

SHIP FROM		Master Bill of Lading Number: 06757163000961740	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB: <input type="checkbox"/>	
SHIP TO		CARRIER NAME: WAL-MART FLEET	
Name:	Wal-Mart Centerpoint - 6909	DC#:	6909
		Div.	
Address:	3485 Wineville Rd 6909	Trailer number: 196817	
		Seal number(s): 63589094	
City/State/Zip:	Jurupa Valley, CA 91752	SCAC: WALM	
SID#:		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 (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 83294534		7:30 AM	7:24 AM
			Driver Departure Time
			8:25 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		Supplier#
					BOL#	DC#	
5235148921	2	8.98	Y	N	06757163000961412	6016A	
9680229381	14	62.91	Y	N	06757163000961580	6040A	
3730299096	8	35.94	Y	N	06757163000961368	6006A	
8937151391	7	31.45	Y	N	06757163000961559	6037A	
1332650012	1	4.49	Y	N	06757163000961528	6031A	
8180388414	2	8.98	Y	N	06757163000961481	6025A	
3732620114	3	13.47	Y	N	06757163000961429	6017A	
5380897344	13	58.41	Y	N	06757163000961467	6023A	
1382401326	2	9.00	Y	N	06757163000961627	6068A	
3230329160	2	8.99	Y	N	06757163000961498	6026A	
4480239647	3	13.47	Y	N	06757163000961610	6066A	
5382042940	22	181.69	Y	N	06757163000961733	7033A	
3130378405	10	44.95	Y	N	06757163000961573	6039A	
5780328681	3	13.47	Y	N	06757163000961689	7034A	

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: <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

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: 38 11/29/24

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.

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Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>

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Name:	Wal-Mart Centerpoint - 6909	DC#:	6909
		Div.:	
Address:	3485 Wineville Rd 6909	Trailer number:	196817
		Seal number(s):	63589094
City/State/Zip:	Jurupa Valley, CA 91752	SCAC:	WALM
SID#:		Pro Number:	
		FOB:	<input type="checkbox"/>

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 (check box) UNDERLYING BILLS OF LANDING	
Load #: 83294534		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 (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
2282052651	2	8.99	Y	N	06757163000961696	7035A	
3680398422	2	8.98	Y	N	06757163000961450	6021A	
6280398672	1	4.49	Y	N	06757163000961672	7026A	
7335198355	1	4.49	Y	N	06757163000961511	6030A	
8880837464	6	26.97	Y	N	06757163000961399	6011A	
2730339013	4	17.97	Y	N	06757163000961702	7036A	
7582540460	5	22.47	Y	N	06757163000961665	6094A	
3880249444	2	8.98	Y	N	06757163000961405	6012A	
3930249202	2	8.99	Y	N	06757163000961719	7038A	
5030279047	6	26.96	Y	N	06757163000961535	6035A	
5735158751	1	4.49	Y	N	06757163000961658	6092A	
8230388332	5	22.47	Y	N	06757163000961382	6010A	
9980119808	1	4.49	Y	N	06757163000961474	6024A	
1330447919	3	13.48	Y	N	06757163000961566	6038A	

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COD Amount \$	_____
Fee Terms:	Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>
Customer check acceptable: <input type="checkbox"/>	

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	_____ Shipper Signature		_____ Carrier Signature

Date: 11/29/2024 8:06:09 AM

Master Bill Of Lading

SHIP FROM		Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>	Master Bill of Lading Number: 06757163000961740
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SHIP TO		Name: Wal-Mart Centerpoint - 6909 DC#: 6909 Div. _____ Address: 3485 Wineville Rd 6909 City/State/Zip: Jurupa Valley, CA 91752 SID#: _____ FOB: <input type="checkbox"/>	CARRIER NAME: WAL-MART FLEET Trailer number: 196817 Seal number(s): 63589094 SCAC: WALM Pro Number: _____
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THIRD PARTY FREIGHT CHARGES BILL TO:		Name: _____ Address: _____ City/State/Zip: _____	Freight Charge Terms: Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input checked="" type="checkbox"/> (check box) MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING <table style="width:100%; border: none;"> <tr> <td style="border: none;">Appointment Time</td> <td style="border: none;">Actual Driver Arrival Time</td> <td style="border: none;">Driver Departure Time</td> </tr> <tr> <td style="border: none; text-align: center;">AM</td> <td style="border: none; text-align: center;">AM</td> <td style="border: none; text-align: center;">AM</td> </tr> <tr> <td style="border: none; text-align: center;">PM</td> <td style="border: none; text-align: center;">PM</td> <td style="border: none; text-align: center;">PM</td> </tr> </table>	Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										
SPECIAL INSTRUCTIONS: Load #: 83294534												

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
1880497976	2	8.99	Y	N	06757163000961726	7045A	
1880547732	9	40.45	Y	N	06757163000961436	6018A	
2830169632	3	13.47	Y	N	06757163000961542	6036A	
3931036700	8	35.94	Y	N	06757163000961375	6009A	
9630269517	10	44.93	Y	N	06757163000961641	6070A	
1730328988	6	26.95	Y	N	06757163000961504	6027A	
3131046760	5	22.45	Y	N	06757163000961603	6048A	
5030149775	4	17.98	Y	N	06757163000961443	6020A	
1380547543	2	8.98	Y	N	06757163000961634	6069A	
3030378567	13	58.41	Y	N	06757163000961597	6043A	
Grand Total	195	958.97					

CARRIER INFORMATION						LTL ONLY			
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION			
QTY	TYPE	QTY	TYPE			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		NMFC #	CLASS
19	ctns			142.69	(X)	Ice Cream Maker		55620	100

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 _____	<table style="width:100%; border: none;"> <tr> <td style="text-align: right;">COD Amount \$</td> <td>_____</td> </tr> <tr> <td style="text-align: right;">Fee Terms:</td> <td>Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Customer check acceptable:</td> <td><input type="checkbox"/></td> </tr> </table>	COD Amount \$	_____	Fee Terms:	Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>	Customer check acceptable:	<input type="checkbox"/>
COD Amount \$	_____						
Fee Terms:	Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>						
Customer check acceptable:	<input type="checkbox"/>						

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SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
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 SID#: _____ FOB:

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 Address: 3485 Wineville Rd
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CARRIER NAME: WAL-MART FLEET

Trailer number: 196817
 Seal number(s): 63589094

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
 UNDERLYING BILLS OF LANDING

SPECIAL INSTRUCTIONS:

Load #: 83294534

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

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
176	ctns			816.28		Ice Cream Powder	72750	92.5
195				2858.97		Grand Total		

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COD Amount \$ _____

Fee Terms: Collect: Prepaid:

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Trailer Loaded: By Shipper
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Freight Counted: By Shipper
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