

SHIP FROM		Master Bill of Lading Number: 06757168001309614
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: 196320
	7101	Seal number(s): 36585140
City/State/Zip:	Conley, GA 30288	SCAC: WALM
SID#:	FOB: <input type="checkbox"/>	Pro Number: 0000

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:		
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> UNDERLYING BILLS OF LANDING
Load #: 82457271		Appointment Time: 0900 AM PM
		Actual Driver Arrival Time: 1235 AM PM
		Driver Departure Time: 1426 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
1330447277	3	19.47	Y	N	06757168001298192	6038A	
1382400539	4	25.96	Y	N	06757168001298468	6068A	
1430199266	4	25.96	Y	N	06757168001298512	6031A	
1730328288	5	32.45	Y	N	06757168001298222	6027A	
1880497288	1	6.49	Y	N	06757168001298291	7045A	
2282051886	6	38.94	Y	N	06757168001298345	7035A	
2830168923	8	51.92	Y	N	06757168001298116	6036A	
3030377862	3	19.47	Y	N	06757168001298444	6043A	
3030377960	9	58.41	Y	N	06757168001308129	6043A	
3130377729	10	64.90	Y	N	06757168001298338	6039A	
3131046098	4	25.96	Y	N	06757168001298147	6048A	
3230328447	4	25.96	Y	N	06757168001298307	6026A	
3430826590	8	51.92	Y	N	06757168001298499	7039A	
3680397732	1	6.49	Y	N	06757168001298369	6021A	

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"/>

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: 37	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.
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SHIP FROM		Master Bill of Lading Number: 06757168001309614
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: 196320
	DC#: 7101	Seal number(s): 36585140
	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:		
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING
SPECIAL INSTRUCTIONS:		Appointment Time AM PM Actual Driver Arrival Time AM PM Driver Departure Time AM PM
Load #: 82457271		

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
7980159380	4	25.96	Y	N	06757168001298420	6017A	
8180387738	1	6.49	Y	N	06757168001298123	6025A	
8680258659	1	6.49	Y	N	06757168001298383	6019A	
8880836768	2	12.98	Y	N	06757168001298246	6011A	
8934879638	1	6.49	Y	N	06757168001308136	6080A	
9630268773	8	51.92	Y	N	06757168001298529	6070A	
9680228691	8	51.92	Y	N	06757168001298130	6040A	
9980119117	2	12.98	Y	N	06757168001298505	6024A	
9980119238	10	64.90	Y	N	06757168001308143	6024A	
Grand Total	153	992.97					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
153	ctns			992.97		Ice Cream Powder	72750	92.5
153				992.97		Grand Total		

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: 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 rules, classifications and rates 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.

Trailer Loaded: By Shipper By Driver

Freight Counted: By Shipper By Driver/pallets said to contain

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.: 71901577 **Order Date:** 10/21/2024 **Customer:** WALMARTWHS **Customer PO No.:** 8934879638
PO Type No.: 0033 **Location No.:** 6080A **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 6080A-ASM DIS
100 VETERANS DRIVE
TOBYHANNA, PA 18466

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
666852222	SD171-0021	022164360264	Tigers Blood Snow Cone Syrup	EA	6	6	1	6	1

Total Quantity Ordered: 6
Total Ordered: 1
Total Quantity Shipped: 6
Total Cartons Shipped: 1