



**Bill to:**  
PIONEER LOGISTICS SYSTEMS, INC.  
1 MAPLE STREET UNIT #4 ,  
East Rutherford,  
NJ,  
07073

Invoice Date: 04/08/2024  
Invoice #: 64098  
Terms: NET 30  
Due Date: 05/08/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
04/05/2024		1501 BELLWOOD RD RICHMOND, VA 23201 - 3500 N MAIN ST OSHKOSH, WI 54901			
			1	\$1,500.00	\$1,500.00

TOTAL
\$1,500.00

**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**

**PIONEER FREIGHT SYSTEMS**

P.O. BOX 756  
JOPLIN, MO 64802  
417-782-3525

Contact JAY ROBINSON  
jay@pioneerfreight.net

Carrier ZIGI FREIGHT INC dba ROYAL3 INC  
Attn JOEY  
Phone (321)465-5667

<b>VANS</b>	<b>PO#</b> 4501191493, 4501200503 <b>PU#</b> 7804061312	<b>BL#</b> 880346446 <b>COMMODITY:</b> PACKAGING	998 Miles
<b>Pick up</b>	JAMES RIVER LOGISTICS/GXO 1501 BELLWOOD RD RICHMOND, VA 23201	<b>Earliest</b> 04/05/24 13:00 <b>Latest</b> 04/05/24 13:00 <b>Contact</b> COLLEEN <b>Phone</b> (804)549-4710	
	<b>PU#</b> 7804061312 <b>Pieces</b> 14 <b>Piece Type</b>	<b>COMMODITY</b> PACKAGING <b>Weight</b> 30,000 <b>Description</b> PACKAGING 880346446	
<b>Directions</b>	TRAILER MUST BE 53', ALL WOOD FLOORS, SWING DOORS, CLEAN, DRY, ODORLESS...		
<b>Delivery</b>	AMCOR HEALTH PACKAGING 3500 N MAIN ST OSHKOSH, WI 54901	<b>Earliest</b> 04/08/24 10:00 <b>Latest</b> 04/08/24 10:00 <b>Contact</b> KRIS - SHIP/REC <b>Phone</b> (920)527-7025	
	<b>PO#</b> 4501191493, 4501200503		

**Special Instructions**

TRAILER MUST BE 53' DRY VAN, ALL WOOD FLOOR, SWING DOOR, CLEAN, ODORLESS... OK TO CHECK IN EARLY ON BOTH ENDS...JR

<b>Rate Detail</b>	Quoted Amount	1,500.00	
	<b>Total:</b>	<b>\$1,500.00</b>	Carrier Initials: _____

All invoices must include a signed delivery receipt and be sent to: ap@pioneerfreight.net

Refer to the Order Number on your invoice: **64098**

Or mail to: Pioneer Freight Systems, P O Box 756, Joplin, MO 64802

Or fax to: 417-782-3433

1. All drivers must call Pioneer Freight Systems for dispatch, loaded calls and empty calls.
2. The undersigned is an authorized employee of the Carrier and hereby acknowledges as correct and accepts the referenced shipment on behalf of Carrier.
3. It is agreed that the charges indicated above include all costs and fees in connection with the shipment as described.
4. Invoicing by the Carrier and payment by Pioneer Freight Systems constitutes acceptance of this agreement, creates a valid contract carriage shipment, and amends the Master Contract.
5. This rate agreement & current insurance must be on file, as well as the original bill of lading & proof of delivery with the freight bill for payment to be made.
6. Pioneer Freight Systems, Inc. expressly forbids co-broker or double brokerage of this or any other load.
7. Your signature indicates approval of all rates and terms listed above.

Broker: PIONEER FREIGHT SYSTEMS

**PLEASE SIGN & FAX BACK TO 417-782-3433**

Carrier Signature: Joey Cimbaleric Date: \_\_\_\_\_

For internal use only	Order# 64098
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# MASTER BILL OF LADING

63

RECEIVED: values on the classification and liability filed herein in effect on the date of the issue of this bill of lading.

FROM: DuPont Specialty Products	
CARRIER	SCAC
BUYER'S TRUCK	BUYT
DATE 04-Apr-2024	
MASTER BILL OF LADING NUMBER (SID)	
170349903	
Use this number for billing purposes	
CHESTERFIELD VA 21237	
FREIGHT TERMS -> COLLECT	
MAIL FREIGHT BILLS TO:	

SHIPMENT FROM: JAMES RIVER Logistics Center Richmond	
CONSIGNEE TO (Mail or email address of consignee - for purposes of notification only)	
DESTINATION	
AMCOR HEALTHCARE PACKAGING, INC.	
3500 N MAIN ST	
OSHKOSH WI 54901-1233	

OUR ORDER NO.		CUST. ORDER NO.		TRAILER NO.		TIME OF PICKUP		DATE OF PICKUP	
(See Individual BOLA)		(See Individual BOLA)		N/94943					
BILL OF LADING NO. (SID)		SCHEDULED DATE		CAR INITIALS & NO.					
170349903		10-Apr-2024		12520593					

SHIPPER LOAD AND COUNT		EMERGENCY CONTACT:	
CONSIGNEE UNLOAD AND COUNT		For a distribution incident (spill, leak, exposure, fire or accident)	
If lower freight charges mark, the Agent or		any DUPOUNT (DuPont Specialty Products) shipment,	
deducted value shall be the responsibility of the shipper.		in USA call CHEMTRUC at (800) 424-9300 (toll free for USA callers)	
If higher freight charges mark, the Agent or		or (703) 527-3887	
deducted value shall be the responsibility of the shipper.		For incidents outside the USA, call local operator	
If higher freight charges mark, the Agent or		& request collect call to USA at 703-527-3887	
deducted value shall be the responsibility of the shipper.		For incidents in Europe, call DUCHEM HES at (40) 600 6640	
		access code) ++ 44 (0) 1875 535 535	
		DuPont's registration number with CHEMTRUC is CCN7442.	

NO. OF PACKAGES	KIND OF PACKAGES	DESCRIPTION OF MATERIAL SPECIAL NAME AND LOCATION	GROSS WEIGHT
STOP AT:		AMCOR HEALTHCARE PACKAGING, INC. 3500 N MAIN ST OSHKOSH WI 54901-1233	
To Unload: 7804061312	22 PIECES		19,848.313 LB
Delivery Required on 12-Apr-2024			
7804066885	10 PIECES		11,087.529 LB
Delivery Required on 12-Apr-2024			
		***** SUMMARY *****	
		(TARE WEIGHT)	30,935.842 LB
		TOTAL GROSS WEIGHT	30,935.842 LB

I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name(s), and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations, international regulations, and national governmental regulations.

DuPont Specialty Products Shipper



## MASTER BILL OF LADING

OnPont Specialty Products Shipper  
Per