




Date: 9/25/2025 10:49:03 AM

# Bill Of Lading

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SHIP FROM		Bill of Lading Number: 06757168001561166
Name:	E & E COMPANY LTD	 (402)06757168001561166
Address:	311 International Trade Pkwy	
City/State/Zip:	Port Wentworth, GA 31407	
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: WESTERN EXPRESS
Name:	Wal-Mart DC 6011A - ASM DIS Location #: 6011A	Trailer number: 340020
Address:	2200 Manufacturers Boulevard NE 6011A	Seal number(s): 69480288
City/State/Zip:	Brookhaven, MS 39601	SCAC: WSXI
CID#:	FOB: <input type="checkbox"/>	Pro Number:
Dept:	00022	

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 #: 41031240	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
1283730482	357	9	4791.81	Y N	09/30/2025	6011A	0033	00022	
<b>GRAND TOTAL</b>	357	9	4791.81						

CARRIER INFORMATION										
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to insure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300.</small>	LTL ONLY			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
357	ctns			4791.81		Comfortors, Bedspreads Sub 3 - 2 but less than 4	49280-3	250		
				<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.

<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 documents. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent document stored in the vehicle. Property described above is received in good order, except as noted.
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