



Bill to:
GREATWIDE DALLAS MAVIS, LLC
2150 CABOT BLVD,
Langhorne,
PA,
19047

Invoice Date: 02/21/2024
Invoice #: G3932221
Terms: NET 30
Due Date: 03/21/2024

| Date | Customer Ref # | Origin - Destination | Quantity | Rate | Amount |
|------------|----------------|--|----------|------------|------------|
| 02/19/2024 | | 139 Development Dr, Inwood, WV 25428, USA - 3601 SW 10th St, Owatonna, MN 55060, USA | | | |
| | | | 1 | \$1,650.00 | \$1,650.00 |

| |
|--------------|
| TOTAL |
| \$1,650.00 |

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

Greatwide Dallas Mavis, LLCOrder#: **G3932221****Rate Confirmation**

PLEASE CONTACT THE BOOKING AGENCY AT (724) 438-4206 IF YOU HAVE ANY QUESTIONS.
CONTACT THE BOOKING AGENCY IF YOUR DISPATCH INSTRUCTIONS DIFFER FROM THE BILL OF LADING.

| | | | |
|------------------------|------------|----------------------|-----------------|
| EFFECTIVE DATE: | 02/19/2024 | CARRIER: | BRZ |
| EQUIPMENT: | Van 53' | DRIVER: | ALLAN |
| COMMODITY: | | DRIVER CELL: | (786) 290-5074 |
| HAZMAT: | No | DRIVER EMAIL: | |
| UN NUMBER: | | TRACTOR: | 833 |
| DECLARED VALUE: | | TRAILER: | H03241 |
| WEIGHT: | | CONTACT: | LINDA |
| PIECES: | | PHONE: | (708) 852-5654 |
| BOL NUM: | | EMAIL: | LINDA@RTBRZ.COM |
| PICKUP NUMBER: | | TEMPERATURE: | - |

PICK-UP DATE:

Name / Address

2/19/2024 8:00:00 AM - 2/19/2024 8:00:00 PM

MARTINSBURG POSTPONEMENT

139 DEVELOPMENT DR

INWOOD, WV 25428

Contact:**Phone:****Instructions:**

PICK UP # 876659113

DETENTION POLICY:

-YOU ARE RESPONSIBLE FOR NOTIFYING US 30 MINUTES PRIOR TO THE DRIVER REACHING DETENTION TIME. IF WE ARE NOT NOTIFIED, DETENTION WILL NOT BE SUBMITTED.

-YOU ARE RESPONSIBLE FOR SENDING A BOL WITH THE IN AND OUT TIMES WRITTEN ON IT WITHIN 24 HOURS OF DELIVERY. IF YOU DO NOT SEND A BOL, A DETENTION REQUEST WILL NOT BE SUBMITTED.

DETENTION DOES NOT APPLY ON FCFS

Greatwide Dallas Mavis, LLCOrder#: **G3932221****Rate Confirmation**

PLEASE CONTACT THE BOOKING AGENCY AT (724) 438-4206 IF YOU HAVE ANY QUESTIONS.
CONTACT THE BOOKING AGENCY IF YOUR DISPATCH INSTRUCTIONS DIFFER FROM THE BILL OF LADING.

DELIVERY DATE:**Name / Address**

2/21/2024 8:00:00 AM -

COSTCO - OWATONNA

3601 SW 10TH ST

OWATONNA, MN 55060

Contact:**Phone:****Instructions:**

DELIVERY # _____

DRIVER IS RESPONSIBLE FOR PAYING LUMPER: PLEASE SUBMIT THE RECEIPT TO BROKERAGE@GREATWIDE-GRC.COM WITHIN 24 HOURS OF DELIVERY TO BE REIMBURSED.

DETENTION POLICY:

-YOU ARE RESPONSIBLE FOR NOTIFYING US 30 MINUTES PRIOR TO THE DRIVER REACHING DETENTION TIME. IF WE ARE NOT NOTIFIED, DETENTION WILL NOT BE SUBMITTED.

-YOU ARE RESPONSIBLE FOR SENDING A BOL WITH THE IN AND OUT TIMES WRITTEN ON IT WITHIN 24 HOURS OF DELIVERY. IF YOU DO NOT SEND A BOL, A DETENTION REQUEST WILL NOT BE SUBMITTED.

DETENTION DOES NOT APPLY ON FCFS

Thank you for agreeing to handle this load for the price below. These charges are confirmed by you billing to us with the paperwork required below.

Unless both parties agree in writing, there will be no changes to the charges contained within this rate confirmation. Accessorials will not be paid until Greatwide Dallas Mavis, LLC is paid.

| | | | |
|-----------------------------------|-------------------|---------------|---------------|
| Carrier Linehaul Rate: | \$1,650.00 | Miles: | 1042.3 |
| All Combined Accessorials: | \$0.00 | | |
| Total Carrier Pay: | \$1,650.00 | | |

Greatwide Dallas Mavis, LLC

Order#: **G3932221**

Rate Confirmation

PLEASE CONTACT THE BOOKING AGENCY AT (724) 438-4206 IF YOU HAVE ANY QUESTIONS.
CONTACT THE BOOKING AGENCY IF YOUR DISPATCH INSTRUCTIONS DIFFER FROM THE BILL OF LADING.

Agreement:

Submit copy of this rate agreement, bill of lading with signed proof of delivery, and carrier invoice to Greatwide Dallas Mavis, LLC either via email to imaging@greatwide-tm.com or fax to 1-800-853-8836.

Carrier shall not sub-contract, broker or arrange for any third party transportation. We must be notified immediately of any problems such as delays, OS&D, detention, diversion, reconsignment or refusals. No payment will be made to carriers on detention, truck order not used, or damaged claims until Greatwide Dallas Mavis, LLC is paid. When Loading and/or unloading, any charges or service failure claims will be deducted from your freight bill.

Greatwide Dallas Mavis, LLC's customer refuses to pay Greatwide Dallas Mavis, LLC due to missing or illegible paperwork. If carrier provides paperwork more than 180 days after date of delivery, carrier will only be paid if the customer pays Greatwide Dallas Mavis, LLC.

Bill freight to: Greatwide Dallas Mavis, LLC
2150 Cabot Boulevard West
Langhorne PA 19047

MC Number: 277164

Carrier must sign load confirmation and fax back to agency at: (724) 438-4256

GreatWide Agent: DPAGRC

Carrier: BRZ

Agency Contact: felicity yauger

Carrier Signature: Linda Ferrer

Agency Phone (724) 438-4206

MC Number: 086875

Signature: _____

Confirm Date: 02/19/2024

Confirm Date: 02/19/2024


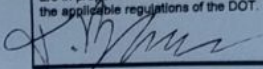
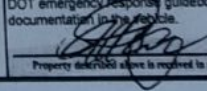
Fax Number:

To check on status of payment please go to <https://carrierportal.evansdelivery.com/>

Date: 02/19/2024

BILL OF LADING

Page 1 of 1

| SHIP FROM | | | | Bill of Lading Number: | | | | | |
|---|------|---------|--------|---|-----------|---|----------------------|--|--|
| Name: THE CLOROX SALES CO | | | | 0900008665 | | | | | |
| Address: 139 DEVELOPMENT DR | | | | CARRIER NAME: EVANS DELIVERY COMPANY | | | | | |
| City/State/Zip: INWOOD WV, 25428 | | | | Trailer number: H03241 | | | | | |
| SID#: 876659113 | | | | Seal number(s): 3453419 | | | | | |
| FOB: <input checked="" type="checkbox"/> | | | | | | | | | |
| SHIP TO | | | | SCAC: EDFF | | | | | |
| Name: COSTCO 1376 OWATONNA MN | | | | Pro number: JBE100134 | | | | | |
| Address: 3601 10TH ST SW | | | |  | | | | | |
| City/State/Zip: OWATONNA MN, 55060 | | | | Freight Charge Terms: (Freight charges are prepaid unless marked otherwise) | | | | | |
| FOB: <input type="checkbox"/> | | | | Prepaid: <input checked="" type="checkbox"/> Collect: <input type="checkbox"/> 3rd. Party: <input type="checkbox"/> | | | | | |
| Name: CLOROX FREIGHT PAYABLES | | | | <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading | | | | | |
| Address 1: C/O TRANSPLACE | | | | | | | | | |
| Address 2: PO BOX 425 | | | | | | | | | |
| City/State/Zip: LOWELL, AR 72745 | | | | | | | | | |
| SPECIAL INSTRUCTIONS: MABD: 02/20/2024 RAD: 02/20/2024 Driver must report any over, short, damaged or refused product at the time of delivery, by calling 833-220-1786. Underlying Bill of Lading number(s): Stop: 00446008766591136 | | | | | | | | | |
| CUSTOMER ORDER INFORMATION | | | | | | | | | |
| CUSTOMER ORDER INFORMATION | | | # PKGS | WEIGHT | PALL/SLLP | ADDITIONAL SHIPPER INFO | | | |
| 013760206112 | | | 988 | 43,225.00 | YES NO | Destination | PO Type Department # | | |
| GRAND TOTAL | | | 988 | 43,225.00 | | 95674500 | | | |
| CARRIER INFORMATION | | | | | | | | | |
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION | | LTL ONLY | |
| QTY | TYPE | QTY | TYPE | | | 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 | NMFC # | CLASS | |
| 19 | CH | 988 | CS | 43,225.00 | | 111655 03 | 55 | | |
| 19 | | 988 | | 43,225.00 | | 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. 14706C(1)(A) and (B) | | | | | | | | | |
| RECEIVED, subject to the Transportation Contract or rate agreement in effect between Shipper and Contract Carrier (the word Contract Carrier being understood through this Bill of Lading as meaning the motor carrier, forwarder, broker or other intermediary that has obligated itself to transport the freight from origin to destination), on the date of issue of this Bill of Lading, the property described below in apparent good order and condition, except as noted. This bill is a receipt for goods; it is not itself a contract or carriage. It is mutually agreed between Shipper and Contract Carrier as well as any person or company otherwise authorized to be in possession of the property during transportation that the services to be performed will be subject to all of the terms and conditions contained in the Transportation Contract or rate agreement, and no other document. The Contract Carrier agrees to this for itself and its subcontractors, agents and assigns. The weights are certified by the Shipper to be true and accurate. | | | | | | The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges | | 2-19-24 | |
| SHIPPER SIGNATURE/DATE  This is to certify that the above mentioned 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: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | | Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/Pallets said to contain <input type="checkbox"/> 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. | | | | | | | | | |

Address:

139 DEVELOPMENT DR

DOOR: 309
APP TIME: 8:00 ARR TIME: 2/21/24
IN TIME: 7:40 OUT TIME: 7:04
13760206112
8328-06

SEAL: BL/TRL:

RECVR: EMILIE BORWEGE

PAGE 1 OF 1



01376022124080005

DOOR: 309
APP TIME: 8:00 ARR TIME: 2/21/24
IN TIME: 7:40 OUT TIME: 7:04
13760206112
8328-06

SEAL: BL/TRL:

RECVR: EMILIE BORWEGE

PAGE 1 OF 1



01376022124080005

FOB:

FOB:

33-220-1786

ORDER IN

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| 225.00 | Y |
| 225.00 | |

ER INFORM

H.M.
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otor carrier, forward
ation), on the date of

this Bill of Lading, in full, represents the goods in apparent good order and condition, except as noted. This receipt for goods; it is not itself a contract or carriage. It is mutually agreed between Shipper and Contract Car



| Date: 02/19/2024 | | | | BILL OF LADING | | | | Page 1 of 1 | | | |
|---|------|---------|------|--|----------|--|--|--|--|----------------------------------|-------|
| SHIP FROM | | | | | | Bill of Lading Number: | | | | | |
| Name: THE CLOROX SALES CO | | | | | | 0900008665 | | | | | |
| Address: 139 DEVELOPMENT DR | | | | | | CARRIER NAME: EVANS DELIVERY COMPANY | | | | | |
| City/State/Zip: INWOOD WV, 25428 | | | | | | Trailer number: H03241 | | | | | |
| SID#: 876659113 | | | | | | Seal number(s): 3453419 | | | | | |
| SHIP TO | | | | | | SCAC: EDFF | | | | | |
| Name: COSTCO 1376 OWATONNA MN | | | | | | Pro number: JBE100134 | | | | | |
| Address: 3601 10TH ST SW | | | | | | | | | | | |
| City/State/Zip: OWATONNA MN, 55060 | | | | | | Freight Charge Terms: (Freight charges are prepaid unless marked otherwise) | | | | | |
| FOB: <input checked="" type="checkbox"/> | | | | | | Prepaid: <input checked="" type="checkbox"/> Collect: <input type="checkbox"/> 3rd. Party: <input type="checkbox"/> | | | | | |
| BILL TO | | | | | | <input type="checkbox"/> Master Bill of Lading with attached underlying Bills of Lading | | | | | |
| Name: CLOROX FREIGHT PAYABLES | | | | | | | | | | | |
| Address 1: C/O TRANSPACE | | | | | | | | | | | |
| Address 2: PO BOX 425 | | | | | | | | | | | |
| City/State/Zip: LOWELL, AR 72745 | | | | | | | | | | | |
| SPECIAL INSTRUCTIONS: | | | | | | | | | | | |
| MABD: 02/20/2024 | | | | | | | | | | | |
| RAD: 02/20/2024 | | | | | | | | | | | |
| Driver must report any over, short, damaged or refused product at the time of delivery, by calling 833-220-1786. | | | | | | | | | | | |
| Underlying Bill of Lading number(s): | | | | | | | | | | | |
| Stop: 00446008766591138 | | | | | | | | | | | |
| CUSTOMER ORDER INFORMATION | | | | | | | | | | | |
| CUSTOMER ORDER INFORMATION | | | | # PKGS | | WEIGHT | | PALL/SLLP | | ADDITIONAL SHIPPER INFO | |
| 013760206112 | | | | 988 | | 43,225.00 | | YES NO | | Destination PO Type Department # | |
| GRAND TOTAL | | | | 988 | | 43,225.00 | | | | 95674500 | |
| CARRIER INFORMATION | | | | | | | | | | | |
| HANDLING UNIT | | PACKAGE | | | | COMMODITY DESCRIPTION | | | | LTL ONLY | |
| QTY | TYPE | QTY | TYPE | WEIGHT | H.M. (X) | 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 | | | | NMFC # | CLASS |
| 19 | CH | 988 | CS | 43,225.00 | | | | | | 111655 03 | 55 |
| 19 | | 988 | | 43,225.00 | | GRAND TOTAL | | | | | |
| 2/21 800-5 | | | | | | | | | | | |
| 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 the Transportation Contract or rate agreement in effect between Shipper and Contract Carrier (the word Contract Carrier being understood through this Bill of Lading as meaning the motor carrier, forwarder, broker or other intermediary that has obligated itself to transport the freight from origin to destination), on the date of issue of this Bill of Lading, the property described below in apparent good order and condition, except as noted. This bill is a receipt for goods. It is not itself a contract or carriage. It is mutually agreed between Shipper and Contract Carrier as well as any person or company otherwise authorized to be in possession of the property during transportation that the services to be performed will be subject to all of the terms and conditions contained in the Transportation Contract or rate agreement, and no other document. The Contract Carrier agrees to this for itself and its subcontractors, agents and assigns. The weights are certified by the Shipper to be true and accurate. | | | | | | | | The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges | | | |
| SHIPPER SIGNATURE/DATE | | | | | | | | SHIPPER SIGNATURE 2-19-24 | | | |
| Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | | | | Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/Pallets said to contain <input type="checkbox"/> 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. | | | |
| This is to certify that the above mentioned materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. | | | | | | | | Property described above is received in good order, except as noted. | | | |