

**Bill to:**

NEON LOGISTICS LLC
7154 E STETSON DR STE 200,
SCOTTSDALE,
AZ,

Invoice Date: 12/15/2023

Invoice #: 117378032

Terms: NET 30

Due Date: 01/15/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
12/13/2023		315 Ship Canal Parkway BUFFALO, NY 14203 - 3600 MEETING STREET ROAD NORTH CHARLESTON, SC 29405			
			1	\$2,500.00	\$2,500.00

TOTAL
\$2,500.00

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

TRUCKLOAD RATE CONFIRMATION

Neon Logistics
6900 E Camelback Rd Suite 1100
SCOTTSDALE, AZ 85251

**Carrier Name:** ROYAL3 INC**Carrier MC:** 944686**Ready Date:** 12/13/2023**Date Needed:** 12/15/2023**Service Level:** Normal**Load #:** 117378032**Customer PO:** TAIL 412-55174 // MIDDLE 424-63093 // NOSE 427-57924**Shipper Ref:** 942863**Trailer Type/Size:** Van / Full**Temperature:****Shipper Information:**

Name: General Mills- Buffalo
Address: 315 Ship Canal Parkway
BUFFALO, NY 14203

Contact:
Phone:
Pickup 12/13/2023 10:15 AM -
Appointment: 10:15 AM

Pickup Instructions: REF# FDPNTL8 ***** TAIL 412-55174 // MIDDLE 424-63093
// NOSE 427-57924

Additional Stop Information:

Stop Type: Drop
Name: RESTAURANT DEPOT #412
Address: 2030 John Crosland Jr Dr
CHARLOTTE, NC 28208

Contact:
Phone:
Email: receive.412@jetrord.com
Appointment: 12/14/2023 9:00 AM -
9:00 AM

Scheduled: 12/14/2023 9:00 AM - 9:00 AM

Instructions: 412-55174

Additional Stop Information:

Stop Type: Drop
Name: RESTAURANT DEPOT #424
Address: 1060 E BUTLER RD
GREENVILLE, SC 29607

Contact:
Phone:
Email: receive.424@jetrord.com
Appointment: 12/14/2023 1:00 PM -
1:00 PM

Scheduled: 12/14/2023 1:00 PM - 1:00 PM

Instructions: 424-63093

Consignee Information:

Name: RESTAURANT DEPOT #427
Address: 3600 MEETING STREET ROAD
NORTH CHARLESTON, SC 29405

Contact:
Phone:
Delivery
Appointment: 12/15/2023 9:00 AM -9:00 AM
Delivery
estimated 12/15/2023-9:00 AM 9:00 AM
date/time:

Delivery Instructions: 427-57924 For anything afterhours please reach out to
afterhours@neon-logistics.com or call 480-658-0377

Handling Units	Package Type	Pieces	HAZMAT	List of Items	Total Weight
7	Pallet	1		foodstuff	17,595
4	Pallet	1		foodstuff	9,180
7	Pallet	1		foodstuff	15,477

PICKUP INSTRUCTIONS:

REF# FDPNTL8 ***** TAIL 412-55174 // MIDDLE 424-63093 // NOSE 427-57924

DELIVERY INSTRUCTIONS:

427-57924

Rate: USD \$2,500.00
TOTAL: USD \$2,500.00
DETENTION IS NOT VALID UNLESS ON THE TRACKING APP

Carrier to send invoice to ap@neon-logistics.com within 180 days of delivery of freight.

Carrier is bound by the terms of this Load Tender and Rate Confirmation and by the terms of the Broker-Carrier Agreement. Broker has no obligation to remit amounts to Carrier for any non-approved Accessorial Charges or for such other amounts including Detention Pay where Shipper has not consented to the same in writing, adequate documentation exists, and for which Broker is not paid by Shipper. As outlined above, charges may be assessed to Carrier for late pickup or delivery, or other circumstances resulting in a rate reduction. Carrier must strictly adhere to all Hours of Service regulations. It is the Carrier's and driver's responsibility to ensure that the load is safe, secure, and legal for transport. Re-brokering, assigning, interlining, or otherwise breaching the terms of the Broker-Carrier Agreement shall be considered a breach of this Load Tender and Rate Confirmation, and shall void Broker's obligation to pay Carrier's invoice.

Invoicing Instructions : All undisputed portions of invoice settlements will be paid within 30 days of Broker receiving invoice, together with original completed and properly signed Bill of Lading and signed Load Tender and Rate Confirmation.

The undersigned hereby acknowledges as correct and accepts the referenced order on behalf of Carrier. The undersigned agrees that the rates and charges indicated above include all costs and fees in connection with the order as described. The undersigned agrees to each and every term and condition of this Rate Confirmation.

Phone: | Fax:

Please sign and return via fax or email to ap@neon-logistics.com

Carrier Signature:
MC#:

Marisa Serano
944686

Driver Name:
Driver Phone#:

Please call immediately with any questions, concerns, or problems!
Send Invoicing to: Neon Logistics | 6900 E Camelback Rd Suite 1100 | SCOTTSDALE, AZ 85251

3/2023

BILL OF LADING

Page 1

SHIP FROM

GENERAL MILLS - S3 (DC31)

c/o SONWIL DISTRIBUTION CENTER

Address: 315 SHIP CANAL PARKWAY

City/State/Zip: Buffalo, NY 14218

SID#

FOB: ☐

Bill Of Lading Number: 8147258



SHIP TO

Name: RESTAURANT DEPOT #424-MAULDIN

Address: 1060 EAST BUTLER RD

City/State/Zip: MAULDIN, SC 29607

CID#

FOB: ☐

CARRIER NAME: CUSTOMER PICK-UP

Trailer number: 244742

Seal number(s): 02507710

SCAC: CPU

Pro number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS

Load: GM87694386 Delivery: 000393982

CHEP Count: 4

IDry|CPU @ S3, 315 Ship Canal Pkwy Buffalo NY 14218. CFA 716-684-0555 or email gmappointments@sonwil.com.

IA: P6D31457

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid _____ Collect ☒ 3rd Party _____☐
(check box)

Master Bill of Lading: with attached underlying Bills of Lading

Master Bill of Lading Number: GM87694386 Stop#2

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	CUBE	PALLET/SLIP (CHECK ONE)	ADDITIONAL SHIPPER INFO
424-63093	180	9245		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	IDry CPU @ S3, 315 Ship Canal Pkwy Buffalo NY 14218. CFA 716-684-0555 or email gmappointments@sonwil.com. Reg Del ID
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
GRAND TOTAL	180	9245	193		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	CHEP	130	CA	6695		FLOUR OR CORN MEAL IN CONTAINER BOXES NOI	73140	55
		50	EA	2550		Flour Grain, NM 89430	89430	55
		0		268		Chep Pallets	150390-1	100
4		180		9513		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

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 DOT emergency response guidebook or equivalent documentation in the vehicle.

Property described above is received in good order, except as noted.

BILL OF LADING

Date: 12/13/2023

SHIP FROM

Name: GENERAL MILLS - S3 (DC31) aka SONWIL DISTRIBUTION CENTER
 Address: 315 SHIP CANAL PARKWAY
 City/State/Zip: Buffalo, NY 14218
 SID# _____ FOB: ☐

Bill Of Lading Number: GM87694386



SHIP TO

Name: RESTAURANT DEPOT #412-CHARLOTT
 Address: 2030 JOHN CROSLAND JR DR
 City/State/Zip: CHARLOTTE, NC 28208
 CID# _____ FOB: ☐

CARRIER NAME: CUSTOMER PICK-UP

Trailer number: 244742

Seal number(s): 02507710

SCAC: CPU

Pro number: 0



THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid _____ Collect _____ 3rd Party _____

SPECIAL Underlying Bill of Lading Numbers:

Stop#1 8147268
 Stop#2 8147258
 Stop#3 8147261

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	CUBE	PALLET/SLIP (CHECK ONE)	ADDITIONAL SHIPPER INFO
				<input type="checkbox"/> Y <input type="checkbox"/> N	
See Attached Underlying Bills of Lading				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
GRAND TOTAL	960	41708			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
						See Attached Underlying Bills of Lading		
17		960		41708		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.

Signature _____

Shipper

SHIPPER SIGNATURE / DATE

This is to certify that the above named material 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

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 DOT emergency response guidebook or equivalent documentation in the vehicle.

Property described above is received in good order, except as noted.

2023

BILL OF LADING

Page 1

SHIP FROM

GENERAL MILLS - S3 (DC31) c/o SONWIL DISTRIBUTION CENTER

315 SHIP CANAL PARKWAY

State/Zip: Buffalo, NY 14218

D#

FOB: ☐

Bill Of Lading Number: 8147261



SHIP TO

Name: RESTAURANT DEPOT #427-N CHARLE

Address: 3600 MEETING STREET RD

City/State/Zip: NORTH CHARLESTON, SC 29405

CID#

FOB: ☐

CARRIER NAME: CUSTOMER PICK-UP

Trailer number: 244742

Seal number(s): 02507710

SCAC: CPU

Pro number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid Collect ☒ 3rd Party☐ Master Bill of Lading: with attached underlying Bills of Lading
(check box)

SPECIAL INSTRUCTIONS

Load: GM87694386 Delivery: 000393981

CHEP Count: 6

|Dry|CPU @ S3, 315 Ship Canal Pkwy Buffalo NY 14218. CFA 716-684-0555 or email

gmappointments@sonwil.com.

|A:P6D31457

Master Bill of Lading Number: GM87694386 Stop#3

CUSTOMER ORDER INFORMATION

ADDITIONAL SHIPPER INFO

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	CUBE	PALLET/SLIP (CHECK ONE)	
427-57924	435	1484		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
GRAND TOTAL	435	1484	319		
		6			

CARRIER INFORMATION

COMMODITY DESCRIPTION

LTL ONLY

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
6	CHEP	435	EA	14846		Flour Grain, NM 89430	89430	55
		0		402		Chep Pallets	150390-1	100
6		435		15248		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.

Signature

Shipper

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

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 DOT emergency response guidebook or equivalent documentation in the vehicle.

Property described above is received in good order, except as noted.

Date: 12/13/2023

BILL OF LADING

Page 1

SHIP FROM

Name: GENERAL MILLS - S3 (DC31)
 Address: 315 SHIP CANAL PARKWAY
 City/State/Zip: Buffalo, NY 14218
 SID#

FOB: ☐

Bill Of Lading Number: 8147268



SHIP TO

Name: RESTAURANT DEPOT #412-CHARLOTT
 Address: 2030 JOHN CROSLAND JR DR
 City/State/Zip: CHARLOTTE, NC 28208
 CID#

FOB: ☐

CARRIER NAME: CUSTOMER PICK-UP

Trailer number: 244742

Seal number(s): 02507710

SCAC: CPU

Pro number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

SPECIAL INSTRUCTIONS

Load: GM87694386 Delivery: 000393983

CHEP Count: 6
 IDry/CPU @ S3, 315 Ship Canal Pkwy Buffalo NY 14218. CFA 716-684-0555 or email gmappointments@sonwil.com.
 IIA: P6D31457

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid Collect ☒ 3rd Party

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

Master Bill of Lading Number: GM87694386 Stop#1

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	CUBE	PALLET/SLIP (CHECK ONE)	ADDITIONAL SHIPPER INFO
412-55174	345	1761		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	IDry/CPU @ S3, 315 Ship Canal Pkwy Buffalo NY 14218. CFA 716-684-0555 or email gmappointments@sonwil.com. Reg DelD
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
GRAND TOTAL	345	1761 8	373		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
6	CHEP	45	CA	2318		FLOUR OR CORN MEAL IN CONTAINER BOXES NOI	73140	55
		250	EA	12725		Flour Grain, NM 89430	89430	55
		0		402		Chep Pallets	150390-1	100
1	WWOO	50	CA	2575		FLOUR OR CORN MEAL IN CONTAINER BOXES NOI	73140	55
		0		43		PALLETS	150390	100
7		345		18063		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.

Signature

Shipper

SHIPPER SIGNATURE / DATE

This is to certify that the above named material is properly classified, described, packaged, marked and labeled, and in proper condition for transportation according to the applicable regulations of the DOT.

Cases

Trailer Loaded:

☐ By Shipper
☐ By Driver

Tent

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 DOT emergency response guidebook or equivalent documentation in the vehicle.

Property described above is received in good order, except as noted.

AV #

Chep Pallets

Wood Pa

Received

BILL OF LADING

Date: 12/13/2023

SHIP FROM

Name: GENERAL MILLS - S3 (DC31) c/o SONWIL DISTRIBUTION CENTER
 Address: 315 SHIP CANAL PARKWAY
 City/State/Zip: Buffalo, NY 14218
 SID# FOB: ☐

Bill Of Lading Number: 8147258



SHIP TO

Name: RESTAURANT DEPOT #424-MAULDIN
 Address: 1060 EAST BUTLER RD
 City/State/Zip: MAULDIN, SC 29607
 CID# FOB: ☐

CARRIER NAME: CUSTOMER PICK-UP

Trailer number: 244742

Seal number(s): 02507710

SCAC: CPU

Pro number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid Collect ☒ 3rd Party

SPECIAL INSTRUCTIONS

Load: GM87694386 Delivery: 000393982

CHEP Count: 4
 [Dry]CPU @ S3, 315 Ship Canal Pkwy Buffalo NY 14218. CFA 716-684-0555 or email gmappointments@sonwil.com.
 IIA: P6D31457

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

Master Bill of Lading Number: GM87694386 Stop#2

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	CUBE	PALLET/SLIP (CHECK ONE)
424-63093	180	9245		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
GRAND TOTAL	180	9245	193	

ADDITIONAL SHIPPER INFO

[Dry]CPU @ S3, 315 Ship Canal Pkwy Buffalo NY 14218. CFA 716-684-0555 or email gmappointments@sonwil.com. Rep Del

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	CHEP	130	CA	6695		FLOUR OR CORN MEAL IN CONTAINER BOXES NOI	73140	55
		50	EA	2550		Flour Grain, NM 89430	89430	55
		0		268		Chep Pallets	150390-1	100
4		180		9513		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.

Signature

Shipper

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

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 DOT emergency response guidebook or equivalent documentation in the vehicle.

Property described above is received in good order, except as noted.

12-14-23

Date: 12/13/2023

BILL OF LADING

Page 1

SHIP FROM

Name: GENERAL MILLS - S3 (DC31) c/o SONWIL DISTRIBUTION CENTER
Address: 315 SHIP CANAL PARKWAY
City/State/Zip: Buffalo, NY 14218
SID# FOB: ☐

Bill Of Lading Number: 8147261



SHIP TO

Name: RESTAURANT DEPOT #427-N CHARLE
Address: 3600 MEETING STREET RD
City/State/Zip: NORTH CHARLESTON, SC 29405
CID# FOB: ☐

CARRIER NAME: CUSTOMER PICK-UP

Trailer number: 244742

Seal number(s): 02507710

SCAC: CPU

Pro number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid Collect ☒ 3rd Party

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

SPECIAL INSTRUCTIONS Load: GM87694386 Delivery: 000393981
CHEP Count: 6
IDryCPU @ S3. 315 Ship Canal Pkwy Buffalo NY 14218. CFA 716-684-0555 or email gmappointments@sonwil.com.
JIA: P6D31457

Master Bill of Lading Number: GM87694386 Stop#3

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	CUBE	PALLET/SLIP (CHECK ONE)	ADDITIONAL SHIPPER INFO
427-57924	435	1484		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	IDryCPU @ S3. 315 Ship Canal Pkwy Buffalo NY 14218. CFA 716-684-0555 or email gmappointments@sonwil.com. Rec Del D
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
GRAND TOTAL	435	1484	319		
		6			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
6	CHEP	435	EA	14846		Flour Grain, NM 89430	89430	55
		0		402		Chep Pallets	150390-1	100
6		435		15248		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.

Signature

Shipper

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

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 DOT emergency response guidebook or equivalent documentation in the vehicle.

Property described above is received in good order, except as noted.

Date: 12-15-23
V#
emp
Ship Pallets in/out
rown Pallets in/out
Restaurant Depot #427-N Charleston SC
PO#
Count
Seal