

Date: 8/8/2025 12:32:53 PM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757168001525007	
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: ALLEN LUND COMPANY	
Name:	Wal-Mart Center Point 7976	DC#:	7976
		Div.	
Address:	423 Pitts School Road 7976	Trailer number:	285223
City/State/Zip:	Concord, NC 28027	Seal number(s):	69480857
SID#:		SCAC:	LUAC
		Pro Number:	
		FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
Load #: 40390284		Appointment Time	Actual Driver Arrival Time
		14:00 AM	11:34 AM
			Driver Departure Time
			12:52 AM

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
9136902517	163	2463.21	Y N	06757168001524956	7034A	
4333200879	192	2849.81	Y N	06757168001524918	6020A	
2282322322	187	2655.23	Y N	06757168001524925	6068A	
5033091023	123	1744.16	Y N	06757168001524932	6094A	
5537301992	221	3141.47	Y N	06757168001524970	6027A	
6475649970	153	2339.25	Y N	06757168001524983	6048A	
2082002820	157	2303.31	Y N	06757168001524994	6024A	
8083270911	134	1947.52	Y N	06757168001524987	6010A	
Grand Total	1330	19443.99				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1330	ctns			19443.99		Comforters, Bedspreads	49017	200
1330				19443.99		Grand Total		

Where the rate is dependent on volume, 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 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 Pallets: 35 JP 8/8/25	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 sold to contain <input type="checkbox"/> By Driver/Pieces	SHIPPER SIGNATURE W Wright 8/8
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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. W Wright 8/8

Date: 8/8/2025 12:32:39 PM

Bill of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168001524918
Name:	E & E COMPANY LTD	 (402)06757168001524918
Address:	311 International Trade Pkwy	
City/State/Zip:	Port Wentworth, GA 31407	
SID#:		
	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: ALLEN LUND COMPANY
Name:	Wal-Mart DC 6020A - ASM DIS Location #: 6020A	Trailer number: 285223
Address:	4224 Keetering Road	Seal number(s): 69480867
	6020A	SCAC: LUAC
City/State/Zip:	Brooksville, FL 34602	Pro Number:
CID#:		
Dept:	00022	
	FOB: <input type="checkbox"/>	

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:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Load #: 40390284		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	
		AM	AM
		PM	PM

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
4333200879	192	5	2849.81	Y	N	08/01/2025	6020A	0033	00022	
GRAND TOTAL	192	5	2849.81							

HANDLING UNIT							PACKAGE		WEIGHT		COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	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(a) of NMFC Item 303.		NMFC #	CLASS					
192	ctns			2849.81		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 _____ DOLLARS	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.


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, stacked 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 that any response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Properly described above is received in good order, except as noted.
	Shipper Signature		

Date: 8/8/2025 12:32:38 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168001524932
Name: E & E COMPANY LTD	Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407	 (402)06757168001524932
SID#: _____	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: ALLEN LUND COMPANY
Name: Wal-Mart DC 6094A-ASM DIS	Location #: 6094A	Trailer number: 285223
Address: 5801 SW Regional Airport Blvd. 6094A	City/State/Zip: Bentonville, AR 72712	Seal number(s): 69480857
CID#: _____	FOB: <input type="checkbox"/>	SCAC: LUAC
Dept: 00022		Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>
Name: _____	Address: _____	Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>
City/State/Zip: _____		Master Bill of Lading: with attached (check box) underlying Bills of Lading

SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Lead #: 40390284		AM	AM	AM
		PM	PM	PM

CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER	# PKGS	PRs 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
5033091023	123	3	1744.16	Y N	08/01/2025	6094A	0033	00022	
GRAND TOTAL	123	3	1744.16						

CARRIER INFORMATION							LTL ONLY	
HANDLING UNIT	PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodity 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)(c) of NMFC Item 309</small>	NMFC #	CLASS	
QTY	TYPE	QTY						TYPE
123	ctns		1744.16		Comforters, Bedspreads	49017	200	
123			1744.16		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: <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.

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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