

Date: 10/21/2024 10:32:49 AM

# Master Bill Of Lading

**SHIP FROM**

Name: E & E COMPANY LTD  
 Address: 221 Hanson Way  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_ FOB:

Master Bill of Lading Number: 06757163000946297

**SHIP TO**

Name: Wal-Mart DC 6561R-Regular DC#: 6561R  
 Div. \_\_\_\_\_  
 Address: 1600 Agua Mansa Road  
 6561R  
 City/State/Zip: Colton, CA 92324  
 SID#: \_\_\_\_\_ FOB:

**CARRIER NAME: WAL-MART FLEET**

Trailer number: 139803  
 Seal number(s): 8096282  
 SCAC: WALM  
 Pro Number: \_\_\_\_\_

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

Freight Charge Terms:

Prepaid:  Collect:  3rd Party:

MASTER BILL OF LANDING: WITH ATTACHED  
 (check box) UNDERLYING BILLS OF LANDING

**SPECIAL INSTRUCTIONS:**

Load #: 82144570

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
P-L AM PM	P-L AM PM	P-L AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
1730967454	910	9543.26	Y	N	06757163000946273	6561A	
9521646276	280	3509.28	Y	N	06757163000946280	6561R	
<b>Grand Total</b>	1190	13052.54					

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(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
30	Pallet			1500.00		Pallet		70
		1190	ctns	13052.54		Comforters, Bedspreads	49017	200
30				14552.54		<b>Grand Total</b>		

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 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: 30 *Abraham Alvarez 10/21/24*

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.

*X Abraham Alvarez 10-22-24*

Date: 10/21/2024 10:32:48 AM

# Bill Of Lading

**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 221 Hanson Way  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757163000946273  
  
 (402)06757163000946273

**SHIP TO**  
 Name: Wal-Mart DC 6561A-ASM DIS Location #: 6561A  
 Address: 1600 Agua Mansa Road  
 6561A  
 City/State/Zip: Colton, CA 92324  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 139803  
 Seal number(s): 8096282

**SCAC:** WALM  
**Pro Number:** \_\_\_\_\_

**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

**Freight Charge Terms: (freight charges are prepaid unless marked otherwise)**  
 Prepaid \_\_\_\_\_ Collect  3rd Party \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**  
 Load #: 82144570

Master Bill of Lading: with attached underlying Bills of Lading  
 Appointment Time \_\_\_\_\_ Actual Driver Arrival Time \_\_\_\_\_ Driver Departure Time \_\_\_\_\_  
 AM AM AM  
 PM PM PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Pkts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
1730967454	910	23	9543.26	Y	N	10/22/2024	6561A	0033	00022	
<b>GRAND TOTAL</b>	910	23	9543.26							

CARRIER INFORMATION										
HANDLING UNIT		PACKAGE		WEIGHT	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(e) of NMFC Item 360</small>	LTL ONLY			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
23	Pallet			1150.00		Pallet				
		910	ctns	9543.26		Comforters, Bedspreads	49017	200		
23		910		10693.26		<b>GRAND TOTAL</b>				

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**COD Amount: \$** \_\_\_\_\_  
**Fee Terms:** Collect:  Prepaid:   
 Customer check acceptable:

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 \_\_\_\_\_  
**Shipper Signature**

**SHIPPER SIGNATURE / DATE**  
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**Trailer Loaded:**  By Shipper  By Driver  
**Freight Counted:**  By Shipper  By Driver/pallets said to contain  By Driver/Pieces

**CARRIER SIGNATURE / PICKUP DATE**  
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Date: 10/21/2024 10:32:48 AM

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 Address: 221 Hanson Way  
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Bill of Lading Number: 06757163000946280



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Name: Wal-Mart DC 6561R-Regular Location #: 6561R  
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 6561R  
 City/State/Zip: Colton, CA 92324  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

CARRIER NAME: WAL-MART FLEET

Trailer number: 139803  
 Seal number(s): 8096282

SCAC: WALM  
 Pro Number:

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

Freight Charge Terms: *(freight charges are prepaid unless marked otherwise)*

Prepaid  Collect  3rd Party

SPECIAL INSTRUCTIONS:  
 Load #: 82144570

Master Bill of Lading: with attached underlying Bills of Lading  
 (check box)

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	# PKGS	Pkts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
9521646276	280	7	3509.28	Y	N	10/22/2024	6561R	0020	00022	
<b>GRAND TOTAL</b>	280	7	3509.28							

**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT	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(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
7	Pallet			350.00		Pallet		
		280	ctns	3509.28		Comforters, Bedspreads	49017	200
7		280		3859.28		<b>GRAND TOTAL</b>		

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COD Amount: \$ \_\_\_\_\_  
 Fee Terms: Collect:  Prepaid:   
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