

SHIP FROM		Master Bill of Lading Number: 06757168001426193	
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		Trailer number: 194961	
DC#: 7101		Seal number(s): 5275456	
Div. _____		SCAC: WALM	
Address: 1200 Mason Dixon Ln		Pro Number: 0000	
7101			
City/State/Zip: Conley, GA 30288			
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	
City/State/Zip: _____		(check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 86097492		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)		ADDITIONAL SHIPPER INFO		
			BOL#	DC#	Supplier#		
1382403075	1	6.49	Y	N	06757168001422870	6068A	
1380548958	27	175.23	Y	N	06757168001422856	6069A	
4158526469	96	1105.92	Y	N	06757168001422382	6018R	
2832920235	26	303.94	Y	N	06757168001422504	6036A	
3458527474	144	1658.88	Y	N	06757168001422559	6017R	
1633070164	1	6.49	Y	N	06757168001422887	7034A	
3430828621	1	6.49	Y	N	06757168001422795	7039A	
3533090060	89	1038.96	Y	N	06757168001422450	7038A	
4975699284	44	514.36	Y	N	06757168001422344	7045A	
1431602912	88	1028.72	Y	N	06757168001422634	7035A	
1880499475	1	6.49	Y	N	06757168001422894	7045A	
3308527112	96	1105.92	Y	N	06757168001422535	6019R	
3908526793	48	552.96	Y	N	06757168001422481	6035R	
5380898812	1	6.49	Y	N	06757168001422665	6023A	

<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>
---	---

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>
<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. Total Pallets: 5 3/17/25</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 ssid to contain <input type="checkbox"/> By Driver/Pieces</p>
<p>CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies accuracy of above information and is made available and/or carrier has the DOT compliance load tags/guides. Car shipment documentation in the vehicle. </p>	

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	Trailer number: 194961
	DC#: 7101	Seal number(s): 5275456
	Div.	
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:		
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING
SPECIAL INSTRUCTIONS:		Appointment Time Actual Driver Arrival Time Driver Departure Time
Load #: 86097492		AM PM AM PM AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
4308527434	96	1105.92	Y	N	06757168001422399	6031R	
9737830309	1	6.49	Y	N	06757168001422610	7026A	
3232950568	1	6.49	Y	N	06757168001422771	6027A	
4758527091	96	1105.92	Y	N	06757168001422429	6037R	
4858526926	144	1658.88	Y	N	06757168001422436	6006R	
2532421098	44	514.36	Y	N	06757168001422641	6030A	
3032840914	8	51.92	Y	N	06757168001422757	6040A	
5382044739	2	12.98	Y	N	06757168001422672	7033A	
8880836972	1	6.49	Y	N	06757168001422573	6011A	
9529969928	2	23.38	Y	N	06757168001422375	7026A	
2908526056	48	552.96	Y	N	06757168001422511	6009R	
6132540782	44	514.36	Y	N	06757168001422351	6006A	
7632701282	1	6.49	Y	N	06757168001422719	6024A	
2732071738	50	575.80	Y	N	06757168001422658	6017A	

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: 50	Trailer Loaded:	Freight Counted:	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available in/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/pallets said to contain <input type="checkbox"/> By Driver/Pieces	

Order No.: 73517201 **Order Date:** 03/10/2025 **Customer:** WALMARTWHS **Customer PO No.:** 7632701282
PO Type No.: 0033 **Location No.:** 6024A **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 6024A - ASM DIS
3880 SOUTHWEST BLVD.
GROVE CITY, OH 43123

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

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