL#	DC#	Supplier#
3030377239	12	77.88	Y	N	06757168001277029	6043A	
5030277737	18	116.82	Y	N	06757168001277135	6035A	
8680258002	14	90.86	Y	N	06757168001277234	6019A	
1730327677	20	155.30	Y	N	06757168001277005	6027A	
3825797575	10	30.40	Y	N	06757168001276879	6009G	
6280397316	4	25.96	Y	N	06757168001277173	7026A	
6630098659	13	84.37	Y	N	06757168001276947	6054A	
3680397095	1	6.49	Y	N	06757168001277050	6021A	
4729449686	110	271.87	Y	N	06757168001276862	6019G	
5382041413	12	77.88	Y	N	06757168001277159	7033A	
5780327412	11	71.39	Y	N	06757168001277098	7034A	
Grand Total	730	3762.82					

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 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: 40	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.

Order No.: 71560923 **Order Date:** 09/16/2024 **Customer:** WALMARTWHS **Customer PO No.:** 5030277737
PO Type No.: 0033 **Location No.:** 6035A **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 6035A-ASM DIS
 3220 NEVADA TERRACE
 OTTAWA, KS 66067

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
666852223	SD171-0018	022164360233	Cherry Snow Cone Syrup	EA	6	18	3	18	3
666852225	SD171-0019	022164360240	Grape Snow Cone Syrup	EA	6	18	3	18	3
666852224	SD171-0020	022164360257	Blue Raspberry Snow Cone Syrup	EA	6	36	6	36	6
666852222	SD171-0021	022164360264	Tigers Blood Snow Cone Syrup	EA	6	36	6	36	6

Total Quantity Ordered: 108
Total Ordered: 18
Total Quantity Shipped: 108
Total Cartons Shipped: 18