


Date: 10/24/2025 7:24:50 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163001088996
Name:	E & E COMPANY LTD	 (402)06757163001088996
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 Location #: 6561A	Trailer number: 131798
Address:	1800 Agua Mansa Road 6561A	Seal number(s): 69894404
City/State/Zip:	Colton, CA 92324	SCAC: WALM
CID#:	FOB: <input type="checkbox"/>	Pro Number:
Dept:	00022	

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

SPECIAL INSTRUCTIONS:	Master Bill of Lading: with attached underlying Bills of Lading	
Load #: 91306257	<input type="checkbox"/> (check box)	
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	
5537575471	1285	31	17039.52	Y N	10/26/2025	6561A	0033	00022		
GRAND TOTAL	1285	31	17039.52							

HANDLING UNIT							PACKAGE			WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring specific 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(e) of NMFC Item 302.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE	PALLETS		PKGS	NMFC #	CLASS						
31	Pallet					1550.00				Pallet				
		1285	ctns			17039.52				Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250		
GRAND TOTAL							18589.52							

Where the rate is dependent on value, shippers are required to advise 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 local applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
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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 sold to consignee <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier advised driver receipt of packages and required placards. Carrier certifies that the information was made available and/or carrier has the DOT placards, labels, guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.  10/24/25
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