

SHIP FROM		Master Bill of Lading Number: 06757168001428193	
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		Trailer number: 194961	
7101		Seal number(s): 5275456	
City/State/Zip: Conley, GA 30288		SCAC: WALM	
SID#: _____	FOB: <input type="checkbox"/>	Pro Number: 0000	

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 UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS: Load #: 86097492		Appointment Time AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
			BOL#	DC#	Supplier#		
2908526056	48	552.96	Y	N	06757168001422511	6009R	
1431602912	88	1028.72	Y	N	06757168001422634	7035A	
2732071738	50	575.80	Y	N	06757168001422658	6017A	
7675409225	20	233.80	Y	N	06757168001422368	7039A	
9737830309	1	6.49	Y	N	06757168001422610	7026A	
1633070164	1	6.49	Y	N	06757168001422887	7034A	
4158526469	96	1105.92	Y	N	06757168001422382	6018R	
7632701282	1	6.49	Y	N	06757168001422719	6024A	
2532421098	44	514.36	Y	N	06757168001422641	6030A	
3458527474	144	1658.88	Y	N	06757168001422559	6017R	
5382044739	2	12.98	Y	N	06757168001422672	7033A	
9529969928	2	23.38	Y	N	06757168001422375	7026A	
3282890729	1	6.49	Y	N	06757168001422788	7038A	
3532950211	5	58.45	Y	N	06757168001422443	7036A	

<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>COD Amount \$ _____</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;">Shipper Signature</p>
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<p>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.</p> <p>Total Pallet:50</p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>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.</p>
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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	Trailer number: 194961	
	Div. _____	Seal number(s): 5275456	
Address: 1200 Mason Dixon Ln 7101	SCAC: WALM		
City/State/Zip: Conley, GA 30288	Pro Number: 0000		
SID#: _____	FOB: <input type="checkbox"/>		

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____	Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>		
Address: _____	<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING		
City/State/Zip: _____	Appointment Time	Actual Driver Arrival Time	Driver Departure Time
SPECIAL INSTRUCTIONS:	AM PM	AM PM	AM PM
Load #: 86097492			

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
3232950568	1	6.49	Y	N	06757168001422771	6027A	
5380898812	1	6.49	Y	N	06757168001422665	6023A	
1380548958	27	175.23	Y	N	06757168001422856	6069A	
4308527434	96	1105.92	Y	N	06757168001422399	6031R	
4608527011	96	1105.92	Y	N	06757168001422405	6027R	
4713326238	96	1105.92	Y	N	06757168001422412	6011R	
8432940630	1	6.49	Y	N	06757168001422740	7036A	
3032840914	8	51.92	Y	N	06757168001422757	6040A	
8880838972	1	6.49	Y	N	06757168001422573	6011A	
Grand Total	1480	16864.89					

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(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1431	ctns			16546.88		Comforters, Bedspreads	49017	200
49	ctns			318.01		Ice Cream Powder	72750	92.5

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.
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Order No.: 73517206 **Order Date:** 03/10/2025 **Customer:** WALMARTWHS **Customer PO No.:** 1380548958
PO Type No.: 0033 **Location No.:** 6069A **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 6069A-ASM DIS
1100 MATLOCK DRIVE
ST. JAMES, MO 65559

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	90	15	90	15
666852222	SD171-0021	022164360264	Tigers Blood Snow Cone Syrup	EA	6	72	12	72	12

Total Quantity Ordered: 162
Total Ordered: 27
Total Quantity Shipped: 162
Total Cartons Shipped: 27