

Date: 1/15/2025 2:25:52 PM

Master Bill Of Lading

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SHIP FROM

Name: **E & E COMPANY LTD**
 Address: **311 International Trade Pkwy**
 City/State/Zip: **Port Wentworth, GA 31407**
 SID#: _____ FOB:

Master Bill of Lading Number: 06757168001374483

SHIP TO

Name: **Consolidation Dock 7101** DC#: **7101**
 Div. _____
 Address: **1200 Mason Dixon Ln**
7101
 City/State/Zip: **Conley, GA 30288**
 SID#: _____ FOB:

CARRIER NAME: **WAL-MART FLEET**

Trailer number: **180961**
 Seal number(s): **34484005**

SCAC: **WALM**
 Pro Number: **0000**

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

Freight Charge Terms:

Prepaid: Collect: 3rd Party:

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

SPECIAL INSTRUCTIONS:

Load #: 84520027

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
1300 AM PM	1387 AM PM	1405 AM PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		
			BOL#	DC#	Supplier#		
4213327622	112	1383.60	Y	N	06757168001374124	6092R	
3508527525	288	3439.84	Y	N	06757168001374117	7035R	
9031125191	205	826.82	Y	N	06757168001374421	7035A	
1431602500	453	5088.66	Y	N	06757168001374100	7035A	
1431602501	48	725.24	Y	N	06757168001374445	7035A	
9932570361	283	3034.48	Y	N	06757168001374148	6092A	
5735159412	1	7.93	Y	N	06757168001374131	6092A	
Grand Total	1390	14506.57					

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or storing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 308</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1184	ctns			13671.82		Comforters, Bedspreads	49017	200
1	ctns			7.93		Ice Cream Maker	55620	100
205	ctns			826.82		Panels, Valances	49260-4	175
1390				14506.57		Grand Total		

When 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 Pallets: 33

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 carrier has the DOT emergency response guidebook, MSDS and other documentation in the vehicle.

[Signature] 1/15/25

