

Date: 11/18/2025 7:12:24 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163001098186
Name: E & E COMPANY LTD	Address: 221 Hanson Way	 (402)06757163001098186
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: 209260
Address: 1600 Agua Mansa Road		Seal number(s): 69804512
City/State/Zip: Colton, CA 92324		SCAC: WALM
CID#: _____	FOB: <input type="checkbox"/>	Pro Number: _____
Dept: 00022		

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

SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
Load # 91611957		Appointment Time	Actual Driver Arrival Time
		AM	AM
		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
5537575711	1274	29	14402.26	Y N	11/20/2025	6561A	0033	00022	
GRAND TOTAL	1274	29	14402.26						

HANDLING UNIT						PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Connectees 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(j) of NMFC Item 300.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE	NMFC #	CLASS							
29	Pallet					1450.00			Pallet			
		1154	ctns			14036.86			Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250	
		120	ctns			365.40			Sheet Set & Pillowcase	49260-3	250	
29		1274				15852.26			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.  11/18/25	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 placard or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.  11/18/25
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