

Date: 11/28/2025 1:36:55 PM

Master Bill Of Lading

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SHIP FROM		Master Bill of Lading Number: 06757168001609592	
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: WESTERN EXPRESS	
Name:	Consolidation Dock 7101	DC#: 7101	
		Div.	
Address:	1200 Mason Dixon Ln 7101	Trailer number:	380124
		Seal number(s):	69480592
City/State/Zip:	Conley, GA 30288	SCAC: WSXI	
SID#:		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address:			3rd Party: <input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41954608		1300 AM PM	1833 AM PM
		Driver Departure Time	1936 AM PM

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)	BOL#	ADDITIONAL SHIPPER INFO DCP#	Supplier#
4608527381	44	535.92	Y N	06757168001609455	6027R	
1032931883	291	3372.00	Y N	06757168001609479	6038A	
2532422875	422	4346.58	Y N	06757168001609424	6030A	
3758527513	176	2143.68	Y N	06757168001609431	6038R	
5537302749	333	4043.89	Y N	06757168001609448	6027A	
3708528323	176	2143.68	Y N	06757168001609462	6030R	
Grand Total	1442	16585.75				

CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT	H.M.	COMMODITY DESCRIPTION	LTL ONLY
QTY	TYPE	QTY	TYPE	LBS	(X)	Com packages requiring special or additional care or attention in handling or stowing must be so marked (not packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300	NMFC # CLASS
156	ctns			305.98		Sheet Set & Pillowcase	49260-3 250
1286	ctns			16279.77		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3 250
1442				16585.75		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 clean, fresh, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. Total Pallets: 3 <i>EW 11/28/25</i>	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/pilots 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 in/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>[Signature]</i>
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Bill Of Lading

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SHIP FROM				SHIP TO				THIRD PARTY FREIGHT CHARGES BILL TO:			
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ FOB: <input type="checkbox"/>				Name: Wal-Mart DC 6038A-ASM DIS Location #: 6038A Address: 8827 Old River Road 6038A City/State/Zip: Marcy, NY 13403 CID#: _____ FOB: <input type="checkbox"/>				Name: Address: City/State/Zip:			
Bill of Lading Number: 06757168001609479  (402)06757168001609479				CARRIER NAME: WESTERN EXPRESS Trailer number: 380124 Seal number(s): 69480392 SCAC: WSWI Pro Number:				Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid Collect <input checked="" type="checkbox"/> 3rd Party			
SPECIAL INSTRUCTIONS: Load #: 41954608				<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)				Appointment Time Actual Driver Arrival Time Driver Departure Time AM AM AM PM 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	
1032931883	291	7	3372.00	Y	N	12/07/2025	6038A	0033	00022		
GRAND TOTAL	291	7	3372.00								
CARRIER INFORMATION											
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>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 348.</small>	LTL ONLY				
QTY	TYPE	QTY	TYPE				NMFC #	CLASS			
261	ctns			3317.81		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250			
30	ctns			54.19		Sheet Set & Pillowcase	49260-3	250			
291				3372.00		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"/>					
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 <small>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.</small>				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 paid to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE <small>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.</small>			