

Date: 5/1/2020 8:05:42 PM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757168000144490	
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: ALLEN LUND COMPANY	
Name:	Wal-Mart DC 6038A-ASM DIS	DC#:	6038A
		Div.:	
Address:	8827D Old River Road 6038A	Trailer number:	08720
		Seal number(s):	28167899
City/State/Zip:	Marcy, NY 13403	SCAC:	LUAC
SID#:		Pro Number:	0
		FOB:	<input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 77229716		12:30 AM	12:04 AM
		Driver Dep. Time	6:10 AM

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO
						DC# Supplier#
3758522467	100	1172.20	Y	N	06757168000144469	6038R
8313635140	460	4543.27	Y	N	06757168000144483	6038A
4659382996	20	63.80	Y	N	06757168000144476	6038A
Grand Total	580	5779.27				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	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 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
544	ctns			5680.67		Comforters, Bedspreads	49017	200
16	ctns			34.80		Sheet Set & Pillowcase	49390 Sub 4	175
20	ctns			63.80		Shower curtain	49385	77.5
580				5779.27		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: Prepaid:
 Customer check acceptable:

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

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.
 Total Pallet: 21

Trailer Loaded: Freight Counted:
 By Shipper By Shipper
 By Driver By Driver/pallets said to contain
 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.

INVOICE



Walmart Inc.
Global Business Services
1301 S.E. 10th St.
Bentonville, AR 72716-9015

E & E CO LTD
45875 NORTHPORT LOOP E
FREMONT CA 94538

Customer Number 1000078331
Please show your Wal-Mart Customer number
on all remittances
Invoice Number: 7000291797
Invoice Date: 06/09/2020
Payment Terms: Net Due 30 days

ACH INFORMATION: Wells Fargo Bank NA, 420 Montgomery Street, San Francisco, CA 94104 ABA #121000248 Account Name: WalMart Corp Accounting Account Number: 2000016949920 NOTE: Please include your Walmart Contact name, phone #, Customer invoice number, CLAIM/COOP/ Job # or other reference information	Please make checks payable to: Walmart Inc. c/o Bank of America P.O. Box 500787 St. Louis, MO 63150-0787
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INVOICE DESCRIPTION: POS - AR

Amount	City Tax	County Tax	Other Tax / Local taxes	State Tax	Other Charges	Total Invoice Amount
\$285.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$285.60

Reference Number 205597
COMMENTS: This billing is for
DETENTION CHARGE
77229716
4659382996
205597

For disputes, Please file through HighRadius. If you are not signed up for HighRadius, You can email : HIRadCS@walmart.com for set up instructions. For all other inquiries: US and PR suppliers please visit - Retail Link > Learn Tab > Choose your business partner > GBS-NA ContactCenter US, CA and PR Suppliers -Phone - 888-499-6377 -Email wmgbs@wal-mart.com	Total Invoice Amount \$285.60
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