



PTL 222 002

SHIP FROM Name: BRADSHAW HOME INC. Address: 9415 KAISER WAY City/State/Zip: Fontana, CA 92335 SID1296274 FOB:		Bill Of Lading Number: 07675300046188234  Master Bill Of Lading Number: 07675300046204422	
SHIP TO Name: WAL-MART DC 7034A ASM Address: 4860 WHEATLEYS POND ROAD City/State/Zip: SMYRNA, DE 19977 FOB:		Carrier Name: GLBL - Fusion Transport Equipment: PTLZ222002 Seal number(s): 2G-012566	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: GLBL Pro Number: 585278  585278	
SPECIAL INSTRUCTIONS: POS REPLEN		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>	
		<input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading	

BillTo Customers: 01B-039144

Must Arrive By 11/22/2024

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT (LB)	Pallet/Slip (Circle One)		ADDITIONAL SHIPPER INFO
1831555801	4	19.40	Y	N	7511072-7654365
			Y	N	
			Y	N	
			Y	N	
			Y	N	
GRAND TOTAL	4	19.40			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT (LB)	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
						Commodities requiring special or additional attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. <i>See Section 2(e) of NMFC Item 360</i>	NMFC #	CLASS
1	Pallets	1	Case	13.40		Other (brooms, brushes)	13120.01	400
		3	Case	6.00		Other (brooms, brushes)	33010.03	250
1		4		19.40		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: ☐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, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

☒ By Shipper☐ By Driver

Chep Pallets _____

48" Spaces _____

Freight Counted:


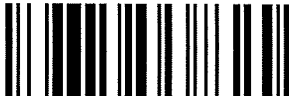
☒ By Shipper☐ By Driver/pallets said to contain☐ By Driver/Pieces

60" Spaces _____

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.

SHIP FROM						Bill Of Lading Number: 07675300046188319 						
Name: BRADSHAW HOME INC. Address: 9415 KAISER WAY City/State/Zip: Fontana, CA 92335						Master Bill Of Lading Number: 07675300046204422						
SID1296282 FOB:						Carrier Name: GLBL - Fusion Transport Equipment: PTLZ222002 Seal number(s): 2G-012566						
SHIP TO						SCAC: GLBL Pro Number: 585278 585278						
Name: WAL-MART DC 7034A ASM Address: 4860 WHEATLEYS POND ROAD City/State/Zip: SMYRNA, DE 19977						Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect _____ 3rd Party _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)						
THIRD PARTY FREIGHT CHARGES BILL TO:												
SPECIAL INSTRUCTIONS: POS REPLEN												
BillTo Customers: 01B-039144 Must Arrive By 11/22/2024												
CUSTOMER ORDER INFORMATION												
CUSTOMER ORDER NUMBER				# PKGS	WEIGHT (LB)		Pallet/Slip (Circle One)		ADDITIONAL SHIPPER INFO			
5780328400				5	28.22		Y	N	7511080-7654375			
							Y	N				
							Y	N				
							Y	N				
							Y	N				
GRAND TOTAL				5	28.22							
CARRIER INFORMATION												
HANDLING UNIT		PACKAGE		WEIGHT (LB)	H.M. (X)	COMMODITY DESCRIPTION			LTL ONLY			
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional 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 350			NMFC #	CLASS		
1	Pallets	3	Case	23.04		STOPPERS,LIDS,CAPS,& OTHER CLOSURES,OF PLASTIC			156600.07	92.5		
		2	Case	5.18		Kitchenware of stainless steel			156600.09	70		
1		5		28.22		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. Signature _____ Shipper _____						
SHIPPER SIGNATURE/DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.				Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Chep Pallets _____ 48" Spaces _____ 60" Spaces _____		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.				
For any issues, please contact BradshawOSD@bradshawhome.com												

SHIP FROM				Bill Of Lading Number: 07675300046188326					
Name: BRADSHAW HOME INC. Address: 9415 KAISER WAY City/State/Zip: Fontana, CA 92335									
SID1296283				Master Bill Of Lading Number: 07675300046204422					
SHIP TO				Carrier Name: GLBL - Fusion Transport					
Name: WAL-MART DC 7034A ASM Address: 4860 WHEATLEYS POND ROAD City/State/Zip: SMYRNA, DE 19977				Equipment: PTLZ222002					
FOB:				Seal number(s): 2G-012566					
THIRD PARTY FREIGHT CHARGES BILL TO:				SCAC: GLBL					
				Pro Number: 585278					
									
				585278					
SPECIAL INSTRUCTIONS: POS REPLEN				Freight Charge Terms: (freight charges are prepaid unless marked otherwise)					
				Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>					
				<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)					
BillTo Customers: 02B-5480									
Must Arrive By 11/22/2024									
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT (LB)		Pallet/Slip (Circle One)		ADDITIONAL SHIPPER INFO		
2982020578		36	179.82		Y N		7514267-7654355		
					Y N				
					Y N				
					Y N				
					Y N				
GRAND TOTAL		36	179.82						
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT (LB)	H.M. (X)	COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. <i>See Section 2(e) of NMFC Item 360</i>		NMFC #	CLASS
1	Pallets	36	Case	179.82		palstic-disposable		156600.04	175
1		36		179.82		GRAND TOTAL			
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						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 This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.						Signature _____			
Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Chep Pallets _____ 48" Spaces _____ 60" Spaces _____						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.			
For anv issues. please contact BradshawOSD@bradshawhome.com									