



Bill to:
BNSF LOGISTICS, LLC
4700 S THOMPSON,
Springdale,
AR,
72764

Invoice Date: 01/12/2024
Invoice #: 1589400
Terms: NET 30
Due Date: 02/12/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
01/11/2024		1716 Innovation Blvd, Clayton, IN, USA - 210 Owens Road, Woodland, PA 16881, USA			
			1	\$1,700.00	\$1,700.00

TOTAL
\$1,700.00

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

**SPOT CONTRACT 1589400**

Tendered: 1/11/2024 08:58

Ops Rep: Dawn Wertz (317) 689-5713

CSR: CustomerServiceReporting@BNSFLogistics.com

(855) 476-9364

Please send freight
bills to:
BNSF Logistics
PO Box 176
Versailles, OH 45380

PLEASE SIGN BELOW TO CONFIRM THIS AGREEMENT AND FAX TO (937) 827-0233 ASAP
PROVIDER INVOICE AND P.O.D. REQUIRED FOR PAYMENT!

Load Reference #: 1589400 (required on invoice)

Ph#: (855) 476-9364

Equipment: Van 53

Service:

Commodity: General - Mixed/Unspecified/Other

Provider: ROYAL3 INC

MC#/VEND#: 944686/ROYLOM-10

Attention:

Vendor Payment Portal: <https://vpp.bnsflogistics.com/>

Tender Comments:

PICK 1

Prestige Brands Plainfield

1716 Innovation Blvd.

Clayton, IN 46118

Contact:

(317) 614-3654

Total Qty:

9 PLT of General - Mixed/Unspecified/Other

Total Weight: 5,512 LB

STOP TOTAL PIECES: 9

STOP TOTAL WEIGHT: 5512 LB

Comments:

Shipping 0800-2000 BY APT IF PU APT IS MISSED DRIVER MAY BE A WORK IN
TILL 2000 - NO DETENTION WILL BE PAID FOR WORK INS. Receiving 0800-
1400 BY APT.

DROP 1

WALMART - WOODLAND 6027R

210 OWENS ROAD - STATE ROUTE 9

WOODLAND, PA 16881

Contact:**Total Qty:**

9 PLT of General - Mixed/Unspecified/Other

Total Weight: 5,512 LB

STOP TOTAL PIECES: 9

STOP TOTAL WEIGHT: 5512 LB

Comments:

Appointment: Set

1/11/2024 18:00

1/11/2024 18:00

Stop References:

PO Number - 3079227775

Delivery Number - 0080822867

Customer Ref - BT0018133:BT

Customer Ref - 3079227775:OI

Customer Ref - 142217341-1:SI

References:

BOL - H19132086

Customer Ref - 01/12/24 1700:MA

Customer Ref - OHLMTG:TP

Appointment: Set

1/12/2024 08:30

1/12/2024 08:30

Stop References:

PO Number - 3079227775

Delivery Number - 0080822867

Customer Ref - 3079227775:OI

Customer Ref - 142217341-1:SI

References:

BOL - H19132086

Customer Ref - 01/12/24 1700:MA

Customer Ref - OHLMTG:TP

Special Instructions:

All drivers to provide a VALID driver's license with CDL endorsement; Photo copy will be made and attached to BOL. Team must present 2nd driver's license also.
Driver must have 2-4 straps or bars to secure the freight.

All services provided to BNSF Logistics are subject to the BNSF Logistics Transportation Provider Terms and Conditions, which are available upon Provider's request and can also be found at www.bnsflogistics.com/terms-and-conditions.*

Charge Type	Currency	Rate	Rate Qualifier	Quantity	Total
LINEHAUL	USD	\$1,700.00	Flat Rate	1	\$1,700.00
Total					\$1,700.00

ADDITIONAL INFORMATION:

- After hours support phone # is (855) 476-9364.
- Drivers electing to use automated check calls / updates may call (855) 755-4400.
- Drivers must sign the BOL with your company's name as the provider. Do not sign a BOL listing BNSF Logistics as the 'Carrier' or 'Shipper'.
- Drivers are responsible for secured freight, ensuring the seal # is listed on the shipper BOL and the consignee noting 'seal intact' upon delivery. Lumper charges must be pre-approved and receipts provided to insure payment.
- All OS&D exceptions should be reported to BNSF Logistics at time of delivery.
- Unless otherwise specified, this is a truckload shipment. Provider to use a dedicated trailer. Provider shall not re-broker, sub-broker, subcontract, assign, interline, consolidate or warehouse any shipments without the prior written consent from BNSF Logistics. Failure to comply will result in non-payment of freight charges. In addition, provider assumes liability for any claims, loss, damage, expenses, and liabilities including reasonable attorney's fees that may arise.
- Com Checks will not be issued to providers not active for at least 60 days.
- If a Com Check is issued, provider should submit a copy of the bill of lading, after loading, to BNSF Logistics. Provider may receive advance of up to 40% of payment (5% fee applies), not to exceed \$700 per day.

Terms of this agreement can be found under the Carrier section of the BNSF Logistics website at <https://www.bnsflogistics.com/carriers/>.

This rate confirmation is inclusive of all charges. If provider fails to return signed document with list of any exceptions, provider will be considered to have agreed to its terms.

TO SUBMIT PAPERWORK:

Please send the invoice and all supporting documents via email in .PDF or .TIF format to invoicing@bnsflogistics.com with the load number in the subject line, or by fax to (937) 827-0230. Please use a unique invoice number for each load and only submit documents for one load per email or fax.

PRE-QUALIFIED QUICK PAY PROVIDERS:

Please email invoice and supporting documents to quickpay@bnsflogistics.com or fax them to (970) 825-1872.

If you would like to enroll in our Quick Pay program, please email ap@bnsflogistics.com for a Quick Pay form. Please allow 5-7 business days for processing before checking the vendor payment portal for payment details.

PAYMENT STATUS:

Providers and factoring companies please utilize our vendor payment portal to check payment status. Vendor Payment Portal: <https://vpp.bnsflogistics.com/>.

Vendor ID: ROYLOM-10 also found at the top of page 1.

SUPPLIER INCENTIVE PROGRAM:

BNSFL Supplier Incentive Program offers a variety of discounts to our carriers such as Fuel, Tires, & ELD savings. If you would like additional details, please contact Carrier Development at carrierdevelopment@bnsflogistics.com

George Pavkovic
(Authorized Provider Signature)

Dispatcher
(Title)

01/11/2024
(Date)

THANK YOU FOR USING BNSF LOGISTICS



**SPOT CONTRACT 1589400**

Tendered: 1/15/2024 09:00

Ops Rep: Dawn Wertz (317) 689-5713

CSR: CustomerServiceReporting@BNSFLogistics.com

(855) 476-9364

Please send freight
bills to:
BNSF Logistics
PO Box 176
Versailles, OH 45380

PLEASE SIGN BELOW TO CONFIRM THIS AGREEMENT AND FAX TO (937) 827-0233 ASAP
PROVIDER INVOICE AND P.O.D. REQUIRED FOR PAYMENT!

Load Reference #: 1589400 (required on invoice)

Ph#: (855) 476-9364

Equipment: Van 53

Service:

Commodity: General - Mixed/Unspecified/Other

Provider: ROYAL3 INC

MC#/VEND#: 944686/ROYLOM-10

Attention:

Vendor Payment Portal: <https://vpp.bnsflogistics.com/>

Tender Comments:

PICK 1

Prestige Brands Plainfield

1716 Innovation Blvd.

Clayton, IN 46118

Contact:

(317) 614-3654

Appointment: Set

1/11/2024 18:00

1/11/2024 18:00

Stop References:

PO Number - 3079227775

Delivery Number - 0080822867

Customer Ref - BT0018133:BT

Customer Ref - 3079227775:OI

Customer Ref - 142217341-1:SI

Total Qty:

9 PLT of General - Mixed/Unspecified/Other

Total Weight: 5,512 LB

STOP TOTAL PIECES: 9

STOP TOTAL WEIGHT: 5512 LB

Comments:

Shipping 0800-2000 BY APT IF PU APT IS MISSED DRIVER MAY BE A WORK IN
TILL 2000 - NO DETENTION WILL BE PAID FOR WORK INS. Receiving 0800-
1400 BY APT.

References:

Customer Ref - 01/12/24 1700:MA

Customer Ref - OHLMGT:TP

BOL - H19132086

DROP 1

WALMART - WOODLAND 6027R

210 OWENS ROAD - STATE ROUTE 9

WOODLAND, PA 16881

Contact:

Appointment: Set

1/12/2024 08:30

1/12/2024 08:30

Stop References:

PO Number - 3079227775

Delivery Number - 0080822867

Customer Ref - 3079227775:OI

Customer Ref - 142217341-1:SI

Total Qty:

9 PLT of General - Mixed/Unspecified/Other

Total Weight: 5,512 LB

STOP TOTAL PIECES: 9

STOP TOTAL WEIGHT: 5512 LB

Comments:**References:**

Customer Ref - 01/12/24 1700:MA

Customer Ref - OHLMGT:TP

BOL - H19132086

Special Instructions:

All drivers to provide a VALID driver's license with CDL endorsement; Photo copy will be made and attached to BOL. Team must present 2nd driver's license also.
Driver must have 2-4 straps or bars to secure the freight.

All services provided to BNSF Logistics are subject to the BNSF Logistics Transportation Provider Terms and Conditions, which are available upon Provider's request and can also be found at www.bnsflogistics.com/terms-and-conditions.*

Charge Type	Currency	Rate	Rate Qualifier	Quantity	Total
LINEHAUL	USD	\$1,700.00	Flat Rate	1	\$1,700.00
DETENTION	USD	\$37.50	Flat Rate	1	\$37.50
Total					\$1,737.50

ADDITIONAL INFORMATION:

- After hours support phone # is (855) 476-9364.
- Drivers electing to use automated check calls / updates may call (855) 755-4400.
- Drivers must sign the BOL with your company's name as the provider. Do not sign a BOL listing BNSF Logistics as the 'Carrier' or 'Shipper'.
- Drivers are responsible for secured freight, ensuring the seal # is listed on the shipper BOL and the consignee noting 'seal intact' upon delivery. Lumper charges must be pre-approved and receipts provided to insure payment.
- All OS&D exceptions should be reported to BNSF Logistics at time of delivery.
- Unless otherwise specified, this is a truckload shipment. Provider to use a dedicated trailer. Provider shall not re-broker, sub-broker, subcontract, assign, interline, consolidate or warehouse any shipments without the prior written consent from BNSF Logistics. Failure to comply will result in non-payment of freight charges. In addition, provider assumes liability for any claims, loss, damage, expenses, and liabilities including reasonable attorney's fees that may arise.
- Com Checks will not be issued to providers not active for at least 60 days.
- If a Com Check is issued, provider should submit a copy of the bill of lading, after loading, to BNSF Logistics. Provider may receive advance of up to 40% of payment (5% fee applies), not to exceed \$700 per day.

Terms of this agreement can be found under the Carrier section of the BNSF Logistics website at <https://www.bnsflogistics.com/carriers/>.

This rate confirmation is inclusive of all charges. If provider fails to return signed document with list of any exceptions, provider will be considered to have agreed to its terms.

TO SUBMIT PAPERWORK:

Please send the invoice and all supporting documents via email in .PDF or .TIF format to invoicing@bnsflogistics.com with the load number in the subject line, or by fax to (937) 827-0230. Please use a unique invoice number for each load and only submit documents for one load per email or fax.

PRE-QUALIFIED QUICK PAY PROVIDERS:

Please email invoice and supporting documents to quickpay@bnsflogistics.com or fax them to (970) 825-1872.

If you would like to enroll in our Quick Pay program, please email ap@bnsflogistics.com for a Quick Pay form. Please allow 5-7 business days for processing before checking the vendor payment portal for payment details.

PAYMENT STATUS:

Providers and factoring companies please utilize our vendor payment portal to check payment status. Vendor Payment Portal: <https://vpp.bnsflogistics.com/>. Vendor ID: ROYLOM-10 also found at the top of page 1.

SUPPLIER INCENTIVE PROGRAM:

BNSFL Supplier Incentive Program offers a variety of discounts to our carriers such as Fuel, Tires, & ELD savings. If you would like additional details, please contact Carrier Development at carrierdevelopment@bnsflogistics.com

George Pavkovic
(Authorized Provider Signature)

Dispatcher
(Title)

01/15/2024
(Date)

THANK YOU FOR USING BNSF LOGISTICS



Date: 1/11/2024

BILL OF LADING

Page 1 of 2

SHIP FROM

Name: Prestige Consumer Healthcare
Address: 1716 Innovation Blvd.
City/ST/Zip: Clayton, IN 46118
TMS#: H19132086

FOB: ☐

Bill of Lading Number: 00018133142217341



CARRIER NAME: BNSF LOGISTICS
Trailer number: 289477
Seal number(s): 191302

SHIP TO

Name: WALMART - WOODLAND 6027R
Address: 210 OWENS ROAD - STATE ROUTE 970
City/ST/Zip: WOODLAND, PA 16881

Delivery Carrier Services: PMT
CID:

Must Arrive By Date/MABD: 01/12/2024

FOB: ☐

SCAC: BNLS
Pro Number: 1589400



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

Order ID: 142217341-

Reference#: 0080822867

SPECIAL INSTRUCTIONS:

---**MABD LEVEL 1**

CUSTOMER ORDER INFORMATION

PO NUMBER	# PKGS	WEIGHT	CUBE	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO (PALLET TYPE) (COUNT)
3079227775	729	5,512.29	374.95	Y N	STANDARD 11
GRAND TOTAL	729	5,512.29	374.95		11

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 340</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		729	CTNS	5,512.29		see addendum page for item details		
	Total Pallet weight			495.00				
11	PLTS	729	CTNS	6,007.29		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.

Geodis Logistics, LLC

Agent for 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: Freight Counted:

☒ By Shipper☒ By Shipper☐ By Driver☐ 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.

Signature

Date



Number of Pieces



1/2024

SUPPLEMENT TO THE BILL OF LADING

Page: 2

Bill of Lading Number: 00018133142217341

CUSTOMER ORDER INFORMATION

ADDITIONAL SHIPPER INFO

CHEP CODE 6100635012

Must Arrive By Date/MABD: 01/12/2024

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(a) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		150	CTNS	967.50		Kits, enema, expendable, consisting of plastic containers, admini	56775-2	65
		32	CTNS	57.60		Drugs, medicines or vitamins, NOI	58770	100
		547	CTNS	4,487.19		Drugs ir Medicines	58770-08	85
11	PLTS	729	CTNS	5,512.29		GRAND TOTAL		



Bill of Lading Number: 00018133142217341

CUSTOMER ORDER INFORMATION

ADDITIONAL SHIPPER INFO

CHEP CODE 6100635012

****Must Arrive By Date/MABD: 01/12/2024****

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
		150	CTNS	967.50		Kits, enema, expendable, consisting of plastic containers, admini	56775-2	65
		32	CTNS	57.60		Drugs, medicines or vitamins, NOI	58770	100
		547	CTNS	4,487.19		Drugs ir Medicines	58770-08	85
11	PLTS	729	CTNS	5,512.29		GRAND TOTAL		

Prestige Consumer Healthcare Packing List

SHIPPER NAME AND ADDRESS: Prestige Consumer Healthcare 1716 Innovation Blvd. Clayton, IN 46118	SHIPPING MARKS: ---***MABD LEVEL 1*** VENDOR #: 0000954399 STORE #: 0078742030098 PURCHASE ORDER #: 3079227775 <table style="width: 100%;"> <tr> <td style="width: 50%;">BOL #: 1422173411</td> <td style="width: 50%;">PRO #: 1589400</td> </tr> </table>	BOL #: 1422173411	PRO #: 1589400
BOL #: 1422173411	PRO #: 1589400		
CONSIGNEE NAME AND ADDRESS: WALMART - WOODLAND 6027R 210 OWENS ROAD - STATE ROUTE 970 WOODLAND, PA 16881			

REFERENCE #: 0080822867	TMS Shipment ID: H19132086	DATE: 01/11/2024	NAME OF CARRIER #: BNLS BNSF LOGISTICS	GEODIS ORDER #: 142217341
-----------------------------------	--------------------------------------	----------------------------	--	-------------------------------------

Line#	Qty Order	Qty Ship	Item	Customer Item #	Description	Haz?	Gross Weight
10	11	11	190B	004011394	PEDLAX LIQ GLYC 6CT SUPPOS 24 Lot # 2327515 Exp. Date: 4/30/25 QTY: 11 CS		45.10
20	32	32	10678112101259E	004011839	CE RED RLF COOL .05OZ DRP 24 Lot # XP18V Exp. Date: 8/31/26 QTY: 32 CS		57.60
30	26	26	10678112255105C	004019616	CE MAX RED RLF 1OZ DRP 24 Lot # 2373A Exp. Date: 6/30/26 QTY: 26 CS		69.94
40	24	24	10678112017468D	004028106	CHLORA MAX BRY 15CT LOZ 36 Lot # 100037137 Exp. Date: 8/31/26 QTY: 24 CS		142.80
50	40	40	00678112665228E	004073190	CE TRPL ACT 0.5OZ DRP 24 Lot # XP18B Exp. Date: 8/31/26 QTY: 40 CS		68.00
60	24	24	58790000130	550557422	TT MD 1OZ DRP 24 Lot # 435467 Exp. Date: 2/28/25 QTY: 1 CS Lot # 435482 Exp. Date: 2/28/25 QTY: 23 CS		68.40
70	14	14	10831248001989	550600027	DRAM LD 8CT TAB 48 Lot # 368385 Exp. Date: 9/30/25 QTY: 14 CS		44.10
80	22	22	10042037104785	551094607	DEBROX EAR WAX 0.5OZ DRP 24 Lot # 9899 Exp. Date: 3/22/25 QTY: 22 CS		46.20
90	96	96	01062D	553473452	LUDEN WC 90CT DRP 24 Lot # 100040755 Exp. Date: 10/31/25 QTY: 48 CS Lot # 100041490 Exp. Date: 10/31/25 QTY: 48 CS		2064.00

Date: 1/11/2024

BILL OF LADING

Page 1 of 2

SHIP FROM

Name: Prestige Consumer Healthcare
Address: 1716 Innovation Blvd.

City/ST/Zip: Clayton, IN 46118

TMS#: H19132086

FOB: ☐

Bill of Lading Number: 00018133142217341



CARRIER NAME: BNSF LOGISTICS

Trailer number: 289477

Seal number(s): 191302

SHIP TO

Name: WALMART - WOODLAND 6027R
Address: 210 OWENS ROAD - STATE ROUTE 970

City/ST/Zip: WOODLAND, PA 16881

Delivery Carrier Services: PMT

CID:

Must Arrive By Date/MABD: 01/12/2024

FOB: ☐

SCAC: BNLS

Pro Number: 1589400



SEND FREIGHT BILL TO:

Prestige Consumer Healthcare c/o GEODIS

Attn Freight Pay

P.O. Box 2208

Brentwood, TN 37024-2208

FREIGHT BILL RECEIVED IN FULL

NOT CS REC

Order ID: 142217341

Reference#: 0080822867

SPECIAL INSTRUCTIONS:

---**MABD LEVEL: **

REC'D BY:

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

CUSTOMER ORDER INFORMATION

PO NUMBER	# PKGS	WEIGHT	CUBE	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO (PALLET TYPE) (COUNT)
3079227775	729	5,512.29	374.95	Y N	STANDARD 11
GRAND TOTAL	729	5,512.29	374.95		11

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(a) of NMFC Item 340</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		729	CTNS	5,512.29		see addendum page for item details		
	Total Pallet weight			495.00				
11	PLTS	729	CTNS	6,007.29		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.

Geodis Logistics, LLC

Agent for Shipper

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.

Signature

Date



Number of Pieces

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: Freight Counted:

☒ By Shipper☐ By Driver☒ By Shipper☐ By Driver/pallets
said to contain
☐ By Driver/Pieces