


Date: 7/30/2025 8:28:04 AM

Bill Of Lading

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SHIP FROM		Bill of Lading Number: 00757168001516999
Name:	E & E COMPANY LTD	 (402)06757168001516999
Address:	311 International Trade Plwy	
City/State/Zip:	Port Wentworth, GA 31407	
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: USA Truck Inc
Name:	Wal-Mart DC 7034A-ASM DIS Location #: 7034A	Trailer number: 420034
Address:	4880 Wheelleys Pond Rd. 7034A	Seal number(s): 36586252
City/State/Zip:	Smyrna, DE 19977	SCAC: USIT
CID#:	FOB: <input type="checkbox"/>	Pro Number:
Dept:	00022	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>
Name:		Prepaid Collect <input checked="" type="checkbox"/> 3rd Party
Address:		
City/State/Zip:		

SPECIAL INSTRUCTIONS: Load #: 40261535	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/> Appointment Time AM PM Actual Driver Arrival Time AM PM Driver Departure Time AM PM
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CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Pts Count	WEIGHT	PALLET/SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
9136902468	192	5	2584.92	Y	N	07/30/2025	7034A	0033	00022	
GRAND TOTAL	192	5	2584.92							

HANDLING UNIT								PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transport per 49 CFR carrier rules. See Section 2(a) of NMFC (see 20)</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE	NMFC #	CLASS									
192	ctns					2584.92		Comforters, Bedspreads	49017	200				
GRAND TOTAL														

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 _____	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 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.

This 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.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> 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. Property described above is received in good order, except as noted.
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