Date: 11/12/2025 2:06:37 PM

# Master Bill Of Lading

Page 1 of 1

**SHIP FROM**

Name: E & E COMPANY LTD
Address: 311 International Trade Pkwy
City/State/Zip: Port Wentworth, GA 31407
SID#: FOB: ☐

**SHIP TO**

Name: Consolidation Dock 7101 DC#: 7101 Div.
Address: 1200 Mason Dixon Ln 7101
City/State/Zip: Conley, GA 30288
SID#: FOB: ☐

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name:
Address:
City/State/Zip:

**SPECIAL INSTRUCTIONS:**

Load #: 41755770

Master Bill of Lading Number: 06757168001597394

CARRIER NAME: WESTERN EXPRESS

Trailer number: 100190
Seal number(s): 69480497

SCAC: WSXI
Pro Number:

Freight Charge Terms:

Prepaid: ☐ Collect: [X] 3rd Party: ☐

[X] (check box) MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING

| Appointment Time | Actual Driver Arrival Time | Driver Departure Time |
|---|---|---|
| 1300 AM/PM | 1240 AM/PM | 1400 AM/PM |

**CUSTOMER ORDER INFORMATION**

| CUSTOMER ORDER NUMBER | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLEONE) | | ADDITIONAL SHIPPER INFO BOL# | DC# | Supplier# |
|---|---|---|---|---|---|---|---|
| 1032931819 | 1014 | 10430.22 | Y | N | 06757168001597370 | 6038A | |
| 2808526943 | 88 | 1071.84 | Y | N | 06757168001597387 | 7045R | |
| 3758527488 | 132 | 1607.76 | Y | N | 06757168001597363 | 6038R | |
| 4683680704 | 584 | 5219.55 | Y | N | 06757168001597356 | 7045A | |
| Grand Total | 1818 | 18329.37 | | | | | |

**CARRIER INFORMATION**

| HANDLING UNIT QTY | HANDLING UNIT TYPE | PACKAGE QTY | PACKAGE TYPE | WEIGHT LBS | H.M. (X) | COMMODITY DESCRIPTION (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(e) of NMFC Item 360) | LTL ONLY NMFC # | LTL ONLY CLASS |
|---|---|---|---|---|---|---|---|---|
| 1295 | ctns | | | 17490.44 | | Comforters, Bedspreads Sub 3 - 2 but less than 4 | 49260-3 | 250 |
| 523 | ctns | | | 838.93 | | Sheet Set & Pillowcase | 49260-3 | 250 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 1818 | | | | 18329.37 | | Grand Total | | |

Where the rate is dependent on value, shippers are required to stated 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 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 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

**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 Pallet:32 KW 11/12/25

**Trailer Loaded:**

[X] By Shipper
☐ By Driver

**Freight Counted:**

[X] By Shipper
☐ By Driver/pallets said to contain
☐ 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.

11-12-25

Date: 11/12/2025 2:06:35 PM

# Bill Of Lading



**SHIP FROM**

Name: E & E COMPANY LTD
Address: 311 International Trade Pkwy
City/State/Zip: Port Wentworth, GA 31407
SID#: FOB: ☐

**SHIP TO**

Name: Wal-Mart DC 6038A-ASM DIS Location #: 6038A
Address: 6627 Old River Road
6038A
City/State/Zip: Marcy, NY 13403
CID#: FOB: ☐
Dept: 00022

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name:
Address:
City/State/Zip:

**Bill of Lading Number:** 06757168001597370

(402)06757168001597370

**CARRIER NAME:** WESTERN EXPRESS
Trailer number: 100190
Seal number(s): 69480497

**SCAC:** WSXI
**Pro Number:**

**Freight Charge Terms:** *(freight charges are prepaid unless marked otherwise)*

**Prepaid** **Collect X** **3rd Party**

SPECIAL INSTRUCTIONS:
Load #: 41755770

☐ (check box) Master Bill of Lading: with attached underlying Bills of Lading

| Appointment Time | Actual Driver Arrival Time | Driver Departure Time |
|---|---|---|
| AM | AM | AM |
| PM | PM | PM |

**CUSTOMER ORDER INFORMATION**

| CUSTOMER ORDER NUMBER | # PKGS | Plts 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1032931819 | 1014 | 18 | 10430.22 | Y | N | 11/23/2025 | 6038A | 0033 | 00022 | |
| **GRAND TOTAL** | 1014 | 18 | 10430.22 | | | | | | | |

**CARRIER INFORMATION**

| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION | LTL ONLY | |
|---|---|---|---|---|---|---|---|---|
| QTY | TYPE | QTY | TYPE | | | 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(e) of NMFC Item 360 | NMFC # | CLASS |
| 722 | ctns | | | 9952.22 | | Comforters, Bedspreads Sub 3 - 2 but less than 4 | 49260-3 | 250 |
| 292 | ctns | | | 478.00 | | Sheet Set & Pillowcase | 49260-3 | 250 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 1014 | | | | 10430.22 | | **GRAND TOTAL** | | |

Where the rate is dependent on value, shippers are required to stated 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 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**

**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:**
☒ By Shipper
☐ By Driver

**Freight Counted:**
☒ By Shipper
☐ By Driver/pallets said to contain
☐ 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.*