

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757168000142434	
Name:	E & E COMPANY LTD		
Address:	311 International Trade Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:		FOB:	<input type="checkbox"/>
<b>SHIP TO</b>		<b>CARRIER NAME:</b> Hub Group	
Name:	Wal-Mart DC 6027A - ASM DIS	DC#:	6027A
		Div.:	
Address:	310 Owens Road	Trailer number:	501276
	6027A	Seal number(s):	28167101
City/State/Zip:	Woodland, PA 16881	SCAC:	HUBG
SID#:		Pro Number:	0
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
<b>SPECIAL INSTRUCTIONS:</b>		<input checked="" type="checkbox"/> <b>MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING</b>	
Load #: 77178500		Appointment Time	Actual Driver Arrival Time
		10:00 AM PM	10:00 AM PM
			Driver Departure Time
			2:45 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
4359383113	32	112.02	Y	N	06757168000142397	6027A	
4608522344	148	1701.16	Y	N	06757168000142403	6027R	
6253958301	167	1778.42	Y	N	06757168000142410	6027G	
7908835244	763	7138.21	Y	N	06757168000142427	6027A	
<b>Grand Total</b>	1110	10729.81					

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 368</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1017	ctns			10458.87		Comforters, Bedspreads	49017	200
61	ctns			158.92		Sheet Set & Pillowcase	49390 Sub 4	175
32	ctns			112.02		Shower curtain	49385	77.5
1110				10729.81		<b>Grand Total</b>		

<p>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 _____</p>	<p><b>COD Amount \$</b> _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
---	--

**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

<p>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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;"><b>Shipper Signature</b></p>
<p><b>SHIPPER SIGNATURE / DATE</b>                  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: 34  <i>[Signature]</i> 4/29/20</p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver</p> <p>Freight Counted: <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver/pallets said to contain  <input type="checkbox"/> By Driver/Pieces</p>
<p><b>CARRIER SIGNATURE / PICKUP DATE</b>                  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> 4-29-20</p>	

# 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: 7000291521  
Invoice Date: 06/09/2020  
Payment Terms: Net Due 30 days

<b>ACH INFORMATION:</b>  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	<b>Please make checks payable to:</b>  <b>Walmart Inc.</b> 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
\$138.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$138.60

Reference Number 205643  
COMMENTS: This billing is for  
DETENTION CHARGE  
77178500  
6253958301  
205643

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** **\$138.60**