

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757168001332599	
Name: <b>E &amp; E COMPANY LTD</b>			
Address: <b>311 International Trade Pkwy</b>			
City/State/Zip: <b>Port Wentworth, GA 31407</b>			
SID#: _____ FOB: <input type="checkbox"/>			
<b>SHIP TO</b>		<b>CARRIER NAME: USA Truck Inc</b>	
Name: <b>Consolidation Dock 7101</b> DC#: <b>7101</b>		Trailer number: <b>120055</b>	
Address: <b>1200 Mason Dixon Ln</b> Div. _____		Seal number(s): <b>36585131</b>	
City/State/Zip: <b>Conley, GA 30288</b>		<b>SCAC: USIT</b>	
SID#: _____ FOB: <input type="checkbox"/>		<b>Pro Number:</b> _____	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address: _____		<input checked="" type="checkbox"/> <b>MASTER BILL OF LANDING: WITH ATTACHED</b>	
City/State/Zip: _____		(check box) <b>UNDERLYING BILLS OF LANDING</b>	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	
Load #: 36709384		Actual Driver Arrival Time	
		Driver Departure Time	
		<div style="display: flex; justify-content: space-around;"> <span>1300 AM PM</span> <span>1250 AM PM</span> <span>1545 AM PM</span> </div>	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		
			BOL#	DC#	Supplier#		
4108526749	92	1094.68	Y	N	06757168001332568	6066R	
3058526618	192	2369.84	Y	N	06757168001332544	6010R	
9624939709	294	3175.68	Y	N	06757168001332551	6066A	
8230388295	17	134.81	Y	N	06757168001332575	6010A	
9830049237	671	7387.65	Y	N	06757168001332582	6010A	
4480239600	63	486.25	Y	N	06757168001332537	6066A	
<b>Grand Total</b>	<b>1329</b>	<b>14648.91</b>					

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(a) of NMFC Item 300.</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
1249	ctns			14027.85		Comforters, Bedspreads	49017	200	
80	ctns			621.06		Ice Cream Maker	55620	100	
1329				14648.91		<b>Grand Total</b>			

<p>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 _____</p>	<p><b>COD Amount \$</b> _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
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**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

<p>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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;"><b>Shipper Signature</b></p>
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<p><b>SHIPPER SIGNATURE / DATE</b>                  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: 34 <i>[Signature]</i></p>	<p><b>Trailer Loaded:</b>  <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver</p>	<p><b>Freight Counted:</b>  <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver/pallets said to contain  <input type="checkbox"/> By Driver/Pieces</p>	<p><b>CARRIER SIGNATURE / PICKUP DATE</b>                  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.  <i>[Signature]</i></p>
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**Order No.:** 72252273      **Order Date:** 11/21/2024      **Customer:** WALMARTWHS      **Customer PO No.:** 8230388295  
**PO Type No.:** 0033      **Location No.:** 6010A      **Dept. No.:** 00014

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**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 6010A - ASM DIS  
 1401 BAKER HWY W  
 DOUGLAS, GA 31533

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
666855827	SD170-0015	022164367461	Snow Cone Machine Red-Better	EA	2	18	9	18	9
666855828	SD170-0016	022164367478	Snow Cone Machine Blue-Better	EA	2	16	8	16	8

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**Total Quantity Ordered: 34**  
**Total Ordered: 17**  
**Total Quantity Shipped: 34**  
**Total Cartons Shipped: 17**