

Date: 11/27/2024 9:08:03 AM

Master Bill Of Lading

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SHIP FROM		Master Bill of Lading Number: 06757168001333084							
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: WESTERN EXPRESS							
Name:	Consolidation Dock 7101	DC#: 7101	Trailer number: 300413						
		Div.	Seal number(s): 63488900						
Address:	1200 Mason Dixon Ln		SCAC: WSXI						
	7101		Pro Number: 0000						
City/State/Zip:	Conley, GA 30288								
SID#:	FOB: <input type="checkbox"/>								
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 #: 36724413		1100 AM	0808 AM						
			0908 AM						
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)						
			BOL#						
			ADDITIONAL SHIPPER INFO						
			DC#						
			Supplier#						
4408526979	132	1569.24	Y N 06757168001333039 6068R						
1382401295	28	216.52	Y N 06757168001333053 6068A						
9136900834	475	5216.58	Y N 06757168001333022 7034A						
4258528228	284	3511.96	Y N 06757168001333077 7034R						
2282320558	418	4486.17	Y N 06757168001333060 6068A						
5780328660	8	56.57	Y N 06757168001333046 7034A						
Grand Total	1345	15057.04							
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 308.</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
1309	ctns			14783.95		Comforters, Bedspreads	49017	200	
36	ctns			273.09		Ice Cream Maker	55620	100	
1345				15057.04		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: <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 / DATE <small>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.</small>				Trailer Loaded:		Freight Counted:		CARRIER SIGNATURE / PICKUP DATE <small>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.</small>	
Total Pallet: 33 <i>[Signature]</i>				<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		<i>[Signature]</i> <i>[Signature]</i>	

Order No.: 72269484 Order Date: 11/22/2024 Customer: WALMARTWHS Customer PO No.: 4258528228
 PO Type No.: 0020 Location No.: 7034R Dept. No.: 00022

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 7034R REGULAR
 4880 WHEATLEYS POND RD.
 SMYRNA, DE 19977

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
662833772	MS9344409622-02	022164323054	Q Allie 10pcs Comforter Set	EA	1	96	96	96	96
662833771	MS9344409622-03	022164323061	K Allie 10pcs Comforter Set	EA	1	40	40	40	40
662833777	MS9344409622-11	022164323146	Q Cara 10pcs Comforter Set	EA	1	48	48	48	48
662800973	MS9344409622-17	022164322767	F/Q Moran 5pcs Comforter Set	EA	1	36	36	36	36
662800971	MS9344409622-18	022164322774	K Moran 5pcs Comforter Set	EA	1	64	64	64	64

Total Quantity Ordered: 284
Total Ordered: 284
Total Quantity Shipped: 284
Total Cartons Shipped: 284