Bill to:
Scotlynn Usa Division inc.
15671 San Carlos Blvd. Suite 101,
Fort Myers,
FL,
33908

Invoice Date: 03/06/2024
Invoice #: 0864515
Terms: NET 30
Due Date: 04/06/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
03/04/2024		255 Spring Street, Clintonville, WI 54929 - 140 Fleet Dr, Villa Rica, GA 30180			
			1	$2,450.00	$2,450.00

TOTAL
$2,450.00

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

Scotlynn USA Division
9597 Gulf Research Lane
Fort Myers, FL 33912
Ph: 888-263-1888
Fax:239-433-3372
www.scotlynn.com

Operations Contact
Jeffrey Pagel
jpagel@scotlynn.com
ph: 239-379-8953 x
cell:
fax:

Billing Contact
9597 Gulf Research Lane
Fort Myers, FL 33912
ph: 800-263-9117 x 2541
fax: 239-603-8407
email: usa-accounting@scotlynn.com

Carrier: BRZ
BURBANK IL 60459
Date: 03/04/2024

Contact: Jim
Phone:
Fax:

Commodity: **Freight All Kind**
Temp: **to** **Run Continuous: N**
Trailer: **53 Ft Van - Dry**

Stop Details

PU 1
Name: Creative Converting
Address: 255 Spring Street
CLINTONVILLE WI 54929

Arrive Between: 03/04/2024 1600
And:
Contact:
Phone:
Pallets: **IN:** **OUT:**
Cases:
Weight:

Ref: PU 10491197 **Pcs:** 60 **Weight:** 36542.0 **Desc:**

Stop Details

SO 2
Name: Sam's Club Distribution Center
Address: 140 Fleet Dr
VILLA RICA GA 30180

Arrive Between: 03/06/2024 0815
And:
Contact: Main
Phone: 770-459-1700
Pallets: **IN:** **OUT:**
Cases:
Weight:

Ref: AO 82964821 **Pcs:** **Weight:** **Desc:**
Ref: PO 7181440521 **Pcs:** **Weight:** **Desc:**

Carrier Freight Pay: **$2,450.00**
Total Carrier Pay: **$2,450.00**

Jim Dujanovic 03/04/2024

Comments

Creative Converting - HOFFOSWI: ***MUST GET SIGNED BOLS AT EVERY DELIVERY***

PLEASE SEND BOLS ONCE LOADED

MUST HAVE 2 LOAD BARS OR STRAPS

LUMPER RECEIPT & POD MUST BE SENT TO JMONTANERO@SCOTLYNN.COM WITHIN 24 HOURS OF DELIVERY IN ORDER FOR REIMBURSEMENT.

Creative Converting - HOFFOSWI: ***MUST GET SIGNED BOLS AT EVERY DELIVERY***

PLEASE SEND BOLS ONCE LOADED

MUST HAVE 2 LOAD BARS OR STRAPS

LUMPER RECEIPT & POD MUST BE SENT TO JPAGEL@SCOTLYNN.COM WITHIN 24 HOURS OF DELIVERY IN ORDER FOR REIMBURSEMENT.

Driver

3/01/24 **Trial** # BILL OF LADING **Page** 1

SHIP FROM

Creative Converting Inc
255 Spring Street

Clintonville, WI 54929
United States
SID#: 0000080990/0000080991 FOB: ☐

Bill of Lading Number: 00416240000229934

(402)00416240000229934

CARRIER NAME: SCOTLYNN
Trailer number:
Seal Number(s): 0176514

SHIP TO

SAMS CLUB #6499
140 FLEET DR

VILLA RICA,GA 301801090
United States
CID#: 00000024 FOB: ☐

SCAC: SLYD
Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Hoffmaster, Inc. c/o Kuehne-Nagel
PO Box 171118

Memphis,TN 38187-1118

Freight Charge Terms:

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

SPECIAL INSTRUCTIONS:
DELIVERY APPOINTMENTS MUST BE MADE VIA RETAIL LINK
BOL MUST BE GIVEN TO RECEIVER AT DC TO DELIVER

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	CUBE	PLT/SLP	ADDITIONAL SHIPPER INFO
7181440521	60 CTN	36342.0	3130.5	N	10491197 T/A ON/BEFORE 03/06/24
PECO Pallet Inc. QTY Shipped 60					Date 3/4 Appt Time 4pm Arrival Time 245pm T/L Condition Pass/Fail Departure Time 3:40p Loaded By LW T/L Condition Fails
GRAND TOTAL	60	36342	3131		

CARRIER INFORMATION Fill out truck inspection form

HANDLING UNIT QTY	HANDLING UNIT TYPE	PACKAGE QTY	PACKAGE TYPE	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION (For NFMC Carriers-See Section 2e of NMFC Item 360)	LTL ONLY NMFC#	LTL ONLY CLASS
44	PLT	44	CTN	27920.0		PAPER PLATES	152940/2	77.5
11	PLT	11	CTN	5907.0		PAPER T/C,NAPKIN,TOWEL	153900/8	85.0
5	PLT	5	CTN	2515.0		DISPLAY RACKS SETUP	57410/8	85.0
60		60		36342		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, 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 Department of Transportation.
3/1/24

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 Department of Transportation emergency response guidebook or equivalent documentation in the vehicle. *Property described above is received in good order, except as noted.*

Drivers

Equip ID 241?44 3L

Status SA

26

Equip Arrival 03/0?/24 0748

Temp1

Temp2

Temp3

Carrier RETH1

Seal 0176514

Reseal

Fuel Lvl 25

Dept SAXD

Door/Zone APPOINTMENT

Type 53'

Del Date 03/0?/24 0815

I have read and understand the posted copy of Wal-Mart's Appointment / Drop Rules and Regulations.

Driver Signature ____________________

Delivery# 8296482?1

DC 6499

LADING

Page 1

Bill of Lading Number: 00416240000229934

(402)00416240000229934

CARRIER NAME: SCOTLYNN

Trailer number:

Seal Number(s): 0176514

SCAC: SLYD

Pro Number:

305-833-4849

Freight Charge Terms:

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

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CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	CUBE	PLT/SLP	ADDITIONAL SHIPPER INFO
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GRAND TOTAL	60	36342	3131		

PECO Pallet Inc.
QTY Shipped 60

Date 3/4
Appt Time 4pm
Arrival Time 245pm
T/L Condition Pass/Fail
Departure Time 3:400
Loaded By WW
T/L Condition Fails
Fill out truck inspection form

CARRIER INFORMATION

HANDLING UNIT QTY	HANDLING UNIT TYPE	PACKAGE QTY	PACKAGE TYPE	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION (For NMFC Carriers-See Section 2e of NMFC Item 360)	LTL ONLY NMFC#	LTL ONLY CLASS
44	PLT	44	CTN	27920.0		PAPER PLATES	152940/2	77.5
11	PLT	11	CTN	5907.0		PAPER T/C,NAPKIN,TOWEL	153900/8	85.0
5	PLT	5	CTN	2515.0		DISPLAY RACKS SETUP	57410/8	85.0
60		60		36342		GRAND TOTAL		

Sam's DC 6499
Receiver # 783938
TRL # 241144
PO # 7181440521
PLTS 60
Total Received 60
Over
Short
Damage Kept
ROC Damage
Rec'd By
Date 3-6-24

COD Amount: $ ____________

Fee Terms: Collect: ☐ Prepaid: ☐
Customer check acceptable: ☐

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 ____________.

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, 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 Department of Transportation.

3/1/24

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 Department of Transportation emergency response guidebook or equivalent documentation in the vehicle. *Property described above is received in good order, except as noted.*

hoffmaster GROUP, Inc.®

creativeCONVERTING

AARDVARK lapaco hoffmaster GMSP

Packing Slip

Ship To: SAMS CLUB #6499
140 FLEET DR

VILLA RICA, GA 301801090
US

Sold To: SAMS CLUB V#142679
ACCOUNTING DEPARTMENT
1108 SE 10TH ST

BENTONVILLE, AR 72716
US

Ship Date:	0/00/00
PO Number:	7181440521
Order Number:	10491197
Carrier:	RETR ReTrans

Special Instructions:

Item Number	Customer Item #	Description	UPC	Ordered Qty	Shipped Qty	UOM
SAM373417	980261983	DSP PAL LN 84/660CT 2P WHITE SAM'S	193968066086	11	11	PL
SAM363863	990004761	DSP PAL TC T/P 108/10CT 54X108 WHIT	193968319816	5	5	PL
SAM372788	990006077	DSP PAL PLT10 PRM 144/85CT BURSTING	193968198466	24	24	PL
SAM372787	990006080	DSP PAL OVAL PRM 144/50CT BURSTING	193968198473	20	20	PL
			Total:	60	60	

... items clearly identified with FSC are FSC Mix.