



Bill to:
WPG Wisconsin Paper Group INC.co
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,

Invoice Date: 05/24/2023
Invoice #: 201825
Terms: NET 30
Due Date: 06/24/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
05/22/2023		1321 South Magnolia Drive, Wiggins, MS, USA - 355 Byrd Ave, Neenah, WI 54956, USA			
			1	2200	2200

TOTAL
2200

PLEASE NOTE

The right to payment under this invoice has been assigned to Compass payment Solutions LLC (CFS) and all payments hereunder are to be directed to the assignee at the address noted below. Remittances to other than CFS do not constitute payment of this invoice. CFS must be given notification of any claims, agreements or merchandise returns which would affect the payment of all or part of this Invoice on the due date.

COMPASS FUNDING SOLUTIONS LLC
P.O.BOX 205154
DALLAS, TX 75320-5154
Tel: 844-899-8092

Destinations Neenah, WI

PRELIMINARY

Start at Hoffmaster (Dunn Paper Co) 1321 SOUTH MAGNOLIA DR Wiggins MS, 39577

BOL # **201825**Final Loading Hoffmaster (Dunn Paper Co) 1321 SOUTH MAGNOLIA DR Load By Time **8:00 AM**

Ship Date 05/22/23

Carrier 423 Riki Transportation Inc dba BRZ

Planner Jerilyn V.

Remarks PU on 5/22 08:00-17:00 #521886

of Stops 1

Deliver on 5/24 at 08:00 #S6213

Total Miles 1019

Trailer #

Trailer Type

Total Weight 0

Rate Flat rate of: \$2200.00

Member	Shipmnt ID	Cust Wt	Feet	Pallet	Cartons	Customer	PO#/Rmrks	Mileage	Trailer Feet	12
Stop 1	Pick up at Hoffmaster (Dunn Paper Co)	1321 SOUTH MAGNOLIA	Wiggins, MS 39577	0	05/22					

635 Hoffmaster 1837071 43,000 12.0

VPI- Neenah C/O Hoffmaster
Neenah, WI 54956521886. PU on 5/22 08:00-17:00 #521886
Deliver on 5/24 at 08:00 #S6213**Totals 43,000 12**

Stop 2	Deliver to VPI- Neenah C/O Hoffmaster	355 Byrd Ave	Neenah, WI 54956	1019	na 05/24
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635 Hoffmaster 1837071 43,000 12.0

VPI- Neenah C/O Hoffmaster
Neenah, WI 54956

9665763. Appt: AR08:00.

Cust Ref. #'s: 9665763 (Original Reference Number)
 521886 (Customer Reference Number)
 FOODSERVICE (Customer Reference Number)
 392365 (Purchase Order Number)
 WIPG (Customer Reference Number)
 R002923658 (Customer Reference Number)
 R002923658-5937 (Customer Reference Number)
 05/24/2023 08 00 (Customer Reference Number)

receiving na PU on 5/22 08:00-17:00
 #521886
 Deliver on 5/24 at 08:00 #S6213

Totals 43,000 12**Appointment set by WPG for 5/24/2023 at 08:00.***Leo Kikic*

BIORIGIN SPECIALTY PRODUCTS- WIGGINS

1321 S MAGNOLIA DR, WIGGINS, MS 39577

Page - 1
 Date - 05/22/2023
 Carrier Number 239461
 CUST PICKUP - FOB ORIGIN - FRT

STRAIGHT BILL OF LADING-SHORT FORM-ORIGINAL-NOT NEGOTIABLE

RECEIVED, subject to the classifications and tariffs in effect on the date of issue of this Original Bill of Lading

The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise being understood throughout this contract as meaning any person or corporation in possession of the property under the contract, agrees to carry to its usual place of delivery at said destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the day hereof, if this is a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if there is a motor carrier shipment

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Sold To: HOFFMASTER GROUP
 2920 N. MAIN ST
 OSHKOSH WI 54901

Ship To: VPI- NEENAH
 C/O HOFFMASTER
 355 BYRD AVENUE
 NEENAH WI 54956

Sales Order 521886
 BOL # 359468
 Pick Slip Number 616105
 Trailer I.D. 28947

234580

410429

Seal # 3712452

Auth. #

Grabs / Pallets 0

Item Number/Description	Shipped	UM	Quantity	UM	NMFC	NMFC Description
4031652	31,349.00	LB	31,349.0000	LB		
771616						LB

1 Ply 11.7# White Facial

Cust PO 392365

Sales Order -- 521886 Line-- 1.000 FOB FOB Origin

Collect Freight & Liability

**P.O.D. REQUIRED FOR PAYMENT**

Quantity	UM	Sec Quantity	UM	Bundles	Rolls
31,349.0000	LB	31,349.0000	LB	37	37

SHIPPER'S CERTIFICATION: 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 Department of Transportation.

Driver Signature

* If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier or shipper weight."

+ Shipper's imprints in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

Note - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper not to be exceeding _____

THIS SHIPMENT IS CORRECTLY DESCRIBED

+ The fibre boxes used for this shipment conform to the specifications set forth in the box makers certificate thereon, and all other requirements of the Consolidated Freight Classification.

CORRECT WEIGHT IS 31,349 LB

Shipper
 Per _____

Shipper, Per _____

Agent, Per _____

FREIGHT TERMS

FOB Origin
 Collect Freight & Liability

FREIGHT RATE

Subject to Section 7 of conditions of applicable bill of lading. If this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Per _____
 (Signature of Consignor)

If charges are to be prepaid, write or stamp here, "To Be Prepaid"

Received \$ _____
 to apply in prepayment of charges on the property described hereon.

Agent or Cashier

Per _____
 (The signature here acknowledges only the amount prepaid.)

C.O.D. Shipment

C.O.D. Amt. _____
 Collection Fee _____
 Total Charges _____

Loaded By: _____
 Checked By: _____

BiOrigin Specialty Products schedules loads by appointment. If you do not have an appointment, we will do our best to accomodate you; but, we cannot guarantee time slots without appointments.

5/24/23