

SHIP FROM	
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"/>	Master Bill of Lading Number: <b>06757168001428193</b>

SHIP TO	
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"/>	CARRIER NAME: <b>WAL-MART FLEET</b>  Trailer number: <b>194961</b> Seal number(s): <b>5275456</b> SCAC: <b>WALM</b> Pro Number: <b>0000</b>

THIRD PARTY FREIGHT CHARGES BILL TO:										
Name: _____ Address: _____  City/State/Zip: _____	Freight Charge Terms: Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input checked="" type="checkbox"/> <b>MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>	Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time								
AM	AM	AM								
PM	PM	PM								

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		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	

Where the rate is dependent on value, shippers are required to stated 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"/>
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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.  <p style="text-align: right;"><b>Shipper Signature</b></p>
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<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:50	<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.
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<b>SHIP FROM</b>		Master Bill of Lading Number: 06757168001428193	
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>	Trailer number: <b>194961</b>	
	Div.:	Seal number(s): <b>5275456</b>	
Address: <b>1200 Mason Dixon Ln 7101</b>	SCAC: <b>WALM</b>		
City/State/Zip: <b>Conley, GA 30288</b>	Pro Number: <b>0000</b>		
SID#: _____	FOB: <input type="checkbox"/>		

<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> Load #: 86097492	Appointment Time	Actual Driver Arrival Time	Driver Departure Time
	AM PM	AM PM	AM PM

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		
<b>Grand Total</b>	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 300</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

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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: 50</p>	<p><b>Trailer Loaded:</b></p> <p><input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver</p>	<p><b>Freight Counted:</b></p> <p><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.</p>
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Order No.: 73517195      Order Date: 03/10/2025      Customer: WALMARTWHS      Customer PO No.: 4713326238  
 PO Type No.: 0020      Location No.: 6011R      Dept. No.: 00022

**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 6011R - REGULAR  
 2210 MANUFACTURERS BOULEVARD  
 BROOKHAVEN, MS 39601

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
662833772	MS9344409622-02	022164323054	Q Allie 10pcs Comforter Set	EA	1	96	96	96	96

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**Total Quantity Ordered: 96**  
**Total Ordered: 96**  
**Total Quantity Shipped: 96**  
**Total Cartons Shipped: 96**