

Date: 8/11/2025 12:45:21 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168001525519	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ FOB: <input type="checkbox"/>		 (402)06757168001525519	
SHIP TO		CARRIER NAME: Central Transport	
Name: Wal-Mart DC 6010A - ASM DIS Location #: 6010A Address: 1401 BAKER HWY W 6010A City/State/Zip: Douglas, GA 31533 CID#: _____ FOB: <input type="checkbox"/> Dept: 00022		Trailer number: TL2500212 Seal number(s): _____ SCAC: CTII Pro Number: 301685962 www.centraltransport.com Drivers Signature Only Acknowledges Receipt of Freight 301685962 SHIPPER LABEL 	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid _____ Collect <input checked="" type="checkbox"/> 3rd Party _____ Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/> (check box)	
SPECIAL INSTRUCTIONS:		Appointment Time: 12:00 AM Actual Driver Arrival Time: 12:35 AM Driver Departure Time: 1:03 AM	
Load #: 40424822			

CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER	# PKGS	Pkts 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
8083270926	207	6	3107.79	Y N	08/04/2025	6010A	0033	00022	
GRAND TOTAL	207	6	3107.79						

HANDLING UNIT							PACKAGE		WEIGHT	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 3(a) of NMFC Item 366.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE	NMFC #	CLASS								
207	ctns			3107.79		Comforters, Bedspreads	49017	200					
				GRAND TOTAL									

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: 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 inclusively 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.  8/11/25	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.  8-11-25
---	--	--	--