

SHIP FROM		Master Bill of Lading Number: 06757168001322651	
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	Trailer number: 175018	
	Div.	Seal number(s): 5627863	
Address: 1200 Mason Dixon Ln 7101		SCAC: WALM	
City/State/Zip: Conley, GA 30288		Pro Number:	
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: 10:00 AM/PM	
SPECIAL INSTRUCTIONS:		Actual Driver Arrival Time: 11:34 AM/PM	
Load #: 82880832		Driver Departure Time: 12:58 AM/PM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		Supplier#
					BOL#	DC#	
5780328451	1	6.49	Y	N	06757168001321173	7034A	
2282052385	7	45.43	Y	N	06757168001320947	7035A	
3230328919	9	58.41	Y	N	06757168001320992	6026A	
5030278805	5	32.45	Y	N	06757168001321128	6035A	
9980119564	9	58.41	Y	N	06757168001321319	6024A	
6737390003	7	45.43	Y	N	06757168001321203	6080A	
2830169394	10	64.90	Y	N	06757168001322439	6036A	
3430826995	2	12.98	Y	N	06757168001321005	7039A	
8880837219	6	38.94	Y	N	06757168001321272	6011A	
1382401055	8	102.92	Y	N	06757168001320893	6068A	
3880398187	3	19.47	Y	N	06757168001321029	6021A	
5235148671	12	77.88	Y	N	06757168001321135	6016A	
5380897107	7	45.43	Y	N	06757168001321142	6023A	
5630099778	7	45.43	Y	N	06757168001321197	6054A	

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

<p>SHIPPER SIGNATURE / DATE</p> <p>His is to certify that the above named materials are properly loaded, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p> <p>Total Pallet: 41</p> <p style="font-size: 2em; font-family: cursive;">06/11/15/24</p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE</p> <p>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.</p> <p style="font-size: 1.5em; font-family: cursive;">Timothy Phillips 11-15-24</p>
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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 7101	Trailer number: 175018
		Seal number(s): 5627863
City/State/Zip:	Conley, GA 30288	SCAC: WALM
SID#:		Pro Number:
		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
Load #: 82880832		AM PM
		Actual Driver Arrival Time
		AM PM
		Driver Departure Time
		AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
4480239401	9	83.91	Y	N	06757168001321098	6066A	
7980159864	16	256.84	Y	N	06757168001321234	6017A	
8937151155	8	51.92	Y	N	06757168001321289	6037A	
3730298862	14	90.86	Y	N	06757168001321036	6006A	
8680259123	10	64.90	Y	N	06757168001321265	6019A	
3931036476	4	25.96	Y	N	06757168001321067	6009A	
7335198109	4	25.96	Y	N	06757168001321210	6030A	
5030149531	11	71.39	Y	N	06757168001321111	6020A	
8180388177	5	32.45	Y	N	06757168001321241	6025A	
1330447693	9	58.41	Y	N	06757168001320886	6038A	
1430199748	8	51.92	Y	N	06757168001320909	6031A	
1880547499	8	77.42	Y	N	06757168001320930	6018A	
8230388100	10	64.90	Y	N	06757168001321258	6010A	
Grand Total	322	2370.28					

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

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 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 detailed, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. Total Pallet: 41	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.
	<p style="text-align: right;">Shipper Signature</p>		

Order No.: 72081316 Order Date: 11/11/2024 Customer: WALMARTWHS Customer PO No.: 5030149531
 PO Type No.: 0033 Location No.: 6020A 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 6020A - ASM DIS
 4224 KETTERING ROAD
 BROOKSVILLE, FL 34602

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	12	2	12	2
666852224	SD171-0020	022164360257	Blue Raspberry Snow Cone Syrup	EA	6	12	2	12	2
666852222	SD171-0021	022164360264	Tigers Blood Snow Cone Syrup	EA	6	30	5	30	5

Total Quantity Ordered: 66
Total Ordered: 11
Total Quantity Shipped: 66
Total Cartons Shipped: 11