

Date: 10/10/2024 11:32:29 AM

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757168001288032
Name:	E & E COMPANY LTD	
Address:	311 International Trade Pkwy	
City/State/Zip:	Port Wentworth, GA 31407	
SID#:	FOB: <input type="checkbox"/>	

<b>SHIP TO</b>		CARRIER NAME: WAL-MART FLEET	
Name:	Consolidation Dock 7101		Trailer number: 133919
Address:	1200 Mason Dixon Ln 7101		Seal number(s): 36975975
City/State/Zip:	Conley, GA 30288		SCAC: WALM
SID#:	DC#: 7101 Div.	Pro Number: 0000	
	FOB: <input type="checkbox"/>		

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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 (check box) UNDERLYING BILLS OF LANDING	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
Load #: 81806930		0930 AM	0930 AM
			Driver Departure Time
			1135 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
8180387491	3	19.47	Y	N	06757168001287943	6025A	
1730328027	3	44.97	Y	N	06757168001287455	6027A	
9680228430	5	32.45	Y	N	06757168001288018	6040A	
3030377613	17	110.33	Y	N	06757168001287523	6043A	
8230387412	5	32.45	Y	N	06757168001287974	6010A	
9980118854	3	19.47	Y	N	06757168001288025	6024A	
3880248447	1	6.49	Y	N	06757168001287622	6012A	
3931035837	1	6.49	Y	N	06757168001287691	6009A	
5382041831	8	77.42	Y	N	06757168001287783	7033A	
1330447053	1	6.49	Y	N	06757168001287400	6038A	
5030278086	3	19.47	Y	N	06757168001287721	6035A	
5380069499	5	32.45	Y	N	06757168001287769	6094A	
2830168664	5	32.45	Y	N	06757168001287509	6036A	
4480238663	3	19.47	Y	N	06757168001287707	6066A	

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"/>

**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: 57 <i>Kew 10/10/24</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>[Signature]</i>
--	--	--	---

SHIP FROM		Master Bill of Lading Number: 06757168001288032
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: 133919
	DC#: 7101	Seal number(s): 30975975
	Div.	
Address:	1200 Mason Dixon Ln 7101	SCAC: WALM
City/State/Zip:	Conley, GA 30288	Pro Number: 0000
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	AM	AM
Load #: 81806930		PM	PM	PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
5735157768	4	76.96	Y	N	06757168001287820	6092A	
7980159117	7	96.43	Y	N	06757168001287905	6017A	
8680258386	2	12.98	Y	N	06757168001287981	6019A	
5380896435	13	84.37	Y	N	06757168001287776	6023A	
1880546818	7	45.43	Y	N	06757168001287462	6018A	
1382400245	7	45.43	Y	N	06757168001287424	6068A	
1430198975	10	115.90	Y	N	06757168001287448	6031A	
8880836534	3	19.47	Y	N	06757168001287998	6011A	
1380546669	8	51.92	Y	N	06757168001287417	6069A	
7335197391	6	38.94	Y	N	06757168001287899	6030A	
3130377471	8	51.92	Y	N	06757168001287530	6039A	
3131045861	8	51.92	Y	N	06757168001287554	6048A	
3730298125	14	90.86	Y	N	06757168001287615	6006A	
3230328173	1	6.49	Y	N	06757168001287561	6026A	

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:  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 Pallet: 57

**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.

Order No.: 71667902      Order Date: 09/30/2024      Customer: WALMARTWHS      Customer PO No.: 3730298125  
 PO Type No.: 0033      Location No.: 6006A      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 6006A - ASM DIS  
 2200 7TH AVENUE SOUTHWEST  
 CULLMAN, AL 35055

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
666852223	SD171-0018	022164360233	Cherry Snow Cone Syrup	EA	6	12	2	12	2
666852225	SD171-0019	022164360240	Grape Snow Cone Syrup	EA	6	6	1	6	1
666852224	SD171-0020	022164360257	Blue Raspberry Snow Cone Syrup	EA	6	42	7	42	7
666852222	SD171-0021	022164360264	Tigers Blood Snow Cone Syrup	EA	6	24	4	24	4

---

**Total Quantity Ordered: 84**  
**Total Ordered: 14**  
**Total Quantity Shipped: 84**  
**Total Cartons Shipped: 14**