

Date: 4/28/2020 2:00:50 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757168000141659
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: Hub Group
Name:	Wai-Mart DC 6092A-ASM DIS	DC#: 6092A
		Div.
Address:	3110 Illinois HWY 89 6092A	Trailer number: HGIU514338
		Seal number(s): 28167133
City/State/Zip:	Spring Valley, IL 61362	SCAC: HUBG
SID#:		Pro Number:
		FOB: <input type="checkbox"/>

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 #: 77144272		11:00 AM PM	11:00 AM PM
			Driver Departure Time
			2:17 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	DC#	Supplier#
8556134144	122	1266.41	Y	N	06757168000141635	6092G	
5059383162	19	60.61	Y	N	06757168000141628	6092A	
9558835166	863	8495.48	Y	N	06757168000141642	6092A	
4213322492	76	851.56	Y	N	06757168000141611	6092R	
Grand Total	1080	10674.06					

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or storing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360.</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
990	ctns			10421.24		Comforters, Bedspreads	49017	200	
71	ctns			192.21		Sheet Set & Pillowcase	49390 Sub 4	175	
19	ctns			60.61		Shower curtain	49385	77.5	
1080				10674.06		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"/>

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.
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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. Total Pallets: 36 <i>[Signature]</i> 4/28/20	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. <i>[Signature]</i> 4-28-20
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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 100078331
Please show your Wal-Mart Customer number
on all remittances
Invoice Number: 7000291520
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
\$64.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$64.68

Reference Number 204954
COMMENTS: This billing is for
DETENTION CHARGE
77144272
8556134144
204954

For disputes , Please file through HighRadius. If you are not signed upfor 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 \$64.68
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