

SHIP FROM		Master Bill of Lading Number: 06757168001271867	
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: 151987 Seal number(s): 35585853 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 #: 81201184		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
		Appointment Time <i>Deload</i> AM PM	Actual Driver Arrival Time AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
1431601623	54	118.39	Y	N	06757168001271591	7035G	
9624939159	121	256.40	Y	N	06757168001271843	6066G	
8225638105	80	159.48	Y	N	06757168001271768	6011G	
7675179115	79	174.49	Y	N	06757168001271744	6012G	
2282320017	79	174.49	Y	N	06757168001271621	6068G	
9074779089	97	215.14	Y	N	06757168001271782	6036G	
4324948810	68	133.09	Y	N	06757168001271676	6020G	
5574889387	83	185.67	Y	N	06757168001271706	6040G	
3782100343	56	108.55	Y	N	06757168001271645	6080G	
6475647949	123	256.51	Y	N	06757168001271720	6048G	
7675408232	137	285.31	Y	N	06757168001271751	7039G	
4975698297	64	127.91	Y	N	06757168001271690	7045G	
7175109015	147	329.19	Y	N	06757168001271737	7036G	
2124559590	85	166.86	Y	N	06757168001271607	6092G	

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: 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: *28*

KWA 9/24/24

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.

Andy Powell 9.24.24

SHIP FROM		Master Bill of Lading Number: 06757168001271867
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	Trailer number: 151987
	7101	Seal number(s): 35585853
City/State/Zip:	Conley, GA 30288	SCAC: WALM
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"/>
Address:			3rd Party: <input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> UNDERLYING BILLS OF LANDING	
Load #: 81201184		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
			BOL#	DC#	Supplier#		
2732070440	94	190.24	Y	N	06757168001271638	6017G	
8775438318	91	189.08	Y	N	06757168001271775	6018G	
9325168820	81	175.61	Y	N	06757168001271836	7038G	
9830048727	136	285.66	Y	N	06757168001271850	6010G	
2274699632	97	209.31	Y	N	06757168001271614	6006G	
4074589687	65	110.04	Y	N	06757168001271652	6027G	
4575638582	50	106.23	Y	N	06757168001271683	6023G	
9275168981	77	156.47	Y	N	06757168001271805	6039G	
1431600861	115	278.30	Y	N	06757168001271584	7035G	
4132310025	95	207.21	Y	N	06757168001271669	6016G	
5929229979	59	133.59	Y	N	06757168001271713	6054G	
9225168024	68	137.07	Y	N	06757168001271799	6069G	
9324979475	79	170.09	Y	N	06757168001271812	6070G	
9325048902	181	375.12	Y	N	06757168001271829	6094G	

Where the rate is dependant 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"/>
---	--

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.	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/Placas	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.
Total Pallet: 28			

Order No.: 71515747 Order Date: 09/09/2024 Customer: WALMARTWHS Customer PO No.: 8775438318
 PO Type No.: 0003 Location No.: 6018G 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 6018G - GENERAL
 2103 SOUTH MAIN
 SEARCY, AR 72143

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
587373649	MS8144409622-09	086569491329	Travel Pillow Cover	EA	9	378	42	378	42
587374430	MS8144409622-11	086569491343	Travel Pillow Cover	EA	9	18	2	18	2
587373753	MS8144409622-13	086569491367	Body Pillow Cover	EA	9	18	2	18	2
587374071	MS8144409622-14	086569491374	Body Pillow Cover	EA	9	288	32	288	32
587374107	MS8144409622-15	086569491381	Body Pillow Cover	EA	9	81	9	81	9
587374427	MS8144409622-17	086569491404	Body Pillow Cover	EA	9	9	1	9	1
587373995	MS8144409622-18	086569491411	Body Pillow Cover	EA	9	27	3	27	3

Total Quantity Ordered: 819
Total Ordered: 91
Total Quantity Shipped: 819
Total Cartons Shipped: 91