

Date: 2/10/2025 3:06:27 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757168001396508	
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:	Wal-Mart DC 7035A-ASM DIS	DC#:	7035A
		Div.:	
Address:	18815 NW 115 Avenue 7035A	Trailer number:	184569
		Seal number(s):	34484130
City/State/Zip:	Alachua, FL 32615	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"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
SPECIAL INSTRUCTIONS: Load #: 85131583		Appointment Time	Actual Driver Arrival Time
		0930 AM	0920 AM
			Driver Departure Time
			1506 PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
2282053675	7	43.61	Y	N	06757168001389951	7035A	
9031125426	130	449.83	Y	N	06757168001389326	7035A	
1431602656	66	989.01	Y	N	06757168001389319	7035A	
1431602655	619	6916.85	Y	N	06757168001389937	7035A	
3508527556	332	4142.36	Y	N	06757168001389968	7035R	
Grand Total	1154	12541.66					

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 (line 366)</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1017	ctns			12048.22		Comforters, Bedspreads	49017	200
7	ctns			43.61		Ice Cream Maker	55620	100
130	ctns			449.83		Panels, Valances	49260-4	175
1154				12541.66		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 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: 32	Trailer Loaded:	Freight Counted:	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and secured placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pilots said to contain <input type="checkbox"/> By Driver/Pieces	

