

**Bill to:**

Sethmar Transportation llc
P.O.BOX 23770,
Overland Park,
KS,
66202

Invoice Date: 04/02/2024

Invoice #: PRO # 224820

Terms: NET 30

Due Date: 05/02/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
03/31/2024		2255 Phoenix Avenue SE, Massillon, OH 44646 - 3636 Medallion Avenue, Newport, AR 72112			
			1	\$1,450.00	\$1,450.00

TOTAL
\$1,450.00

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



SETHMAR TRANSPORTATION INC
INVOICES MUST BE PROCESSED AT
AP@SETHMAR.COM
OVERLAND PARK KS 66283

PRO # 224820

Rate Confirmation

03/29/24 10:59:31 (EST)

F
R
O
M

C
A
R
R
I
E
R
BRAD YANCEY
(913) 391-4851
byancey@sethmar.com

BRZ
(708) 303-5150 (p) Att: SHAWN 708 852 5536
(708) 303-5150 (f)
MC # 86875 Truck # 822
DOT 3119062 Trailer # PTLZ244742
Driver MARK Cell # (518) 965-7952

Size & Type: 53' VAN
Pieces: 30
Seals Required

Description: CHIPS/SNACKS
Weight: 5907
DECLARED VALUE \$100000.00

Miles: 736

CHARGES		DISPATCH NOTES
LINE HAUL RATE	1450.00	**FOOD GRADE TRAILER REQUIRED - MUST BE CLEAN / DRY / ODOR-FREE / NO HOLES OR LEAKS / AND CLEAR OF DEBRIS**
TOTAL RATE	1450.00	

PICK 1

SHEARERS - STARK DC
2255 PHOENIX AVENUE SE
MASSILLON OH 44646
Hours : 24/7A
Phone/Contact: (330) 834-4030 JDA OB / EMAIL

Appointment 03/31/24 @ 14:00
Seal #
Ref # 9900690331

STOP 1

SHEARERS - NEWPORT
3636 MEDALLION AVENUE
NEWPORT AR 72112
Hours : 500-1800
Phone/Contact: JDA OB / EMAIL IB

Appointment 04/02/24 @ 08:00
Seal #
Ref # ICS-40724

AFTER HOURS REQUESTS (6pm CST-9pm CST): Email AFTERHOURS@SETHMARTRANS.COM
All requests between 9pm-6am CST will be answered as soon as possible but will be delayed. Please let your Sethmar contact know before 9pm if you are delivering after 9PM CST and before 6AM CST and do not have a way to pay for a lumper.

Send Carrier Bills to ap@sethmar.com - any accessorials should be sent in with POD at the same time within 48 hours of delivery, please.

** Beginning 11/1/2022 - Sethmar will assess a \$25 administrative fee for each EFS check issued by Sethmar. This administrative fee will be deducted from the vendor or carrier's rate. **

Carrier Signature _____

Date _____ / _____ / _____
M D

Doc ID: 2624052909350241
Send Carrier Bills to the Address Above
Sertifi Electronic Signature

PRO # 224820

must appear on all Invoices

Please e-mail load documents and carrier invoice to ap@sethmar.com

Terms and Conditions

This rate confirmation is subject to the terms and conditions of the master Contract Carrier Agreement ("Agreement"), and this rate confirmation constitutes an amendment to the Agreement. If Carrier has not signed the Agreement, then the rate shown in this rate confirmation is the agreed individually negotiated rate and no other rates shall apply including any tariff rate of terms. Carrier may not add any charges which are not listed in this rate confirmation or pre-approved by Broker in writing.

The rate, unless otherwise stated in the rate confirmation, is inclusive of any fuel surcharge. Accessorial charges (including but not limited to labor, detention, and/or layover charges) must be pre-approved by Broker in writing. Broker will not provide any reimbursement for unapproved accessorial charges.

The rate is contingent upon successful and on-time completion of all terms and conditions of this rate confirmation and the Agreement. The rate is subject to reduction in Broker's discretion if Carrier picks up or delivers after scheduled time and date, or if Carrier fails to complete any terms and conditions. Any rate deduction or fine to Broker resulting from Carrier's act or omission will be deducted from Carrier's rate.

Carrier must include a signed copy of the shipper's bill of lading and any other proof of delivery with Carrier's invoice to Broker. Failure to submit proof of delivery within fifteen days of delivery will result in a \$150 deduction from Carrier's invoice. All overage, shortage, and damage must be reported to Broker immediately, at time of occurrence, and noted on the bill of lading. Carrier shall ensure the bill of lading is notated either when handling is required or when detention occurs, that a lumber receipt is provided when a lumber is hired, and/or that both are included as supporting documents with the Carrier's invoice.

By accepting this rate confirmation, Carrier represents and warrants to Broker that (a) Carrier is a Registered Motor Carrier of Property authorized by the Federal Motor Carrier Safety Administration ("FMCSA"); (b) Carrier does not have an "Unsatisfactory" safety rating from FMCSA and has no knowledge of any threatened or pending interventions by FMCSA or any other legal or regulatory authority; (c) Carrier will comply with all U.S. DOT and FDA regulations applicable to its operations while transporting the shipment, including but not limited to driver hours of service and the Food Safety Modernization Act (FSMA), if applicable; and (d) Carrier is in compliance with the requirements of the California Air Resources Board (CARB) with respect to Transport Refrigeration Units (TRU's or reefers) or similar requirements of the Environmental Protection Agency (EPA) and other states, where applicable. Carrier shall indemnify and hold harmless Broker and/or shipper for any fines or penalties resulting from noncompliance.

Pursuant to the Agreement, Carrier will provide an amount of cargo insurance coverage sufficient to cover the loss or damage of any commodities and cargo carried. Carrier's cargo insurance policy must not exclude from coverage any commodities or cargo carried pursuant to this rate confirmation. If Carrier's cargo insurance policy contains a schedule of covered drivers or vehicles, Carrier will not transport any cargo of this shipment using a driver or vehicle that is not scheduled on Carrier's cargo insurance policy.


THIS LOAD SHALL NOT BE DOUBLE BROKERED. Carrier shall transport the shipment under its own operating authority and subject to the terms of this Agreement. In the event Carrier re-brokers, co-brokers, subcontracts, assigns, interlines, or transfers the transportation of shipments hereunder to any other person or entity conducting business under a different operating authority without prior written consent of Broker, Broker shall have the right of paying the monies it owes Carrier directly to the delivering carrier, in lieu of payment to Carrier and, notwithstanding Broker's payment to delivering carrier, Carrier shall not be released from any liability to Broker under the rate confirmation, Agreement or otherwise.


E-Signed : 03/29/2024 10:00 AM CDT	
<i>Shawn Popovic</i>	
dispatch@rtbrz.com IP: 157.245.115.189	Sertifi Electronic Signature
DocID: 20240329095929434	

BILL OF LADING

Page 1 of 1

03/31/2024

Ship From Shearers Foods Stark DC 2255 PHOENIX AVE SE Massillon, OH 44646		Bill of Lading Number: 9900690331 
Ship To Shearers Foods LLC 3636 Medallion NEWPORT, AR 72112		Carrier Name: Sethmar Transportation, Inc Trailer Number: 244742 Seal Number(s): 33991211
Third Party Freight Charges Bill To:		SCAC: SEHR Pro Number:
SPECIAL INSTRUCTIONS:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Pre-Paid _____ Collect _____ 3rd Party _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)

Customer Order Information						
ORDER NUMBER	PO NUMBER	PO NUMBER 2	# PKGS	WEIGHT	Pallet/Slip (Circle One)	PO Barcode
795143	ICS-40724		1050.0	5906.25	Y N	
			0.0	0.00	Y N	
GRAND TOTAL			1050	5906.25		

Carrier Information							
HANDLING UNIT		PALLETS		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. <i>See Section 2(e) of NMFC Item 360</i>	NMFC # CLASS
1050	Cases	30	Pallet	7106.25		Assorted Snack Foods	250
		0					250
1050		30		7106.25		GRAND TOTAL	

Recommendation - this load, that if exposed to altitudes greater than 6,000 feet, may result in popped bags.

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: <input type="checkbox"/> 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 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.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Seal Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain
SHIPPER SIGNATURE/DATE [Signature]		CARRIER SIGNATURE/PICKUP DATE [Signature] 03/31/24	

Driver Pickup/Dispatch Information
 Scheduled Appt. No Appt.
 Date/Time In 3-31-24 1454
 Date/Time Out 3-31-24 1254
 Driver Signature [Signature] 03/31/24



Packing List

Shearers Foods Stark DC
2255 PHOENIX AVE SE
Massillon, OH 44646

Warehouse: OHIO

Order Number: 795143

Customer PO Number: ICS-40724

PO Number 2:

Customer PO Date: 03/18/2024

Shipment ID: 1001884319

Ship-To Customer:

Shearers Foods LLC
3636 Medallion
NEWPORT, AR 72112

Bill-To Customer:

Shearers Foods LLC
3636 Medallion Avenue
NEWPORT, AR 72112

Part Number	Exp Date	Lot Number	UPC Code	Qty Ord	Qty Ship
657174544 - 5BLOCK8A01 - GV VP Tort/PC/Crunch/Corn Chips 6SKU 18ct/1oz MISS BC	2024-07-12	20240410	10078742222636	1050	105
657174544 - 5BLOCK8A01 - GV VP Tort/PC/Crunch/Corn Chips 6SKU 18ct/1oz MISS BC	2024-07-14	20240410	10078742222636	1050	945

Total Pieces Shipped 1050

(MB) denotes product was made using RSPO mass balanced sourced palm. RSPO certification number SGS-RSPO/SC17-00061

03/31/2024

BILL OF LADING

Page 1 of 1

Ship From Shearers Foods Start DC 2255 PHOENIX AVE SE Massillon, OH 44646		Ship To Shearers Foods LLC 3636 Mettallon NEWPORT, AR 72112	
FOB:		Location #:	
Bill of Lading Number: 9900690331		Carrier Name: Sethmar Transportation, Inc	
Seal Number(s): 33991211		Trailer Number: 244742	
SCAC: SEHR		Seal Number(s): 33991211	
Pro Number:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SIGNED <u>RC</u> DATE <u>4-2-24</u>		Pre-Paid Collect 3rd Party	
Receiving Hours Mon, Tue, Wed, Fri, 7AM-11PM Thu 7AM-7PM SPECIAL INSTRUCTIONS [AM-9PM]		Master Bill of Lading: with attached underlying (check box)	

Customer Order Information					
ORDER NUMBER	PO NUMBER	# PKGS	WEIGHT	Pallet/Slip TOL/SLIP	PO Barcode
795143	ICS-40724	1050.0	5906.25	Y N	
GRAND TOTAL		1050	5906.25		

Carrier Information					
COMMODITY DESCRIPTION			LTL ONLY		
HANDLING UNIT	PALLETS	WEIGHT	H.M. (X)	NMFC #	CLASS
QTY TYPE	QTY TYPE				
1050 Cases	30 Pallet	7106.25			250
1050	30	7106.25			250
GRAND TOTAL					

Recommendation - this load, that if exposed to altitudes greater than 6,000 feet, may result in popped bags.

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: <input type="checkbox"/> 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). The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.			
SHIPPER SIGNATURE/DATE This is to certify that the above named materials are properly packed, secured, and are in proper condition for transportation according to applicable regulations of the DOT.		SHIPPER SIGNATURE/PICKUP DATE The carrier acknowledges receipt of packages and required placards. Carrier certifies that the packages are properly secured and are in proper condition for transportation according to applicable regulations of the DOT.	
Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Seal/Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain		Driver Signature: _____ Date/Time In: _____ Date/Time Out: _____ Driver Signature: _____ Date/Time In: _____ Date/Time Out: _____	