

Date: 5/1/2020 8:34:54 PM

Master Bill Of Lading

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SHIP FROM		Master Bill of Lading Number: 06757168000144537	
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: JB Hunt Intermodal	
Name: Wal-Mart DC 7038A-ASM DIS		Trailer number: 310594	
DC#: 7038A		Seal number(s): 28167156	
Div. _____		SCAC: HJBI	
Address: 4009 South Jenkins Rd.		Pro Number: 0	
7038A			
City/State/Zip: FT Pierce, FL 34981			
SID#: _____ FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address: _____		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
City/State/Zip: _____		Appointment Time: 1300 AM PM	
SPECIAL INSTRUCTIONS:		Actual Driver Arrival Time: 1245 AM PM	
Load #: 77229721		Driver Departure Time: 6:37 AM PM	

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO	
					BOL#	DC# Supplier#
4358522533	104	1230.32	Y	N	06757168000144506	7038R
7159163144	40	127.60	Y	N	06757168000144513	7038A
9258835027	426	4880.76	Y	N	06757168000144520	7038A
Grand Total	570	6238.68				

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(a) of NMFC Item 369</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
40	ctns			127.60		Shower curtain	49385	77.5
13	ctns			41.73		Sheet Set & Pillowcase	49390 Sub 4	175
517	ctns			6069.35		Comforters, Bedspreads	49017	200
570				6238.68		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.

SHIPPER SIGNATURE / DATE <small>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.</small> 	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>
Total Pallet: 19			

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: 7000291717
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
\$283.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$283.08

Reference Number 205705
COMMENTS: This billing is for
DETENTION CHARGE
77229721
4358522533
205705

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 \$283.08
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