

Date: 12/4/2025 7:01:10 AM

Bill Of Lading

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SHIP FROM		Bill of Lading Number: 06757163001106331
Name:	E & E COMPANY LTD	 (402)06757163001106331
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:		
		FOB: <input type="checkbox"/>

SHIP TO		CARRIER NAME: WAL-MART FLEET
Name:	Wal-Mart DC 6561A-ASM DIS	Trailer number: 165539
Address:	1600 Agua Mansa Road	Seal number(s): 69894606
	6561A	SCAC: WALM
City/State/Zip:	Colton, CA 92324	Pro Number:
CID#:		
Dept:	00022	
		FOB: <input type="checkbox"/>

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

SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached
Load #: 91769204		(check box) 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	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
5537575904	1065	21	11439.22	Y	N	12/07/2025	6561A	0033	00022	
GRAND TOTAL	1065	21	11439.22							

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(a) of NMFC Item 399</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE	NMFC #	CLASS								
21	Pallet					1050.00			Pallet				
		885	ctns			11142.22			Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250		
		180	ctns			297.00			Sheet Set & Pillowcase	49260-3	250		
21		1065				12489.22			GRAND TOTAL				

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 _____"	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.  12/4/25	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/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.  80978 12/6/25
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