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

Invoice Date: 11/22/2023
Invoice #: 0808698
Terms: NET 30
Due Date: 12/22/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
11/20/2023		255 Spring Street, Clintonville, WI, USA - 2150 International Parkway, North Canton, OH, USA			
			1	$1,600.00	$1,600.00

TOTAL
$1,600.00

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 0808698

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

Operations Contact
Jonathan Montanero
jmontanero@scotlynn.com
ph: 239-237-4492 x
cell: 561-352-7816
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: 11/20/2023

Contact: Nick
Phone: 708-852-5583 x109
Fax:

Commodity: **Freight All Kind**
Temp: **to**
Run Continuous:
Trailer: **53 Ft Van - Dry**

Stop Details

PU **1**
Name: Creative Converting
Address: 255 Spring Street
CLINTONVILLE WI 54929

Arrive Between: 11/20/2023 1130
And:
Contact:
Phone:

Ref: PO 7380373379 **Pcs:** **Weight:** **Desc:**
Ref: PU 10225628 **Pcs:** 60 **Weight:** 39688.0 **Desc:**

Stop Details

SO **2**
Name: Sams's club DC # 6492
Address: 2150 International Pkwy
NORTH CANTON OH 44720

Arrive Between: 11/21/2023 0845
And:
Contact: Main
Phone: 330-899-1003

Ref: CG APPT #: 82737136 **Pcs:** **Weight:** **Desc:**

Carrier Freight Pay: **$1,600.00**
Total Carrier Pay: **$1,600.00**

Comments

MUST GET SIGNED BOLS AT EVERY DELIVERY

PLEASE SEND BOLS ONCE LOADED

MUST HAVE 2 LOAD BARS OR STRAPS

LUMPER RECEIPT & POD MUST BE SENT TO JMONTANERO@SCOTLYNN.COM WITHIN 24 HOURS OF DELIVERY IN ORDER FOR REIMBURSEMENT.

Drivers

11/20/23 **Trial** **BILL OF LADING** Page 1

SHIP FROM

Creative Converting Inc
255 Spring Street

Clintonville, WI 54929
United States
SID#: 0000078311/0000078312 FOB: ☐

SHIP TO

SAMS CLUB #6492
2150 INTERNATIONAL PKWY

CANTON,OH 447201373
United States
CID#: 00000006 FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Hoffmaster Group, Inc. c/o ReTrans
PO Box 171118

Memphis,TN 38187-1118

Bill of Lading Number: 00416240000220078

(402) 00416240000220078

CARRIER NAME: SCOTLYNN
Trailer number:
Seal Number(s): 0174794

SCAC: SLYD
Pro Number:

Freight Charge Terms:

☐ (check box) Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
DELIVERY APPOINTMENTS MUST BE MADE VIA RETAIL LINK
BOL MUST BE GIVEN TO RECEIVER AT DC TO DELIVER

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	CUBE	PLT/ SLP	ADDITIONAL SHIPPER INFO
7380373379	60 CTN	39688.2	3102.0	N	10225628 T/A ON/BEFORE 11/21/23
GRAND TOTAL	60	39689	3103		

PECO Pallet Inc.
QTY Shipped 60

Date 11/20
Appt Time 11:30A
Arrival Time 11:55A
T/L Condition Pass/Fail
Departure Time 1:00 P
Loaded By
T/L Condition Fails
Fill out truck inspection form

CARRIER INFORMATION

HANDLING QTY	UNIT TYPE	PACKAGE QTY	PACKAGE TYPE	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION (For NFMC Carriers-See Section 2e of NMFC Item 360)	LTL ONLY NMFC#	LTL ONLY CLASS
58	PLT	58	CTN	38640.0		PAPER PLATES	152940/2	77.5
2	PLT	2	CTN	1048.2		PAPER T/C,NAPKIN,TOWEL	153900/8	85.0
60		60		39689		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, 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 Department of Transportation.
R Rohm 11/20/23

Trailer Loaded:
☐ By Shipper
☐ By Driver

Freight Counted:
☐ By Shipper
☐ By Driver/pallets said to contain
☐ 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 Department of Transportation emergency response guidebook or equivalent documentation in the vehicle. *Property described above is received in good order, except as noted.*
Tony 11-20-23

Drivers

Trial **BILL OF LADING** Page 1

SHIP FROM

...ative Converting Inc
255 Spring Street

Clintonville, WI 54929
United States
SID#: 0000078311/0000078312

FOB: ☐

SHIP TO

SAMS CLUB #6492
2150 INTERNATIONAL PKWY

CANTON,OH 447201373
United States
CID#: 00000006

FOB: ☐

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COD Amount: $
Fee Terms: Collect: ☐ Prepaid: ☐
Customer check acceptable: ☐

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11/20/23

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☐ By Driver/pallets said to contain
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11-20-23