



Bill to:
ORBIS FREIGHT MANAGEMENT LLC

Invoice Date: 03/02/2024
Invoice #: 12114
Terms: NET 30
Due Date: 04/02/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
03/01/2024		6501 Berry Plastics Blvd, Evansville, IN 47725, USA - 11230 Katherines Crossing, Lemont, IL 60439, USA			
			1	\$650.00	\$650.00

TOTAL
\$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



ORBIS FREIGHT MANAGEMENT
16640 NEWCASTLE WAY
LOCKPORT IL 60441

PRO # 12114

Rate Confirmation

03/01/24 14:16:43 (EST)

F
R
O
M

HAROLD SILIONOKAS
(515) 259-6696 (p)
Loads@shiporbis.com

C
A
R
R
I
E
R

ROYAL3 INC
(630) 485-7370 (p) Att: GEORGE
(630) 485-6980 (f)
MC # 944686 Truck # 352
DOT 2828543 Trailer # 241131
Driver NEMANJA Cell # (708) 929-2716

Size & Type: 53' VAN
Pieces:

Description: GROCERY
Weight: 2000

Miles:

CHARGES		DISPATCH NOTES
LINE HAUL RATE	650.00	
TOTAL RATE	650.00	

PICK 1

BERRY TMC EVANSVILLE A
6501 BERRY PLASTICS BL
EVANSVILLE IN 47711

Ready Date: 03/01/24 20:00

STOP 1

OUR WAREHOUSE
11230 KATHERINE CROSSING
UNIT 250
WOODRIDGE IL 60517

Must Deliver: 03/01/24

PLEASE DO NOT PARK OVERNIGHT YOU WILL BE TICKETED.
NO DETENTION PAID AFTER 5PM or weekend loading. Pick up EMPTY.
DO NOT CALL ANY PHONES FROM BOLS/SHIPPERS/RECEIVERS OR we will DEDUCT the rate.
Detention paid after 2 hours, at \$25 per hour ONLY on FTL not the LTL shipments
Driver must call dispatch when loaded with IN AND OUT times.
While in route and if any problems shall arise to have delivery on time, notify
us immediately. Failure to do so will result in deduction in pay.
\$500.00/ 1 day , 50% rate after 48 hours late delivery/missed appointments.
NO tracking results in \$250 fee.
Carrier should provide location updates twice a day or will result in a rate
rate deduction. PODs MUST BE SENT WITHIN 24 HRS OR RATE DEDUCTIONS WILL BE
OCCURRED \$200/day (SEND TO Loads@shiporbis.com) .
The rate shall remain in effect until canceled by either party giving written
notice to the other.
All accessorial fees must be approved and proper documentation must be emailed
for reimbursement.
If load is 'double-brokered', agreement is void immediately.
Rate confirmation must be signed and returned to Orbis Freight Management.
All overages, shortages, and damages must be reported immediately before the
the driver leaves the dock to Orbis Freight Management.
Any carrier unable to honor a scheduled appointment is required to call
(515) 259-6696 ASAP.
Missed appointments are subject to and may warrant rate deductions.
INSTRUCTIONS FOR BILLING DEPARTMENT -
PLEASE EMAIL INVOICES TO : INVOICE@SHIPORBIS.COM

Carrier Signature _____

Date _____ / _____ / _____
M D

Doc ID: 2624030129169737
Send Carrier Bills to the Address Above
Sertifi Electronic Signature

PRO # 12114 must appear on all Invoices

E-Signed : 03/01/2024 01:19 PM CST

George Pavkovic

george@royal3inc.com
IP: 91.143.219.198

Sertifi Electronic Signature

DocID: 20240301131631737

SHIP FROM		BILL OF LADING NUMBER: 07945587	
BERRY GLOBAL, INC. 812 424-2904 6501 BERRY PLASTICS BLVD EVANSVILLE, IN 47725		BAR CODE SPACE	
SID#: 8925411		TMS Load #: 466953904	
SHIP TO		CARRIER NAME: CPU Common carrier	
MCLANE PACIFIC 3876 CHILDS AVE. P1A GROC PHONE #209-725-2500 MERCED CA 95344		TRAILER NUMBER: PLTZ241131	
LOC#:		SEAL NUMBER(S): 3511115 X 112	
CID#:		SCAC: CPUX PRO NUMBER:	
THIRD PARTY FREIGHT CHARGES BILL TO:		FREIGHT CHARGE TERMS: (Freight charges are prepaid unless marked otherwise)	
MCLANE COMPANY, INC. P.O. BOX 6131 ATTN: INBOUND LOGISTICS TEMPLE, TX 76503-6131		PREPAID _____ COLLECT _____ 3rd PARTY <u>X</u>	
		<input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading	

SPECIAL INSTRUCTIONS:

7397419 A:2000 I:1824 O:1928

Load Locks Required Y N**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	NO. PKGS.	WEIGHT (LB)	CUBE	PALLET / SLIP (Circle One)	ADDITIONAL SHIPPER INFO
MP10046040-01	100	2448	397	Y N	
MP10046283-01	164	3716	677	Y N	
SKID		540	66	Y N	
				Y N	
				Y N	
				Y N	
GRAND TOTAL	264	6704	1140		

CARRIER INFORMATION

HANDLING UNIT	PACKAGE	WEIGHT (LB)	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY
QTY	TYPE	QTY	TYPE		NMFC NO. CLASS
		48	BX	Plastic Items	156600-3 250
		56	BX	Plastic Items	156600-4 175
		136	BX	Plastic Items	156600-5 125
		18	BX	Plastic Items	156600-6 100
		6	BX	Film or Sheeting - Food or Pharmaceutical Grade	156830-2 110
12	SKID			SKIDS	199550-6 70
12		264		GRAND TOTAL	

If a motor carrier, freight forwarder, broker or other transportation service provider accepts this shipment from anyone other than the shipper listed hereon, it agrees to seek payment of its charges exclusively from the entity from which it accepted the shipment and expressly waives any other collection rights or remedies otherwise available to it, including any right to seek payment of the transportation charges from the consignor or consignee.

COD AMOUNT: \$

FEE TERMS:

COLLECT: ☐PREPAID: ☐CUSTOMER CHECK ACCEPTABLE: ☐

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, the property described below, received in good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below. This Bill of Lading is not subject to any tariffs or classifications whether individually determined or filed with any federal or state regulatory agency, or maintained by the carrier, except as specifically agreed to in writing by the Shipper and Carrier. Rate individually determined and NOT subject to filed tariffs. No limitation of carrier liability applies to this shipment.

Unless this shipment is marked FREIGHT PREPAID, the carrier shall not make delivery of this shipment without payment of freight and all other lawful charges, and if it does it shall have no recourse against the Consignor or anyone other than the Consignee.

/s/ Jason Greene

Shipper Signature

SHIPPER SIGNATURE / DATE

This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable labels on product, the regulations of the Department of Transportation, and NMFC number/classification as noted in above section "LTL Only."

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 Department of Transportation emergency response guidebook or equivalent documentation in the vehicle.

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

SHIP FROM		BILL OF LADING NUMBER: 07945585	
BERRY GLOBAL, INC. 812 424-2904 6501 BERRY PLASTICS BLVD EVANSVILLE, IN 47725		BAR CODE SPACE	
SID#: 8937295		TMS Load #: 466953904	
SHIP TO		CARRIER NAME: CPU Common carrier	
MCLANE WESTERN 2100 KEN PRATT BLVD PHONE #303-682-7500 LONGMONT CO 80504	LOC#:	TRAILER NUMBER: PTLZ241131	
		SEAL NUMBER(S): 3511116	
		SCAC: CPUX PRO NUMBER:	
		BAR CODE SPACE	
CID#:			
THIRD PARTY FREIGHT CHARGES BILL TO:		FREIGHT CHARGE TERMS: (Freight charges are prepaid unless marked otherwise)	
MCLANE COMPANY, INC. P.O. BOX 6131 ATTN: INBOUND LOGISTICS TEMPLE, TX 76503-6131		PREPAID _____ COLLECT _____ 3rd PARTY <input checked="" type="checkbox"/>	
		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

SPECIAL INSTRUCTIONS: Load Locks Required ☒ Y ☐ N
7397412 A:2000 I:1824 O:1946

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER		NO. PKGS.	WEIGHT (LB)	CUBE	PALLET / SLIP (Circle One)		ADDITIONAL SHIPPER INFO	
					Y	N	Apt. Date:	
					Y	N	Apt. Time:	
MW10058831-01		72	2189	387	Y	N		
MW10059029-01		84	1664	281	Y	N		
SKID			270	34	Y	N		
					Y	N		
					Y	N		
					Y	N		
GRAND TOTAL		156	4123	702				

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT (LB)	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC NO.	CLASS
		136	BX	3213		Plastic Items	156600-4	175
		20	BX	640		Plastic Items	156600-5	125
6	SKID			270		SKIDS	199550-6	70
6		156		4123		GRAND TOTAL		

If a motor carrier, freight forwarder, broker or other transportation service provider accepts this shipment from anyone other than the shipper listed hereon, it agrees to seek payment of its charges exclusively from the entity from which it accepted the shipment and expressly waives any other collection rights or remedies otherwise available to it, including any right to seek payment of the transportation charges from the consignor or consignee.

COD AMOUNT: \$
FEE TERMS: COLLECT: ☐ PREPAID: ☐
CUSTOMER CHECK ACCEPTABLE: ☐

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, the property described below, received in good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below. This Bill of Lading is not subject to any tariffs or classifications whether individually determined or filed with any federal or state regulatory agency, or maintained by the carrier, except as specifically agreed to in writing by the Shipper and Carrier. Rate individually determined and NOT subject to filed tariffs. No limitation of carrier liability applies to this shipment.

Unless this shipment is marked FREIGHT PREPAID, the carrier shall not make delivery of this shipment without payment of freight and all other lawful charges, and if it does it shall have no recourse against the Consignor or anyone other than the Consignee.

/s/ Jason Greene

Shipper Signature

SHIPPER SIGNATURE / DATE

This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable labels on product, the regulations of the Department of Transportation, and NMFC number/classification as noted in above section "LTL Only."

TRAILER LOADED: FREIGHT COUNTED:

☐ By Shipper

☐ By Driver

☒ 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.

ORBIS FREIGHT MANAGEMENT
16640 NEWCASTLE WAY
LOCKPORT IL 60441
(515) 259-6696
Fax

STRAIGHT BILL of LADING

Carrier : ROYAL3 INC
Date : 03/01/24
Trailer # : 241131
Pro # : 12114

SHIPPER		CONSIGNEE		INSTRUCTIONS	
BERRY TMC EVANSVILLE A 6501 BERRY PLASTICS BL EVANSVILLE IN 47711 Ref #		OUR WAREHOUSE 11230 KATHERINE CROSSING UNIT 250 WOODRIDGE IL 60517 Ref #			
Description	Class	Pcs	Weight	Plts	Additional Info
GROCERY			2000 2000		
Totals			2000		
Additional Ref #'s	Prepaid XXX Collect ___ 3rd Party ___			Carrier Please Put ORBIS FREIGHT MANAGEMENT Pro # 12114 on Your Invoice to Ensure Prompt Payment	
Please fax copy of BOL to ORBIS FREIGHT MANAGEMENT @ after Pickup & Delivery					

**** NOTE TO CARRIER **** ANY questions or problems with this call ORBIS FREIGHT MANAGEMENT @ (515) 259-6696
NOTE : Liability limitation for loss or damage in this shipment may be applicable pursuant to an agreement between the parties or under applicable law including, but not limited to, See 49 USC Section 101 et seq.

Subject to Section 7 conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper : BERRY TMC EVANSVILLE A Signature _____ 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 about is received in good order, except as noted. Carrier/Driver Signature _____ Pieces License Plate _____ Date / / Trailer # _____ MC #	
This is to certify that the above named materials are classified, marked and labeled and are in proper condition for transportation according to the applicable regulations of the DOT. Shipper : BERRY TMC EVANSVILLE A Name of Signor: Signature _____ Date / / Time In : _____ Time Out:		Received subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise 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. Consignee : OUR WAREHOUSE Name of Signor: Signature: _____ Date 3/2/24 Time In: _____ Time Out:	

THIS TEXT APPEARS ON ALL OF YOUR BL'S. TO CHANGE IT, GO TO THE SETUP MENU, CHOOSE FORM TEXT, THEN BL TEXT.