

**Bill to:**

Scotlynn Usa Division inc.
15671 San Carlos Blvd. Suite 101,
Fort Myers,
FL,
33908

Invoice Date: 08/08/2023

Invoice #: 0751548

Terms: NET 30

Due Date: 09/08/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
08/07/2023		617 S D St, Monmouth, IL 61462, USA - 702-5 Broad St Ext, Waverly, NY 14892, USA			
			1	2100	2100

TOTAL
2100

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



Rate Confirmation Agreement for Scotlynn USA Division

- Scotlynn Order number must appear on your Freight Bill.
- Quick Pay is available on all orders at a rate of 3%, Proof of Delivery required.
 - **For all Quick Pay send invoices to: quickpay@scotlynn.com**
- Standard Payment Terms are Net 30 days from receipt of your Freight Bill and Proof of Delivery.
 - **For all Standard Pay send invoices to: usa-accounting@scotlynn.com**
- Check Calls must be made to Scotlynn Operations Contact before 10am and again before 4pm EST each day the load is in transit, including weekends and holidays.
- All additional expenses such as pallets and unloading fees require receipts in order to be reimbursed.
- Loading/Unloading delays must be reported while truck is on site, and detention requests must be accompanied by dock in and out times noted on Bill of Lading.
- Case and pallet count must match confirmation; any discrepancies must be reported at time of loading.
- All temperature control loads must be run on continuous cycle only.
- Each pallet of a temperature controlled shipment must be pulped at the time of loading to ensure temperature matches the Bill of Lading. Temperature must be reported to Scotlynn at time of loading.
- All trailers must be sealed with the seal number noted on the Bill of Lading.
- Double Brokerage without written consent will result in non-payment.
- All load claims will be assessed at the Bill of Lading, Invoice or Retail value whichever is greater.
- For After Hours Dispatch call the toll-free number and follow the prompts.
- Certificate of Insurance shall evidence that the following cargoes are not excluded: Fresh and/or frozen produce; fresh and/or frozen meat/seafood.
- **For all pay status inquiries or rate verifications, please email: paystatus@scotlynn.com**

**Scotlynn USA Division
9597 Gulf Research Lane
Fort Myers, FL 33912
1-888-263-1888
www.scotlynn.com**

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Scotlynn USA Division
 9597 Gulf Research Lane
 Fort Myers, FL 33912
 Ph: 888-263-1888
 Fax: 239-433-3372
 www.scotlynn.com

Operations Contact
 Glendon Shonekan
 gshonekan@scotlynn.com
 ph: 239-208-0631 x
 cell:
 fax:

Billing Contact
 9597 Gulf Research Lane
 Fort Myers, FL 33912
 ph: 800-263-9117 x 2541
 fax: 239-603-8407
 email: usa-accounting@scotlynn.com

Carrier: BRZ
 BURBANK IL 60459
 Date: 08/07/2023
 Contact: steve
 Phone:
 Fax:

Commodity: Dog food to
 Temp:
 Run Continuous:
 Trailer: 53 Ft Van - Dry
 0751548

Stop Details

PU 1 Name: Midwestern Pet Foods Inc.
 Address: 617 S D St
 MONMOUTH IL 61462
 Arrive Between: 08/07/2023 0800
 And: 08/07/2023 2200
 Contact:
 Phone:
 Ref: PU 784122 Pcs: Weight: Desc:

Stop Details

SO 2 Name: Midwestern Pet Foods
 Address: 702-5 Broad St Ext
 WAVERLY NY 14892
 Arrive Between: 08/08/2023 0800
 And: 08/08/2023 2200
 Contact:
 Phone:

Carrier Freight Pay: \$2,100.00
 Total Carrier Pay: \$2,100.00

Comments

All communications with the shipper or receiver must be facilitated through Scotlynn. Under NO CIRCUMSTANCE is the driver or dispatch allowed to contact either the shipper or receiver. ANY CONTACT WITH THE SHIPPER OR RECEIVER WILL RESULT IN THE CARRIER BEING PLACED ON A PERMANENT DNU. Carriers are required to meet all of the FDA's FSMA regulations for transportation of human animal food. This amounts to intact and clean transports which will not present a risk of cross-contamination to food. These are not optional requirements and inbound vehicles will be inspected for compliance. Items such as off-odors, evidence of rodent/insect activity, filth, holes in carriers themselves will result in rejection of the transport.

Please Sign: *Steve Tatum*

Driver Name: Remy
 Driver Cell: 806-316-9138
 Driver Email:
 Tractor #: 821
 Trailer #: W94944

(X) Accept

() Decline



Date: 07/20/23

BILL OF LADING

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SHIP FROM					SHIP TO		
Name: Midwestern Pet Foods, Inc. -					Bill of Lading Number: 784122		
Address: 617 S D St					CARRIER NAME: Unknown		
City/State/Zip: Monmouth, IL 61462					Trailer number: W94944		
SID#: _____ FOB: <input type="checkbox"/>					Seal number(s): 17370351		
Name: MIDWESTERN PET FOODS					SCAC: 0		
Address: 702 BROAD STREET EXT.					Pro Number: 784122		
City/State/Zip: WAVERLY, NY 14892, US					ARN:		
CID#: _____ Loc#: _____ FOB: <input type="checkbox"/>							
THIRD PARTY FREIGHT CHARGES BILL TO:							
Name: _____					Freight Charge Terms (freight charges are prepaid unless marked otherwise)		
Address: _____					Prepaid: <input checked="" type="checkbox"/> Collect: _____ 3rd Party: _____		
City/State/Zip: _____					<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading		
SPECIAL INSTRUCTIONS: _____							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO	
10464-00		26	38,936	Y	N		
				Y	N		
				Y	N		
				Y	N		
				Y	N		
				Y	N		
Grand Total		26	38,936				
CARRIER INFORMATION							
PALLET QTY	CARTON QTY	EACH QTY	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
					<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 380.</small>	NMFC #	CLASS
26		1916	38,936		Pet Food, prepared, NOI, other than frozen	67050	50
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 <small>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.</small>		Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Loaded: <input 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 for carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small>	

8/8/23
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