



Date: 8/8/2025 10:27:52 AM

**Bill Of Lading**

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<b>SHIP FROM</b>		Bill of Lading Number: 06757168001524888
Name: E & E COMPANY LTD	Address: 311 International Trade Pkwy	 (402)06757168001524888
City/State/Zip: Port Wentworth, GA 31407	FOB: <input type="checkbox"/>	
SID#:		

<b>SHIP TO</b>		<b>CARRIER NAME:</b> ALLEN LUND COMPANY
Name: Wal-Mart DC 6080A-ASM DIS	Location #: 6080A	Trailer number: 569545
Address: 100 Veterans Drive	6080A	Seal number(s): 69480898
City/State/Zip: Tobyhanna, PA 18466	FOB: <input type="checkbox"/>	<b>SCAC:</b> LUAC
CID#:		<b>Pro Number:</b>
Dept: 00022		

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

<b>SPECIAL INSTRUCTIONS:</b>	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Load #: 40380262		
Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Pits 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
3782102651	372	9	5073.22	Y	N	08/03/2025	6080A	0033	00022	
<b>GRAND TOTAL</b>	372	9	5073.22							

CARRIER INFORMATION							LTL ONLY	
HANDLING UNIT	PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION			
QTY	TYPE	QTY	TYPE			NMFC #	CLASS	
372	ctns				Comforters, Bedspreads	49017	200	
372			5073.22		<b>GRAND TOTAL</b>			

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 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
<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.	<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 paid 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. Property described above is received in good order, except as noted.

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**Bill Of Lading**

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<b>SHIP FROM</b>		Bill of Lading Number: 06757168001524895
Name: E & E COMPANY LTD	Address: 311 International Trade Pkwy	 (402)06757168001524895
City/State/Zip: Port Wentworth, GA 31407	SID#: _____	
FOB: <input type="checkbox"/>		

<b>SHIP TO</b>		<b>CARRIER NAME:</b> ALLEN LUND COMPANY
Name: Wal-Mart DC 6070A-ASM DIS	Location #: 6070A	Trailer number: 589545
Address: 200 Wal-Mart Drive	6070A	Seal number(s): 69480896
City/State/Zip: Shelby, NC 28150		<b>SCAC:</b> LUAC
CID#: _____	FCB: <input type="checkbox"/>	Pro Number: _____
Dept: 00022		

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

<b>SPECIAL INSTRUCTIONS:</b>	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading
Load #: 40390262	
Appointment Time: AM	Actual Driver Arrival Time: AM
PM	Driver Departure Time: 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
6982621735	254	7	3985.46	Y	N	07/31/2025	6070A	0033	00022	
<b>GRAND TOTAL</b>	254	7	3985.46							

HANDLING UNIT								PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodity requiring special or additional care or attention in handling or stowage must be so marked on the package as to ensure safe transportation with ordinary care. See Section 204 of NMFC Item 360.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE	NMFC #	CLASS									
254	cins			3985.46		Comforters, Bedspreads	49017	200						
				<b>GRAND TOTAL</b>										

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 _____	<b>COD Amount: \$</b> 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.

<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.	<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. Property described above is received in good order, except as noted.
	<b>Shipper Signature</b>		



