

Date: 4/29/2020 11:09:40 PM

Master Bill Of Lading

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SHIP FROM		Master Bill of Lading Number: 06757168000142816	
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:	175126
		Seal number(s):	28167123
City/State/Zip:	Seymour, IN 47274	SCAC:	PASC
SID#:		Pro Number:	0
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 (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 77178466		4:00 ^{AM} _{PM}	3:49 ^{AM} _{PM}
		Driver Departure Time	11:45 ^{AM} _{PM}

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO
						DC# Supplier#
5305365672	811	8408.00	Y	N	06757168000142786	6017G
8458725271	359	2996.22	Y	N	06757168000142809	6017A
7113963159	10	31.90	Y	N	06757168000142793	6017A
3458522477	20	234.44	Y	N	06757168000142779	6017R
Grand Total	1200	11670.56				

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 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1190	ctns			11638.66		Comforters, Bedspreads	49017	200
10	ctns			31.90		Shower curtain	49385	77.5
1200				11670.56		Grand Total		

When 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 Pallet: 33 DT 4/29/2020	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 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. A J L 04-29-20
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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 1000078331

Please show your Wal-Mart Customer number on all remittances

Invoice Number: 7000274277

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

INVOICE DESCRIPTION: POS - AR

Amount	City Tax	County Tax	Other Tax / Local taxes	State Tax	Other Charges	Total Invoice Amount
\$289.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$289.80

Reference Number 205265
COMMENTS: This billing is for
DETENTION CHARGE
77178466
5305365672
205265

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

\$289.80