

<b>SHIP FROM</b> Name: BRADSHAW HOME INC. Address: 9415 KAISER WAY City/State/Zip: Fontana, CA 92335 FOB:		<b>Master Bill Of Lading Number: 07675300046204514</b> 	
<b>SHIP TO</b> Name: WAL-MART DC 6006A ASM Address: 2200B 7TH AVENUE SOUTHWEST City/State/Zip: CULLMAN, AL 35055 FOB:		<b>Carrier Name: GLBL - Fusion Transport</b> Equipment: PTLZ222002J Seal number(s): 2G-012566	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>SCAC: GLBL</b> <b>Pro Number: 585304</b>  585304	
SPECIAL INSTRUCTIONS: Underlying BOLs: 07675300046201858, 07675300046201865, 07675300046201872		<b>Freight Charge Terms:</b> (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

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT (LB)	Pallet/Slip (Circle One)		ADDITIONAL SHIPPER INFO
			Y	N	
3432321309	5	32.80	Y	N	7514910-7655768
3730298872	13	106.49	Y	N	7514925-7655789
4966067843	26	129.87	Y	N	7516011-7655795
			Y	N	
			Y	N	
<b>GRAND TOTAL</b>	<b>44</b>	<b>269.16</b>			

## 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
3		44		269.16		<b>GRAND TOTAL</b>		

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.

Door #

For any issues, please contact BradshawOSD@bradshawhome.com



Trailer #

**Master Bill of Lading Number : 07675300046204514**

**Bill of Lading Number : 07675300046204514**

**Bill of Lading Number : 07675300046204514**

[illegible]

SHIP FROM		Bill Of Lading Number: 07675300046201858
Name: BRADSHAW HOME INC. Address: 9415 KAISER WAY City/State/Zip: Fontana, CA 92335		
SID1297322	FOB:	
SHIP TO		Master Bill Of Lading Number: 07675300046204514
Name: WAL-MART DC 6006A ASM Address: 2200B 7TH AVENUE SOUTHWEST City/State/Zip: CULLMAN, AL 35055		Carrier Name: <b>GLBL - Fusion Transport</b>
FOB:		Equipment: PTLZ222002J
THIRD PARTY FREIGHT CHARGES BILL TO:		Seal number(s): 2G-012566
		SCAC: <b>GLBL</b>
		Pro Number: <b>585304</b>
		 585304
SPECIAL INSTRUCTIONS: POS REPLEN		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <b>X</b> Collect _____ 3rd Party _____
		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)

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
3432321309	5	32.80	Y	N	7514910-7655768
			Y	N	
			Y	N	
			Y	N	
			Y	N	
GRAND TOTAL	5	32.80			

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	2	Case	26.80		Other (brooms, brushes)	13120.01	400
		3	Case	6.00		Other (brooms, brushes)	33010.03	250
1		5		32.80		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				SHIP TO				THIRD PARTY FREIGHT CHARGES BILL TO:			
Name: BRADSHAW HOME INC. Address: 9415 KAISER WAY City/State/Zip: Fontana, CA 92335				Name: WAL-MART DC 6006A ASM Address: 2200B 7TH AVENUE SOUTHWEST City/State/Zip: CULLMAN, AL 35055							
SID1297323				FOB:				FOB:			
SPECIAL INSTRUCTIONS: POS REPLEN				Bill Of Lading Number: 07675300046201865				Master Bill Of Lading Number: 07675300046204514			
											
Carrier Name: GLBL - Fusion Transport				Equipment: PTLZ222002J				Seal number(s): 2G-012566			
SCAC: GLBL				Pro Number: 585304				 585304			
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							
Bill To 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				
3730298872			13	106.49	Y	N	7514925-7655789				
					Y	N					
					Y	N					
					Y	N					
					Y	N					
GRAND TOTAL			13	106.49							
CARRIER INFORMATION											
HANDLING UNIT		PACKAGE		WEIGHT (LB)	H.M. (X)	COMMODITY DESCRIPTION <small>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</small>	LTL ONLY				
QTY	TYPE	QTY	TYPE				NMFC #	CLASS			
1	Pallets	2	Case	58.85		TABLE/KITCHENWARE	101425.07	92.5			
		4	Case	18.24		thermometer other	13120.01	400			
		2	Case	15.36		STOPPERS,LIDS,CAPS,& OTHER CLOSURES,OF PLASTIC	156600.07	92.5			
		5	Case	14.04		Household Tools,Kitchen& Table	156600.08	85			
1		13		106.49		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: \$ _____					
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B).						Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>					
						Customer check acceptable: <input type="checkbox"/>					
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. <span style="float: right;">Shipper</span>					
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 _____					
						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>					
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 sold to contain <input type="checkbox"/> By Driver/Pieces					
For any issues, please contact BradshawOSD@bradshawhome.com											

SPECIAL INSTRUCTIONS: POS REPLEN

## CUSTOMER ORDER INFORMATION

**GRAND TOTAL**

**GRAND TOTAL**

Customer check acceptable: ☐

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](mailto:BradshawOSD@bradshawhome.com)