



Bill to:  
BFS Logistics  
,  
,  
,

Invoice Date: 03/27/2024  
Invoice #: 1150494  
Terms: NET 30  
Due Date: 04/27/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
03/25/2024		64490 HIGHWAY 434, LACOMBE LA 70445 - 2150 INTERNATIONAL PKWY, NORTH CANTON OH 44720			
			1	\$1,950.00	\$1,950.00

<b>TOTAL</b>
\$1,950.00

**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**

BFS LOGISTICS, LLC  
8132 OLD FEDERAL ROAD  
MONTGOMERY, AL 36117  
334-874-0000 334-676-1675



LOGISTICS

Load Confirmation

\*SKEK-75349\*

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1150494

<b>Carrier:</b>	BRZ	<b>RIKIBUIL</b>	<b>Contact:</b>	linda
	BURBANK	IL 60459	<b>Phone:</b>	708-852-5654
<b>Date:</b>	03/25/2024		<b>Fax:</b>	

<b>Order</b>	<b>Order:</b>	1150494	<b>Commodity:</b>	PALLETIZED DRY GROCERIES
	<b>Miles:</b>	1005.0	<b>Weight:</b>	35913.0
	<b>Temp:</b>		<b>Trailer:</b>	Van (DAT)
	<b>BOL:</b>	172874488	<b>Reference:</b>	2031580688

<b>PU 1</b>	<b>Name:</b>	DHL - LACOMBE	<b>Date:</b>	03/25/2024 1630
	<b>Address:</b>	64490 HIGHWAY 434		03/25/2024 1630
		LACOMBE LA 70445	<b>Contact:</b>	
	<b>Phone:</b>		<b>Driver Load:</b>	No driver loading or unload

Reference number:	AD	004461406
Reference number:	PO	2031580688
Reference number:	PU	172874488
Reference number:	SI	42613614
Reference number:	TN	205205539
Reference number:	ZZ	235

<b>SO 2</b>	<b>Name:</b>	SAM'S DISTRIBUTION CTR #6492	<b>Date:</b>	03/27/2024 1215
	<b>Address:</b>	2150 INTERNATIONAL PKWY		03/27/2024 1215
		NORTH CANTON OH 44720	<b>Contact:</b>	
	<b>Phone:</b>		<b>Driver Load:</b>	No driver loading or unload

Reference number:	AO	83021517
Reference number:	PO	2031580688
Reference number:	PU	172874488
Reference number:	SI	42613614
Reference number:	ZZ	2213300

<b>Payment</b>	<b>Carrier Freight Pay:</b>	\$1,750.00
	<b>Tracking Compliance</b>	200.00



**Total Carrier Pay:**

**\$1,950.00**

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**Carrier Instructions and Requirements: This form must be completed and returned before driver can be loaded.**

DHL - LACOMBE - LUMPER CODE- The Relay code for lumper payments is the 6-digit code next to the reference code Y. If this code does not work, please call dispatch for a Comcheck.

DHL - LACOMBE - THEJOROH: \*\*DRIVER MUST SEND COPY OF BOL TO THEIR BFS REP UPON LOADING\*\*

\*\*FOOD GRADE TRAILER.\*\*

\*\*MUST BE CLEAN, DRY AND ODOR FREE.\*\*

\*\*DRIVERS MUST RECEIVE ALL COPIES OF PAPERWORK UPON DELIVERY AND CANNOT LEAVE THE CONSIGNEE UNTIL ALL PAPERWORK IS RECEIVED.\*\*

\*\*SHIPPER MAY NOT BE CONTACTED FOR COPIES OF THE ORIGINAL PAPERWORK!!!\*\*

\*\*WORK-INS BEYOND APPOINTMENTS MAY HAVE DETENTION DENIED.\*\*

\*\*WEIGHTS ARE NOT NECESSARILY GUARANTEED AND CAN VARY, UPON LOADING, IN RANGE, UP TO 44,500LBS\*\*

\*\*OS&D'S SUBMITTED AFTER 17:00 EASTERN WILL NOT RECEIVE DISPOSITION UNTIL THE FOLLOWING BUSINESS DAY.\*\*

\*\*WALMART DELIVERIES REQUIRE TCR PAPERWORK AND EQUIPMENT ARRIVAL STICKER TO BE SUBMITTED.\*\*

\*\*IN/OUT TIMES MUST BE LEGIBLY SIGNED FOR ACCESSORIAL/DETENTION APPROVAL. APPLIES TO BOTH PICKUP AND DELIVERY.\*\*

\*\*AMAZON TRAILERS WILL NOT BE ACCEPTED FOR WALMART/SAM'S SCHEDULED DELIVERIES.\*\*

\*\*ANY EARLY DELIVERY / CHANGE TO A SCHEDULED WALMART OR SAM'S DELIVERY APPOINTMENT, WITHOUT APPROVAL FROM BFS LOGISTICS, WILL RESULT IN A \$250 RESCHEDULING FEE.\*\*

\*\*ADUSA/DELHAIZE DELIVERIES - WHILE ON COMPANY PREMISES, DRIVERS MUST COMPLY WITH ALL APPLICABLE COMPANY OSHA AND OTHER APPLICABLE SAFETY STANDARDS. DRIVERS MUST WEAR SAFETY VESTS WHILE ON PROPERTY. IF THE DRIVER FAILS TO WEAR A SAFETY VEST THEN A CHARGEBACK OF \$450 PER PO WILL APPLY PURSUANT TO ADDENDUM 5. DRIVERS ARE REQUIRED TO WEAR STEEL-TOED SHOES WHILE UNLOADING AT ALL ADUSA/DELHAIZE LOCATIONS.\*\*

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**Please Sign:** *Steve Tatum*

(X) Accept

( ) Decline

**Driver Name:** Oxilas Steevensoon

**Driver Cell:** 305-833-4849

**Driver Email:**

**Tractor #:** 828

**Trailer #:** PTLZ241144





**Please call your BFS representative listed above, e-mail [birminghamops@shipbfs.com](mailto:birminghamops@shipbfs.com) or call (334) 874-0000 with any questions. Tracking updates, etc. can be emailed to [tracking@shipbfs.com](mailto:tracking@shipbfs.com).**

(I) This load confirmation is subject to the terms of the agreement for motor contract carrier services ("Agreement") previously executed between our companies and this constitutes an addendum to the terms of that agreement. Rate shown includes any applicable fuel surcharges, pickup and delivery charges, loading and unloading, out of route, detention, storage, and/or all arbitrary charges, etc. Deviation from these rates must be approved, in writing, and signed by both parties. If there are objections to the terms stated, they must be submitted within 24 hours after receipt. Additionally, any difference(s) with delivery, from what is reflected on the BOL vs this agreement need to be made aware to your BFS Logistics representative immediately upon loading.

(II) By accepting this shipment, the Carrier agrees to, and accepts, that the driver has consented to tracking via Trucker Tools App and receiving text messages and/or phone calls from, or on behalf of, BFS Logistics. Trucker Tools is BFS Logistics' preferred method of tracking and is required on **all** shipments. The assigned Driver agrees to accept tracking prior to shipper arrival. Driver agrees for tracking to be active throughout transit, until delivery is confirmed. Failure to comply with tracking standards, noted in section (II) will result in a tracking compliance fine of **\$100 per day**. Additionally, to verify detention, driver must use the dwell feature inside the Trucker Tools phone application or provide a signed BOL with clearly defined in and out times. If pickup or delivery times are missed, without prior notification to BFS Logistics, carrier will be subject to penalty charges of **\$100 per reschedule date**. Additional late delivery charges assessed by the consignee may also apply.

(III) All Van/Reefer/Container loads **MUST** be sealed upon loading at the origin/shipper, either by the shipper or driver, with a seal number and noted on the Bill of Lading. The driver(s) will be responsible for re-sealing their trailer after each pickup and/or drop on multiple stop shipments. If/when a shipment, that was sealed at origin or after each additional pickup/drop, arrives at the destination with a compromised seal, or without the seal intact, then either the Carrier will be liable for any OS&D claim(s) with respect to such shipment and/or the shipper will have the right, as they see fit, to consider either a portion, or the entire shipment damaged, adulterated/contaminated, refused and/or unsalvageable. The shipper may also do so without need of inspection and the Carrier shall be liable for the full value of the shipment.

- All OS&D's need to be reported to both your BFS representative, and by report by going to: [osdreport.skeltonbfs.com](mailto:osdreport.skeltonbfs.com). If there are more than 4 SKU's then a second report will need to be submitted.

(IV) Carrier must advise their BFS Logistics representative of all additional charges associated with this order that could result in additional charges. Failure to notify of detention and/or lumper within 48



hours of the occurrence could result in a denial of additional charges. Late pick-ups or late deliveries are not eligible for detention charges. Carrier is required to notify the BFS Logistics rep and/or office that they received the rate confirmation from 1 hour before detention begins. If loading/delivery facility is FCFS, detention will only be paid if carrier is loaded or unloaded outside of the regular pick-up or delivery hours. Arrival and departure times must be stamped and/or written on the BOL.

**If this is a Temperature Controlled Shipment, then please follow these guidelines:**

- Run all reefers on continuous (Unless specific written instructions are noted to run otherwise).
- Reefer needs to run at the temperature on BOL's. If there is no temperature on the BOL's then please call in (334) 874-0000 for direction.

Additionally, by accepting this shipment, Carrier hereby certifies that it will only use, furnish or provide Transportation Refrigeration Unit (TRU) equipment that is in compliance with all requirements of the State of California TRU regulations.

(V) Driver is responsible for all necessary load counts. If driver is not granted access to the loading dock they must call the broker to notify immediately.

(VI) Carrier is required to weigh each shipment within 50 miles of departing each shipper. If the Carrier fails to weigh shipment within 50 miles of departing each shipper, then any citations/expenses incurred due to the equipment and/or shipment weight will be the carrier's own responsibility.

(VII) Driver must report any OS&D upon occurrence. Driver may not leave the noted facility without approval from their BFS representative. Failure to comply signifies that the Carrier assumes full responsibility.

(VIII) Carrier agrees that if the above-mentioned load is transported by a carrier other than the one listed on this confirmation, and without the written permission of BFS Logistics, a \$2,000 fee will be deducted from the carrier's freight charges.

(IX) By accepting this shipment, Carrier represents and warrants that it has at least \$100,000 of cargo insurance for each load accepted from us.

(X) Carrier acknowledges that they are solely responsible for compliance with all applicable HOS regulations, as well as all other FMCSA regulations. Additionally, Carrier must be in full compliance with the Food Safety Modernization Act (FMSA), if applicable.

(XI) Carrier must meet and comply to shipper and consignee requirements at the facility. Additionally, all drivers must wear masks or facial coverings to the extent required by laws or facilities.

For Walmart Deliveries - Receiver will supply a Trailer Control Record "TCR" form and must be turned in with BOL's, POD's and invoice within 4 business days from the time it was delivered.

BILLING INSTRUCTIONS - THE ORDER NUMBER MUST BE REFERENCED ON YOUR INVOICE FOR PROMPT PAYMENT. SEND THIS CONFIRMATION, YOUR INVOICE AND ALL SHIPMENT ASSOCIATED DOCUMENTS (INCLUDING LUMPER RECEIPTS, ETC.) TO: [CARRIERINVOICES@SHIPBFS.COM](mailto:CARRIERINVOICES@SHIPBFS.COM). FOR QUICK PAY, USE [QUICKPAY@SHIPBFS.COM](mailto:QUICKPAY@SHIPBFS.COM). PAYABLE INQUIRES: (334) 874-0000; [CARRIERINVOICES@SHIPBFS.COM](mailto:CARRIERINVOICES@SHIPBFS.COM).

**\*\*IMPORTANT – CARRIER MUST agree to submit clear, legible copies of all pages of their BOL's/POD's, and any additional receipts etc., to [carrierinvoices@shipbfs.com](mailto:carrierinvoices@shipbfs.com) within 48 HRS after delivery or a \$200 fine WILL APPLY. Please note that this requirement IS NOT the responsibility of the factoring company nor does it pertain to an invoice.\*\***


If the bills submitted are not legible, or noted paperwork is missing, then you will have an additional 48 hours to reply to the email from the BFS billing department with legible paperwork and additional requested documentation.

Your acceptance of this rate confirmation confirms the CARRIER agrees to these terms & conditions listed above. Failure to comply will result in a contracted rate reduction of \$200.\*\*

**BFS LOGISTICS  
P.O. BOX 242927  
MONTGOMERY, AL 36124  
(334) 874-0000**



## BILL OF LADING

<b>SHIP FROM</b> JM SMUCKER LACOMBE 64490 LA-434 Lacombe,LA 70445 FOB: <input type="checkbox"/>		<b>Bill of Lading Number:</b> 172874488  (402) 172874488	
<b>SHIP TO</b> SAM'S DISTRIBUTION CTR #6492 2150 INTERNATIONAL PKWY N CANTON,OH 44720 FOB: <input type="checkbox"/>		<b>Carrier Name:</b> BFS Logistic <b>Trailer Number:</b> PTLZ241144 <b>Seal number(s):</b> 0221110	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b> THE J.M. SMUCKER COMPANY C/O CASS INFORMATION SYSTEMS COLUMBUS,OH 43218-2038		<b>SCAC:</b> BFSL <b>Pro #:</b>	
<b>SPECIAL INSTRUCTIONS :</b>		<b>Freight Charge Terms:</b> (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>	
		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# Cases	NET WEIGHT	Pallet/Slip (Circle One)		REQ DELIV	ADDITIONAL SHIPPER INFO JMS ORD NUM
			Y	N		
2031580688	968.0	31986.80	Y	N	3/26/24, 11:00 PM	42613614-82202
	0.0	0.00	Y	N		
	0.0	0.00	Y	N		
	0.0	0.00	Y	N		
	0.0	0.00	Y	N		
<b>GRAND TOTAL</b>	968	31986.80				

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		GROSS WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional 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
0.0		968.0	Cases	31986.8	0.0	Foodstuffs, other than frozen, Group IV, viz(30 or greater)	73260	60
59.0	Full Chep	0.0		3245.0	0.0	PLATFORM		
59.0		968.0		35231.8		<b>GRAND TOTAL</b>		

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.

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 DOT.

Dispatched Time : \_\_\_\_\_

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.



Printer Closed : 3/25/24, 4:23 PM

# BILL OF LADING

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<p><b>SHIP FROM</b></p> <p>JM SMUCKER LACOMBE 64490 LA-434 Lacombe, LA 70445</p> <p>FOB: <input type="checkbox"/></p> <p><b>SHIP TO</b></p> <p>SAM'S DISTRIBUTION CTR #6492 2150 INTERNATIONAL PKWY N CANTON, OH 44720</p> <p>FOB: <input type="checkbox"/></p> <p><b>THIRD PARTY FREIGHT CHARGES BILL TO:</b></p> <p>THE J.M. SMUCKER COMPANY C/O CASS INFORMATION SYSTEMS COLUMBUS, OH 43218-2038</p> <p><b>SPECIAL INSTRUCTIONS :</b></p>	<p>Bill of Lading Number: 172874488</p> <div style="text-align: center;">               (402) 172874488         </div> <p><b>Carrier Name:</b> BFS Logistic <b>Trailer Number:</b> PTLZ241144 <b>Seal number(s):</b> 0221110</p> <p><b>SCAC:</b> BFSL      <b>Pro #:</b></p> <p><b>Freight Charge Terms:</b> (freight charges are prepaid unless marked otherwise)              Prepaid <input checked="" type="checkbox"/>      Collect <input type="checkbox"/>      3rd Party <input type="checkbox"/> </p> <p><input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading              (check box)         </p>
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CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# Cases	NET WEIGHT	Pallet/Slip (Circle One)		ADDITIONAL SHIPPER INFO JMS ORD NUM
2031580688	968.0	31986.80	Y	N	3/26/24, 11:00 PM 42613614-82202
	0.0	0.00	Y	N	
	0.0	0.00	Y	N	
	0.0	0.00	Y	N	
	0.0	0.00	Y	N	
<b>GRAND TOTAL</b>	968	31986.80			

CARRIER INFORMATION						
HANDLING UNIT		PACKAGE		GROSS WEIGHT	H.M. (X)	COMMODITY DESCRIPTION
QTY	TYPE	QTY	TYPE			
0.0		968.0	Cases	31986.8	0.0	Foodstuffs, other than frozen, Group IV, vtz(30 or greater)
59.0	Full Chop	0.0		3245.0	0.0	PLATFORM
59.0		968.0		35231.8		
						<b>GRAND TOTAL</b>

<p>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 _____"</p> <p>NOTE Liability Limitation for loss or damage in this shipment may be applicable.</p> <p>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 subject to the shipper, on request, and to all applicable state and federal regulations.</p> <p><b>SHIPPER SIGNATURE/DATE</b>              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.              Dispatched Time : _____</p>	<p><b>COD Amount:</b> \$ _____</p> <p><b>Fee Terms:</b> _____</p> <p><b>Customer check acceptable:</b> <input type="checkbox"/></p> <p><b>Trailer Loaded:</b>  <input type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver         </p> <p><b>Freight Counted:</b>  <input type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver/pallets said to contain  <input type="checkbox"/> By Driver/Pieces         </p> <p><b>SHIPPER SIGNATURE/DATE</b>              Signature: _____              Date: _____              Title: _____         </p>
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