

Date: 8/11/2025 9:02:19 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168001525649
Name: E & E COMPANY LTD	Address: 311 International Trade Pkwy	 (402)06757168001525649
City/State/Zip: Port Wentworth, GA 31407	FOB: <input type="checkbox"/>	
SID#:		

SHIP TO		CARRIER NAME: WESTERN EXPRESS
Name: Wal-Mart DC 6018A - ASM DIS	Location #: 6018A	Trailer number: 298721
Address: 2103 South Main	6018A	Seal number(s): 69480860
City/State/Zip: Searcy, AR 72143	FOB: <input type="checkbox"/>	SCAC: WSKI
CID#: 00022		Pro Number:

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

SPECIAL INSTRUCTIONS:		<input type="checkbox"/> (check box)
Load #: 40432633		Appointment Time: AM PM Actual Driver Arrival Time: AM PM Driver Departure Time: AM PM

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
2983460422	164	4	2258.69	Y	N	07/20/2025	6018A	0033	00022	
GRAND TOTAL	164	4	2258.69							

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 and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC (see 508)</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE	NMFC #	CLASS								
164	ctns			2258.69		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 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/Placards	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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