

SHIP FROM		Master Bill of Lading Number: 06757168001265514	
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: 199744 Seal number(s): 36975890 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 #: 81010267		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
		Appointment Time 1300 AM PM	Actual Driver Arrival Time 1130 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
			Y	N		DC#	Supplier#
3930247602	8	51.92	Y	N	06757168001265125	7038A	
1380546046	3	19.47	Y	N	06757168001264975	6069A	
1330446397	7	45.43	Y	N	06757168001264968	6038A	
8230386777	14	90.86	Y	N	06757168001265316	6010A	
9980118206	8	51.92	Y	N	06757168001265378	6024A	
1880496403	4	25.96	Y	N	06757168001265002	7045A	
3230327486	12	77.88	Y	N	06757168001265071	6026A	
3429799706	3	19.47	Y	N	06757168001265088	6037A	
1880546163	16	103.84	Y	N	06757168001265019	6018A	
6630098374	6	38.94	Y	N	06757168001265262	6054A	
6280397014	14	90.86	Y	N	06757168001265255	7026A	
8180386857	8	51.92	Y	N	06757168001265439	6025A	
5030277458	6	38.94	Y	N	06757168001265187	6035A	
7980158428	21	136.29	Y	N	06757168001265309	6017A	

Where the rate is dependent on value, shippers are required to stated 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.
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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: 42 <i>KW 9-10-24</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> 9-10-24
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SHIP FROM		Master Bill of Lading Number: 06757168001265514
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	Trailer number: 199744
	DC#: 7101	Seal number(s): 36975890
	Div.	SCAC: WALM
Address:	1200 Mason Dixon Ln 7101	Pro Number:
City/State/Zip:	Conley, GA 30288	
SID#:	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:		<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:		AM PM	AM PM	AM PM
Load #: 81010267				

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
1730327381	14	218.36	Y	N	06757168001264999	6027A	
1430198280	16	103.84	Y	N	06757168001264982	6031A	
9630267809	18	116.82	Y	N	06757168001265354	6070A	
2830168001	14	90.86	Y	N	06757168001265033	6036A	
3131045232	7	45.43	Y	N	06757168001265064	6048A	
3880247746	14	90.86	Y	N	06757168001265118	6012A	
5030148164	4	25.96	Y	N	06757168001265163	6020A	
5382041081	7	45.43	Y	N	06757168001265224	7033A	
7829969503	4	25.96	Y	N	06757168001265286	6068A	
4480237970	11	71.39	Y	N	06757168001265156	6066A	
5235147263	15	97.35	Y	N	06757168001265194	6016A	
5780327118	4	25.96	Y	N	06757168001265248	7034A	
9680227765	15	97.35	Y	N	06757168001265361	6040A	
3430825761	2	12.98	Y	N	06757168001265095	7039A	

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: 42	Trailer Loaded: <input 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.: 71460925	Order Date: 09/02/2024	Customer: WALMARTWHS	Customer PO No.: 5235147263
PO Type No.: 0033	Location No.: 6016A	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 6016A - ASM DIS
 3900 N IH 35
 NEW BRAUNFELS, TX 78130

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	18	3	18	3
666852225	SD171-0019	022164360240	Ice Syrups	EA	6	6	1	6	1
666852224	SD171-0020	022164360257	Ice Syrups	EA	6	36	6	36	6
666852222	SD171-0021	022164360264	Ice Syrups	EA	6	30	5	30	5

Total Quantity Ordered:	90
Total Ordered:	15
Total Quantity Shipped:	90
Total Cartons Shipped:	15