

SHIP FROM		Master Bill of Lading Number: 06757168000144605	
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: 3 RIVERS LOGISTICS	
Name:	Wal-Mart DC 6006A - ASM DIS	DC#:	6006A
		Div.:	
Address:	2200B 7th Avenue Southwest 6006A	Trailer number:	058
		Seal number(s):	28167125
City/State/Zip:	Cullman, AL 35055	SCAC:	TVQI
SID#:		Pro Number:	0
		FOB:	<input type="checkbox"/>

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 UNDERLYING BILLS OF LANDING	
Load #: 77207261		Appointment Time	Actual Driver Arrival Time
		1300 AM	1245 PM
			Driver Departure Time
			5:39 PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
4858522293	36	438.84	Y	N	06757168000144575	6006R	
8513525237	316	3325.09	Y	N	06757168000144599	6006A	
4952729479	536	5560.78	Y	N	06757168000144582	6006G	
Grand Total	888	9324.71					

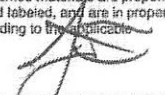
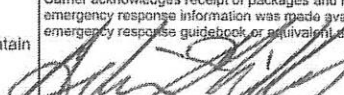
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	ctns			4.56		Sheet Set & Pillowcase	49390 Sub 4	175
884	ctns			9320.15		Comforters, Bedspreads	49017	200
888				9324.71		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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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 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: 25 	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. 
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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: 7000291794
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
\$133.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$133.56

Reference Number 205760
COMMENTS: This billing is for
DETENTION CHARGE
77207261
4858522293
205760

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 \$133.56
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