

SHIP FROM		Master Bill of Lading Number: 06757168001278163	
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:	Wal-Mart DC 7035A-ASM DIS	DC#:	7035A
		Div.:	
Address:	18815 NW 115 Avenue		
	7035A		
City/State/Zip:	Alachua, FL 32615		
SID#:		FOB:	<input type="checkbox"/>
		Trailer number:	153343
		Seal number(s):	36975829
		SCAC:	WALM
		Pro Number:	0000

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
Load #: 81399755		Appointment Time	Actual Driver Arrival Time
		AM PM	AM PM
		Preload	—
			—
			—

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
2282051305	3	23.79	Y	N	06757168001278101	7035A	
9031123703	103	337.71	Y	N	06757168001278125	7035G	
9031123898	967	3869.71	Y	N	06757168001278132	7035A	
1431601666	501	5662.06	Y	N	06757168001278088	7035A	
1431601667	149	2303.53	Y	N	06757168001278095	7035A	
3508527344	160	1936.56	Y	N	06757168001278118	7035R	
Grand Total	1883	14133.36					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or storing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 900</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
810	ctns			9902.15		Comforters, Bedspreads	49017	200
3	ctns			23.79		Ice Cream Maker	55620	100
1070	ctns			4207.42		Panels, Valances	49260 Sub 4	175
1883				14133.36		Grand Total		

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 _____"

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.
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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 Pallet: 31 <i>Kw 10/3/24</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>S. A. 10-3-24</i>
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