

Date: 4/27/2020 8:15:18 PM

Master Bill Of Lading

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SHIP FROM		Master Bill of Lading Number: 06757168000140515	
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: Paschall Trucking	
Name:	Wal-Mart DC 6017A - ASM DIS	DC#:	6017A
		Div.:	
Address:	2108 East Tipton Street 6017A	Trailer number:	175273
City/State/Zip:	Seymour, IN 47274	Seal number(s):	28167003
SID#:		SCAC:	PASC
		Pro Number:	0
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
Load #: 77115032		Appointment Time	Actual Driver Arrival Time
		4:30 AM	3:58 AM
			8:28 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
3458522466	8	88.16	Y	N	06757168000140485	6017R	
8458725253	342	3598.86	Y	N	06757168000140508	6017A	
2952446521	554	2816.26	Y	N	06757168000140478	6017G	
5305365656	667	7678.12	Y	N	06757168000140492	6017G	
Grand Total	1571	14181.40					

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
4	ctns			12.84		Sheet Set & Pillowcase	49390 Sub 4	175
554	ctns			2816.26		Shower curtain	49385	77.5
1013	ctns			11352.30		Comforters, Bedspreads	49017	200
1571				14181.40		Grand Total		

Where the rate is dependent on value, shippers are required to stated 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: 36 DT 4/27/2020	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 <small>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.</small>  4/27/20
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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: 7000274276
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
\$88.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$88.20

Reference Number 205109
COMMENTS: This billing is for
DETENTION CHARGE
77115032
2952446521
205109

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 \$88.20