



**Bill to:**  
BBI LOGISTICS  
4449 EASTON WAY,  
Columbus,  
OH,  
43216

Invoice Date: 01/09/2024  
Invoice #: 215620  
Terms: NET 30  
Due Date: 02/09/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
01/05/2024		4701 Shotgun Rd, Sunrise, FL 33326 - 3301 S Creyts Rd, Lansing, MI 48917			
			1	\$1,900.00	\$1,900.00

TOTAL
\$1,900.00

**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**



PO BOX 970  
COLUMBUS, OH 43216  
Phone: 800-809-2172

## Broker Info

Connor Fowler  
Phone: 800-809-2172  
Ext: 590  
Email: cfowler@bbilogistics.com

## BBI Carrier Confirmation

**LOAD# 215620**  
Date: 01/05/2024  
Equipment: Van  
Length: 53'  
**Temperature:**  
Weight: 25,000  
Commodity: Dry Goods (General)  
Pallets/Cases: 20

## Carrier Information

ZIGI FREIGHT INC dba ROYAL3 INC  
6850 W 63RD STREET  
CHICAGO, IL 60638  
(630) 485-7370

MC Number: 00944686  
Dispatch: Al  
Phone: (630) 485-7370 | 107  
Email: al@royal3inc.com

Driver: Ricardo  
Phone: (786) 450-3791

**\*\*Special Instructions: \*\*\*DRIVER MUST ACCEPT CARRIER LINK FOR ACCURATE TRACKING. DRIVER MUST SECURE LOAD WELL WITH STRAPS/LOAD BAR.FAILURE TO COMPLY MAY RESULT IN RATE DEDUCTION AND DENIAL OF DETENTION/LAYOVER.\*\*\***

## Pickups

Order	Date/Time	Location Details	Pickup Information
1	01/05/2024 - 10:00 AM- 12:00 PM	Corropack Containers Corporation / (954) 474-1500 500 Shotgun Rd Sunrise, FL 33326	REFERENCE PO#'S 215464430, 215488533, 215507628, 215527445, 215529402, 5629797636 & 5629798046
		PO#s : 215464430, 215488533, 215507628, 215527445, 215529402, 5629797636 & 5629798046	

## Drops

Order	Date/Time	Location Details	Delivery Information
1	01/08/2024 - 9:00 AM-	Meijer Distribution Center / (517) 322-7086 3301 S Creyts Rd Lansing, MI 48917	REFERENCE LOAD #1779262 & DF93
		PO#s : 215464430, 215488533, 215507628, 215527445, 215529402	
2	01/09/2024 - 5:00 AM-	Sams Club #6596 / (734) 284-9175 18650 Dix Toledo Hwy Brownstown, MI 48193	REFERENCE DELIVERY #82857665
		PO#s : 5629797636 & 5629798046	

## Pay Items

Description	Notes	Quantity	Rate	Amount
Flat Rate	-	1	\$1,900.00	\$1,900.00
Layover Per Day	-	1	\$ 250.00	\$ 250.00
Flat Rate	- Extra Mileage for Re-Routing	1	\$ 125.00	\$ 125.00

## Total

\$2,275.00

Please send all POD's and Invoices to [Invoices@bbilogistics.com](mailto:Invoices@bbilogistics.com) to process payment

All unloading receipts must be submitted with the carrier's original invoice in order to be reimbursed.

Driver Name

Driver Cell Phone #

Print Name

Signature

Date





Page

SHIP FROM					Bill of Lading Number:6200 Load Number				
Name: CORROPACK CONTAINER CORP Address: 500 Shotgun Road City/State/Zip: Sunrise, FL 33326 SID#:954-474-1500					BAR CODE SPACE				
SHIP TO					CARRIER: BBI LOGISTICS				
Name: SAMS DISTRIBUTION CENTER Address: 18650 DIX TOLEDO HWY. City/State/Zip: BROWNSTOWN, MI 48193					SCAC:				
FOB:					Pro number:				
THIRD PARTY FREIGHT CHARGES BILL TO:					BAR CODE SPACE				
Name: MPET GROUP Address: City/State/ Aventura Account number SPECIAL P. O's 5629797636 & 5629798046					Freight Charge Terms: THIRD PARTY				
					Prepaid _____ Collect _____ 3rd Party X <input type="checkbox"/> Master Bill of Lading: with attached (Check box) underlying Bills of Lading				
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER			# PKGS	WEIGHT	PALLET/S LIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
TR2640			240 CS	10,700 LBS	Y	N	Non-Stackable pallets		
5-6" COLLAGEN ROLL BULLY 24 PACK					Y	N			
					Y	N			
					Y	N			
					Y	N			
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <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 350</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
10	PLTS						67060	60	
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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
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: X By Shipper <input type="checkbox"/> By Driver		Freight Counted: X 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/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.</small>	



**SHIP FROM**

Name: CORROPACK CONTAINER

Address: 500 Shotgun Road  
City/State/Zip: Sunrise, FL 33326  
SID#:FOB: ☐

Bill of Lading Number: 6138

Load number

**SHIP TO**

Name: MEIJER DF 6903

CUST

Address: 2501 S CREYTS RD

City/State/Zip: LANSING MI 48917-8544  
CID#

FOB:

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: MPET GROUP

Address:

City/State/Zip AVENTURA

SPECIAL PO 215464430, 215488533, 215507628, 215527445 &  
215529402**CARRIER: BBI LOGISTICS**  
**LICENSE PLATE**

Seal number(s):

**SCAC:****Pro number:****BAR CODE SPACE****Freight Charge Terms: THIRD PARTY**Prepaid ☐Collect ☐

3rd Party

XX XX

☐  
(Check box)Master Bill of Lading: with attached  
underlying Bills of Lading**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER

# PKGS

WEIGHT

PALLET/SLIP  
(CIRCLE ONE)

ADDITIONAL SHIPPER INFO

MIX PET CHEWS

606 CS

7467 lbs

Y

N

40X48X52

Y

N

Y

N

Y

N

Y

N

**CARRIER INFORMATION**

HANDLING UNIT

PACKAGE

WEIGHT

H.  
M.  
(X)

COMMODITY DESCRIPTION

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 360

LTL ONLY

NMFC #

CLASS

10 Pallets

4 PALLETS

67060

60

**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,  
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.



Page \_\_\_\_\_

01/08/2024 11:26 AM



9/24, 7:01

Date 0024

## BILL OF LADING

Page \_\_\_\_\_

## SHIP FROM

Name: CORROPACK CONTAINER CORP  
 Address: 500 Shotgun Road  
 City/State/Zip: Sunrise, FL 33326  
 SID#:954-474-1500

FOB: ☐

Bill of Lading Number:6200  
 Load Number

BAR CODE SPACE

## SHIP TO

Name: SAMS DISTRIBUTION CENTER  
 Address: 18650 DIX TOLEDO HWY.  
 City/State/Zip: BROWNSTOWN, MI 48193

FOB:

CARRIER: BBI LOGISTICS

Sam's DC 6596

Receiver# Mult TRL# 0329SCAC: PO# Mult PLTS 10Pro number: Total Received 10 = 2880Over BAR CODE SPACE ShortDamage Kept ROC DamageRec'd By Bl Date 1-9-2-1

Freight Charge Terms: THIRD PARTY

Prepaid \_\_\_\_\_ Collect \_\_\_\_\_ 3rd Party X

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

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name: MPET GROUP

Address:

City/State/ Aventura  
 Account number

SPECIAL P. O's 5629797636 &amp; 5629798046

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/S LIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
TR2640	240 CS	10,700 LBS	Y	N	Non-Stackable pallets
5-6" COLLAGEN ROLL BULLY 24 PACK			Y	N	
			Y	N	
			Y	N	
			Y	N	

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <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 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
10	PLTS					Sam's DC 6596	67060	60
						Receiver # <u>Mult</u> TRL#		
						PO# <u>Mult</u> PLTS <u>0</u>		
						Total Received <u>0</u>		
						Over <u>Short</u>		
						Damage Kept <u>GRAND TOTAL</u>		
						Rec'd By <u>Ervek</u> Date <u>1-7-29</u>		

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: \$240Fee 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, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

## Trailer Loaded:

X By Shipper

☐ By Driver

## Freight Counted:

X 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.



## Trailer Control Record

 Home Report

TRAILER CONTROL RECORD: 507698

DC#: DC 6596

0329	BBIL	82857665	01/09/2024 05:00	01/09/2024 05:08
TRAILER#	CARRIER	DELIVERY#	APPT TIME	ARRIVAL D/T

## ARRIVAL INFORMATION

INBOUND SEAL#: 0	SEALED AT GATE: N	INTACT: Y
AP ASSOCIATE: vn53nq9	CURRENT SEAL#: 0	
ACTUAL REEFER TEMPS:	ZONE1: ZONE2: ZONE3:	REEFER FUEL LEVEL:
SET REEFER TEMPS:	ZONE1: ZONE2: ZONE3:	LOAD ID#:

## RECEIVING OFFICE

DROP: N	DRIVER UNLOAD: N	COMMODITY: SAXD	TRACTOR#: 1	DELIVERY COMMENTS:
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## RECEIVING DOCK

DOOR#: 281	ASSIGNED BY:	CLOSED BY: wcollins
DRIVER ARRIVAL AT WINDOW: 01/09/2024 05:44	UNLOAD END TIME: 01/09/2024 06:38	
UNLOADER:	UNLOAD START TIME: 01/09/2024 06:32	PAPERWORK AVAILABLE AT WINDOW: 01/09/2024 06:58

TRAILER EMPTY: Y

(IF NO, COMPLETE RETURN FIELDS)

## RETURN/TRANSFER

RETURN CONTENTS:

REASON:

DESCRIPTION:

## RE-ENTRY

## SEAL INFORMATION

SEAL#:

SEALED BY:

## RECEIVING OFFICE

TRAILER RELEASED BY#: wcollins

## OUTBOUND INFORMATION

AP ASSOCIATE:	D/T:
REEFER TEMPS:	ZONE1: ZONE2: ZONE3: OUTBOUND SEAL#:

Export to PDF

Export to Excel

Cancel



## Trailer Control Record

Home Report

TRAILER CONTROL RECORD: 507698

DC#: DC 6596

0329	BBIL	82857665	01/09/2024 05:00	01/09/2024 05:08
TRAILER#	CARRIER	DELIVERY#	APPT TIME	ARRIVAL D/T

## ARRIVAL INFORMATION

INBOUND SEAL#: 0	SEALED AT GATE: N	INTACT: Y
AP ASSOCIATE: vn53nq9	CURRENT SEAL#: 0	
ACTUAL REEFER TEMPS:	ZONE1: ZONE2: ZONE3:	REEFER FUEL LEVEL:
SET REEFER TEMPS:	ZONE1: ZONE2: ZONE3:	LOAD ID#:

## RECEIVING OFFICE

DROP: N	DRIVER UNLOAD: N	COMMODITY: SAXD	TRACTOR#: 1	DELIVERY COMMENTS:
---------	------------------	-----------------	-------------	--------------------

## RECEIVING DOCK

DOOR#: 281	ASSIGNED BY:	CLOSED BY: wcollins
DRIVER ARRIVAL AT WINDOW:	01/09/2024 05:44	UNLOAD END TIME: 01/09/2024 06:38
UNLOADER:	UNLOAD START TIME: 01/09/2024 06:32	PAPERWORK AVAILABLE AT WINDOW: 01/09/2024 06:58

TRAILER EMPTY: Y	(IF NO, COMPLETE RETURN FIELDS)
------------------	---------------------------------

## RETURN/TRANSFER

RETURN CONTENTS:	REASON:
DESCRIPTION:	

## RE-ENTRY

## SEAL INFORMATION

SEAL#:	SEALED BY:
--------	------------

## RECEIVING OFFICE

TRAILER RELEASED BY#: wcollins
--------------------------------

## OUTBOUND INFORMATION

AP ASSOCIATE:	D/T:
REEFER TEMPS:	ZONE1: ZONE2: ZONE3: OUTBOUND SEAL#:

Export to PDF

Export to Excel

Cancel