

SHIP FROM		Master Bill of Lading Number: 06757168001255218	
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.:	
Address:	1200 Mason Dixon Ln 7101	Trailer number:	245031
		Seal number(s):	5627814
City/State/Zip:	Conley, GA 30288	SCAC:	SWFT
SID#:		Pro Number:	0000
		FOB:	<input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS: Load #: 35663799		Appointment Time	Actual Driver Arrival Time
		0900 AM PM	0855 AM PM
		Driver Departure Time	0955 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
5380895651	27	192.81	Y	N	06757168001255201	6023A	
4575638478	306	3470.33	Y	N	06757168001255164	6023A	
4658526511	368	4549.52	Y	N	06757168001255188	6094R	
4058526524	288	3563.28	Y	N	06757168001255157	6023R	
5380068674	23	166.12	Y	N	06757168001255171	6094A	
9325048795	211	2335.35	Y	N	06757168001255195	6094A	
<b>Grand Total</b>	<b>1223</b>	<b>14277.41</b>					

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(i) of NMFC Item 358</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1173	ctns			13918.48		Comforters, Bedspreads	49017	200
50	ctns			358.93		Ice Cream Maker	55620	100
1223				14277.41		<b>Grand Total</b>		

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 _____	<b>COD Amount \$</b> 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.

<b>SHIPPER SIGNATURE / DATE</b> 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: 31 <i>NW 9/3/24</i>	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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>Sharon...</i>
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<b>Order No.:</b> 71396317	<b>Order Date:</b> 08/25/2024	<b>Customer:</b> WALMARTWHS	<b>Customer PO No.:</b> 4575638478
<b>PO Type No.:</b> 0033	<b>Location No.:</b> 6023A	<b>Dept. No.:</b> 00022	

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**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 6023A - ASM DIS  
 21500 COX ROAD  
 SUTHERLAND, VA 23885

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
662850700	MS9344409622-29	022164322880	F/Q Albion 5pcs Comforter Set	EA	1	5	5	5	5
662800974	MS9344409622-30	022164322897	K Albion 5pcs Comforter Set	EA	1	5	5	5	5
662800970	MS9344409622-31	022164322903	F/Q Beau 5pcs Comforter Set	EA	1	4	4	4	4
662800964	MS9344409622-33	022164322927	F/Q Rune 5pcs Comforter Set	EA	1	4	4	4	4
662800963	MS9344409622-34	022164322934	K Rune 5pcs Comforter Set	EA	1	3	3	3	3

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<b>Total Quantity Ordered:</b>	<b>317</b>
<b>Total Ordered:</b>	<b>306</b>
<b>Total Quantity Shipped:</b>	<b>317</b>
<b>Total Cartons Shipped:</b>	<b>306</b>