

SHIP FROM Name: BRADSHAW HOME INC. Address: 9415 KAISER WAY City/State/Zip: Fontana, CA 92335 FOB:		Master Bill Of Lading Number: 07675300046204484 	
SHIP TO Name: WAL-MART DC 6027A ASM Address: 310 OWENS ROAD City/State/Zip: WOODLAND, PA 16881 FOB:		Carrier Name: GLBL - Fusion Transport Equipment: PTLZ222002A Seal number(s): 2G-012566	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: GLBL Pro Number: 585280  585280	
SPECIAL INSTRUCTIONS: Underlying BOLs: 07675300046188241, 07675300046188258		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 checked="" type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

BillTo Customers: 01B-039144,02B-5480
11/22/2024

Load #7

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT (LB)	Pallet/Slip (Circle One)		ADDITIONAL SHIPPER INFO
4758989722	5	24.98	Y	N	7514279-7654359
9082480536	2	26.80	Y	N	7511089-7654386
			Y	N	
			Y	N	
			Y	N	
GRAND TOTAL	7	51.78			

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. See Section 2(e) of NMFC Item 360	NMFC #	CLASS
2	Pallets	2	Case	26.80		Other (brooms, brushes)	13120.01	400
		5	Case	24.98		palstic-disposable	156600.04	175
2		7		51.78		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: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Chep Pallets <u>0</u> 48" Spaces <u>1</u> 60" Spaces <u>0</u>	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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For any issues, please contact BradshawOSD@bradshawhome.com

Door #

Trailer #

PTLZ222002

For any issues, please contact BradshawOSD@bradshawhome.com

SHIP FROM				Bill Of Lading Number: 07675300046188258					
Name: BRADSHAW HOME INC. Address: 9415 KAISER WAY City/State/Zip: Fontana, CA 92335									
SID1296276		FOB:		Master Bill Of Lading Number: 07675300046204484					
SHIP TO				Carrier Name: GLBL - Fusion Transport					
Name: WAL-MART DC 6027A ASM Address: 310 OWENS ROAD City/State/Zip: WOODLAND, PA 16881				Equipment: PTLZ222002A					
FOB:				Seal number(s): 2G-012566					
THIRD PARTY FREIGHT CHARGES BILL TO:				SCAC: GLBL					
				Pro Number: 585280					
									
				585280					
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		
4758989722		5	24.98		Y N		7514279-7654359		
					Y N				
					Y N				
					Y N				
					Y N				
GRAND TOTAL		5	24.98						
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	5	Case	24.98		palstic-disposable		156600.04	175
1		5		24.98		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, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>						Signature			
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 <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>			
For any issues, please contact BradshawOSD@bradshawhome.com									