

SHIP FROM		Master Bill of Lading Number: 06757168001406078	
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
		Div.:	
Address:	1200 Mason Dixon Ln 7101	Trailer number:	198029
City/State/Zip:	Conley, GA 30288	Seal number(s):	36585122
SID#:		SCAC:	WALM
		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"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/>	MASTER BILL OF LANDING: WITH ATTACHED
Load #: 85566990		(check box)	UNDERLYING BILLS OF LANDING
		Appointment Time	Actual Driver Arrival Time
		1100 AM	1436 PM
			Driver Departure Time
			1515 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
7335199467	4	25.96	Y	N	06757168001405958	6030A	
5780329803	1	6.49	Y	N	06757168001405910	7034A	
6280399912	2	12.98	Y	N	06757168001405934	7026A	
8230389424	3	19.47	Y	N	06757168001405996	6010A	
8537740211	2	12.98	Y	N	06757168001406016	6035A	
9032810678	1	6.49	Y	N	06757168001406054	6012A	
5382044286	1	6.49	Y	N	06757168001405897	7033A	
1330449008	2	12.98	Y	N	06757168001405712	6038A	
2958527732	48	552.96	Y	N	06757168001405828	6020R	
3032840539	1	6.49	Y	N	06757168001405842	6040A	
7832900289	1	6.49	Y	N	06757168001405972	6006A	
2832830595	2	12.98	Y	N	06757168001405811	6019A	
8180389568	1	6.49	Y	N	06757168001405989	6025A	
7632700937	1	6.49	Y	N	06757168001405965	6024A	

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 rates 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 Pallet: 34

*[Signature]* 2/21/25

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/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

*[Signature]* 2/21/25

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757168001406078	
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: WAL-MART FLEET</b>	
Name: <b>Consolidation Dock 7101</b> DC#: <b>7101</b> Div. _____ Address: <b>1200 Mason Dixon Ln</b> <b>7101</b> City/State/Zip: <b>Conley, GA 30288</b> SID#: _____ FOB: <input type="checkbox"/>		Trailer number: <b>198029</b> Seal number(s): <b>36585122</b> SCAC: <b>WALM</b> Pro Number: _____	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS:</b> Load #: 85568990		<input checked="" type="checkbox"/> <b>MASTER BILL OF LANDING: WITH ATTACHED</b> <input type="checkbox"/> <b>UNDERLYING BILLS OF LANDING</b>	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO		
					DC#	Supplier#	
9432641279	4	25.96	Y N	06757168001406061	6054A		
1332651316	1	6.49	Y N	06757168001405729	6031A		
5735159959	1	6.49	Y N	06757168001405903	6092A		
1880548948	1	6.49	Y N	06757168001405750	6018A		
3931037810	5	32.45	Y N	06757168001405880	6009A		
1880499124	1	6.49	Y N	06757168001405743	7045A		
2332751017	3	19.47	Y N	06757168001405781	6066A		
2808526609	48	552.96	Y N	06757168001405804	7045R		
3232950184	1	6.49	Y N	06757168001405873	6027A		
6182790806	10	64.90	Y N	06757168001405927	6070A		
8732970132	1	6.49	Y N	06757168001406023	6016A		
8937152620	5	32.45	Y N	06757168001406047	6037A		
2282053918	5	32.45	Y N	06757168001405767	7035A		
3058526770	48	552.96	Y N	06757168001405859	6010R		

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 _____	<b>COD Amount \$</b> _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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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).**

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 _____
<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	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<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
<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.		

**Order No.:** 73375600      **Order Date:** 02/17/2025      **Customer:** WALMARTWHS      **Customer PO No.:** 5735159959  
**PO Type No.:** 0033      **Location No.:** 6092A      **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 6092A-ASM DIS  
 3100 IL HWY 89  
 SPRING VALLEY, IL 61362

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
666852225	SD171-0019	022164360240	Grape Snow Cone Syrup	EA	6	6	1	6	1

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**Total Quantity Ordered: 6**  
**Total Ordered: 1**  
**Total Quantity Shipped: 6**  
**Total Cartons Shipped: 1**