



Bill to:
PACKER FREIGHT SYSTEMS INC
728 LOMBARDI AVE,
Green Bay,
WI,
54304

Invoice Date: 04/02/2024
Invoice #: SNA8645440
Terms: NET 30
Due Date: 05/02/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
03/27/2024		601 RUDOLPH WAY, GREENDALE, IN, 47025, US - 1401 ONTARIO ROAD, DBA NATURE'S WAY BRANDS, GREEN BAY, WI, 54311, US			
			1	\$900.00	\$900.00

TOTAL
\$900.00

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

Shipping Instructions & Rate Confirmation



Bill To:
Packer Freight
PO Box 28407, loads@packerfreight.com
Green Bay, WI, 54324, US
Phone: (920) 965-4097
Email: ap@packerfreight.com

Order #: SNA8645440
Pickup Date: 03/27/2024
Mode: Truckload
PRO #: 173186813

Carrier	Carrier Phone	Carrier Fax	Equipment	Total Amount
ZIGI FREIGHT INC MC944686	(630) 485-7370		53' Van	\$900.00 USD

Broker Contact Name	Broker Contact Phone	Broker Contact Email
Morgan Frisque	None	mfrisque@packerfreight.com

Pickup / Origin		
BETTERA BRANDS 601 RUDOLPH WAY GREENDALE, IN, 47025, US		
Appointment/Hours		Special Services
Pickup Appointment: 03/27/2024 Dock Hours: between 8:00 and 16:00		None Selected
Weight	# Units	Freight Description
30,000 lbs	30	Supplements
Special Instructions: SHIPPING HOURS ARE 0800-1600 M-F		PO #: 4500148333 Shipper Info:

Delivery		
SCHWABE NORTH AMERICA INC - 1401 DC 1401 ONTARIO ROAD, DBA NATURE'S WAY BRANDS GREEN BAY, WI, 54311, US		
Appointment/Hours		Special Services
Delivery Appointment: 03/28/2024 Dock Hours: between 7:00 and 16:00		None Selected
Weight	# Units	Freight Description
30,000 lbs	30	Supplements
Special Instructions:		PO #: 4500148333 Shipper Info:

Payment: Line Haul: \$900.00, Special Services: \$0.00, Fuel Surcharge: \$0.00, **TOTAL: \$900.00 USD**

Terms:

DOUBLE BROKERING IS NOT PERMITTED AND WILL RESULT IN FORFEIT OF PAYMENT!

Quick Pay Options; 1-day (5% fee) | 5-day (3% fee) | 15-day (1% fee) - Please send an e-mail request to QP@PackerFreight.com to confirm.

After hours support; PackerTeam@PackerFreight.com

All PODS/invoices must be e-mailed to AP@PackerFreight.com within 24 hours of delivery.

Accessorial charges must be pre-approved, or they may not be paid | Pre-notification is required 30 minutes prior to the start of any detention charges and all times must be notated on the BOL | Missed appointments may result in monetary penalties | Broken seals may result in full load claims or nonpayment, all sealed trailers must remain sealed | Packer Freight reserves the right to withhold payment on all shipments until pending claims have been completely resolved.

Proof of delivery (POD), invoices, payment inquiries, rate verification, or NOA questions must be directed to AP@PackerFreight.com

Failure to abide by any of the terms and conditions notated above may result in delayed and/or reduced payment.

Carrier File Upload & Tracking Link



Manual link: <https://pfs.logisticallytms.com/carrier/#/orders/7d40fec6-2f43-4e38-aec1-c6f6ea8a55df/upload?source=rate-confirmation>

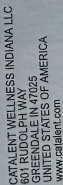
Need help? <http://logisticallyinc.com/guide/qtr>

Signed By: *Jake Heim*
(Packer Freight)

Date: 03/26/2024

Signed By: *Kelly Ivanovic*
(ZIGI FREIGHT INC)

Date: _____



Straight Bill of Lading

Bill of Lading Number
 Shipment Number
 Freight Terms
 Carrier
 Tracking Number
 Trailer Number
 Seal Number
 Ship Date
 Page

Sold To:
SCHWABE NORTH AMERICA
PO BOX 22310
GREEN BAY WI 54305
UNITED STATES OF AMERICA

3404353

Ship To:
SCHWABE NORTH AMERICA
1401 ONTARIO RD
GREEN BAY WI 54311-8341
UNITED STATES OF AMERICA

Order Number / Customer PO	Line No.	Commodity Class	Lot Number	Quantity	Weight	Shipping Units
715548	1,002	Class 50	5758970	1,500,000,000 CA	9,115.50 KG	30 PL
4500148333				Gross Weight	9,864.20 KG	30 PL

Temp Recorder

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled:

NOTE - Where the ratio is dependent on the value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding:

	Value	<hr/>	Per	<hr/>
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[illegible]

Shipper:		Carrier:
Per:		Per:
Emergency No.:		Date:
03/27/24		



CATALENT WELLNESS INDIANA LLC
601 RUDOLPH WAY
GREENDALE IN 47025
UNITED STATES OF AMERICA
www.catalent.com

pool # 6
Straight Bill of Lading

Bill of Lading Number 24015181
Shipment Number 976754
Freight Terms EXW - Ex Works EXW
Carrier CUSTOMER TRUCK
Tracking Number
Trailer Number
Seal Number
Ship Date 1213470
Page 27-Mar-2024
1 of 1

Ship To: 3404353
SCHWABE NORTH AMERICA
1401 ONTARIO RD
GREEN BAY WI 54311-8341
UNITED STATES OF AMERICA

Sold To: 3404352
SCHWABE NORTH AMERICA
PO BOX 22310
GREEN BAY WI 54305
UNITED STATES OF AMERICA

Order Number / Customer PO	Line No.	Commodity Class	Lot Number	Quantity	Weight	Shipping Units
715548 4500148333	1.002	Class 50	5758970	1,500.000000 CA	9,115.50 KG	30 PL
Gross Weight					9,664.20 KG	30 PL

Temp Recorder

NOTE - Where the rate is dependent on the value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding:

For KILWA
3/28/24 12:44
This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled.

Value

Per

RECEIVED subject to the classification and lawfully filed tariffs in effect on the date of issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages known), marked consigned and destined as indicated above which said carrier (the word carrier being understood throughout this contract meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions and hereby agreed to by the shipper and accepted for himself and his assigns.

Shipper:	<i>[Signature]</i> 03/27/24	Carrier:	
Per:		Per:	
Emergency No.:		Date:	

Catalent.

CATALENT WELLNESS INDIANA LLC
801 ROCKFORD AVE
GREENVILLE IN 47035
UNITED STATES OF AMERICA
TEL: 812-4780140
WWW.CATALENT.COM

Packing List

Order Number 715548 SO
Customer PO 4500148333
Shipments Number 976754
AWB BillTracking No. n/a

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Ship To:
SCHWABE NORTH AMERICA
1401 ONTARIO RD
GREEN BAY WI 54311-8341
UNITED STATES OF AMERICA
3404353

Bill To:
SCHWABE NORTH AMERICA
PO BOX 22310
GREEN BAY WI 54305
UNITED STATES OF AMERICA
3404352



Shipment # 976754

Shipment Date: 27-Mar-2024

Carrier: CUSTOMER TRUCK

Delivery / Shipping Instructions:

Incoterms: EXW - Ex Works

Line No. / Ship Date	Item Number / Customer Item Number	Item Description / Note Attachments	Lot Number / Customer Lot Number	Qty Full / Qty Partial	UOM	Total Qty
1.002 27-Mar-2024	12-0015 11536	NW WOMEN'S FDM GUMMY 130CT/ 12 BOTTLES PER CASE Country of Origin: UNITED STATES OF AMERICA Tariff Code:	5758970	1,500.00 0.00 30	CA PL CA	1,500.00 30

No. of Pieces	1,500.00
No. of Cartons	30

Loaded By _____

Date _____

Checked By _____

Date _____

Verified By _____

Date _____