

SHIP FROM		Master Bill of Lading Number: 06757168001262094	
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: 194061 Seal number(s): 36975900 SCAC: WALM Pro Number:	
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 #: 80840021		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
		Appointment Time 0900 AM PM	Actual Driver Arrival Time 0815 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
			Y	N		DC#	Supplier#
3030376563	21	136.29	Y	N	06757168001260274	6043A	
1431600862	110	266.20	Y	N	06757168001245455	7035G	
4324948208	154	372.68	Y	N	06757168001245554	6020G	
9074778352	191	462.22	Y	N	06757168001245523	6036G	
9225167358	138	333.96	Y	N	06757168001245424	6069G	
7675178359	177	428.34	Y	N	06757168001245783	6012G	
5929229268	257	621.94	Y	N	06757168001245363	6054G	
5929229269	110	266.20	Y	N	06757168001245370	6054G	
9325168161	138	333.96	Y	N	06757168001245462	7038G	
4074588922	216	522.72	Y	N	06757168001245547	6027G	
5574888691	232	561.44	Y	N	06757168001245660	6040G	
8225637457	200	484.00	Y	N	06757168001245790	6011G	
1874629239	166	401.72	Y	N	06757168001245738	6016G	
8775437604	230	556.60	Y	N	06757168001245561	6018G	

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 Pallets: 31 *EW 9-9-24*

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.
Willie 41610526 (9/9-24)

SHIP FROM	Master Bill of Lading Number: 06757168001262094
Name: E & E COMPANY LTD	
Address: 311 International Trade Pkwy	
City/State/Zip: Port Wentworth, GA 31407	
SID#: <input type="checkbox"/> FOB:	

SHIP TO	CARRIER NAME: WAL-MART FLEET
Name: Consolidation Dock 7101	Trailer number: 194061
DC#: 7101	Seal number(s): 36975900
Div.	SCAC: WALM
Address: 1200 Mason Dixon Ln	Pro Number:
7101	
City/State/Zip: Conley, GA 30288	
SID#: <input type="checkbox"/> FOB:	

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:	Appointment Time Actual Driver Arrival Time Driver Departure Time
Load #: 80840021	AM PM AM PM AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
3825796932	253	612.26	Y	N	06757168001245806	6009G	
8225637458	197	476.74	Y	N	06757168001245776	6011G	
2124558909	277	670.34	Y	N	06757168001245431	6092G	
3825797512	6	18.24	Y	N	06757168001260304	6009G	
4975697665	217	525.14	Y	N	06757168001245387	7045G	
9074778353	199	481.58	Y	N	06757168001245530	6036G	
1874629238	163	394.46	Y	N	06757168001245721	6016G	
3825796931	220	532.40	Y	N	06757168001245813	6009G	
8775437603	241	583.22	Y	N	06757168001245592	6018G	
1724559242	257	621.94	Y	N	06757168001245417	6068G	
3474959051	410	1234.92	Y	N	06757168001260298	6025G	
4074469592	273	660.66	Y	N	06757168001245653	6017G	
4074469593	266	643.72	Y	N	06757168001245622	6017G	
7675178358	185	447.70	Y	N	06757168001245769	6012G	

<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>
---	--

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

<p>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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p>
---	--

<p>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.</p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <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 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>Total Pallet: 31</p>		

Order No.: 71422896	Order Date: 08/28/2024	Customer: WALMARTWHS	Customer PO No.: 3825797512
PO Type No.: 0003	Location No.: 6009G	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 6009G - GENERAL
 1501 E MAPLE LEAF ROAD
 MOUNT PLEASANT, IA 52641

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
587373753	MS8144409622-13	086569491367	Body Pillow Cover	EA	9	27	3	27	3
587373995	MS8144409622-18	086569491411	Body Pillow Cover	EA	9	27	3	27	3

Total Quantity Ordered:	54
Total Ordered:	6
Total Quantity Shipped:	54
Total Cartons Shipped:	6