



Bill to:
PCB INC
PO BOX 984,
Buffalo,
NY,
14205

Invoice Date: 04/16/2024
Invoice #: 202104115010
Terms: NET 30
Due Date: 05/16/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
04/15/2024		3577 S School Ave, Fayetteville, AR 72701, USA - 2500 Westcourt Rd Bldg 300, Denton, TX 76207, USA			
			1	\$1,300.00	\$1,300.00

TOTAL
\$1,600.00

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

P.C.B., INC. LOAD AND RATE CONFIRMATION AGREEMENT

TRIP NO: 20240415010

RATE: \$ 1,300.00

DISPATCHER: **Ryan Moguel**

CARRIER: **BRZ
BURBANK, IL**

CONTACT: STEVE

TEMPERATURE: **DRY - NEED 53' FOOD GRADE VAN**

	Shipper	Pickup	Consignee	Delivery
1	HANNA'S CANDLE COMPANY - SCF 3577 S. SCHOOL STREET FAYETTEVILLE AR	4/15/2024 3:00:00PM	1 ALDI - DEN 2500 WEST COURT RD DENTON, TX Del No A[[8524783	4/16/2024 4:00:00AM
2	ROCKLINE INC 3070 EAST HIGHWAY 10 BOONEVILLE AR	4/15/2024 5:00:00PM		

LOAD INSTRUCTIONS:

- 1.) DRIVER MUST CALL PCB FOR DISPATCH.
- 2.) ALL APPOINTMENTS MUST BE MET. IF DRIVER IS LATE, THEY WILL EITHER BE REFUSED OR WORKED IN WITH NO DETENTION PAID. ON TIME SERVICE IS CRITICAL!
- 3.) DETENTION MUST BE REPORTED 30 MINUTES PRIOR TO BEGINNING.
- 4.) DRIVER MUST SEND PICTURE OF BOL TO THE CELL PHONE NUMBER BELOW UPON BEING LOADED. FAILURE TO DO SO MAY RESULT IN LOSS OF DETENTION OR ADDITIONAL COMPENSATION FOR WAIT TIMES. **FOR LOADS PICKING UP FROM AMERICOLD - DRIVER WILL NEED TO SEND PICTURES OF ALL "MASTER BILLS" ONCE LOADED.**
- 5.) TRAILER MUST BE FOOD GRADE (TRAILER FREE OF EVIDENCE OF INSECTS, GLASS, DIRT, ODORS, ETC.) WITH NO HOLES OR DAMAGE TO WALLS, ROOF OR DOORS.
- 6.) DRIVER MUST HAVE STRAPS AND/OR LOAD BARS TO SECURE LOAD.
- 7.) REEFERS MUST BE PRE-COOLED AND RUN CONTINUOUS.
- 8.) DRIVER MUST INFORM SHIPPER ON ANY MULTI-ORDER SHIPMENT TO ENSURE THAT PRODUCT IS LOADED CORRECTLY.
- 9.) IF CHARGED FOR A RESTACK AT THE RECEIVER, THE DRIVER MUST TAKE PICTURES OF THE PRODUCT THAT NEEDS RESTACKING/REPACKING. CHARGES WILL NOT BE REIMBURSED WITHOUT PICTURES
- 10.) POD MUST BE STAMPED AND SIGNED BY RECEIVER IN ORDER TO RECEIVE PAYMENT.
- 11.) TRAILER IS TO BE USED EXCLUSIVELY FOR THE PICKUPS AND PRODUCTS DESCRIBED ABOVE. THIS PRODUCT IS NOT TO BE COMBINED WITH ANY OTHER FREIGHT
- 12.) THE DRIVER IS RESPONSIBLE FOR ENSURING THE PROPER QUANTITY OF PRODUCT IS LOADED INTO THE TRAILER OR MARKING THE BOL AS SLC (SHIPPER LOAD AND COUNT). NOT DOING SO MAY RESULT IN A CLAIM.

DRIVER INFORMATION:

NAME: _____

TRUCK NUMBER: _____ TRAILER NUMBER: _____

CELL NUMBER: _____

DRIVERS ARE REQUIRED TO CHECK CALL WITH PCB, INC. OPERATIONS DAILY. FAILURE TO DO SO COULD RESULT IN A FINE OF \$150.00 DAILY. **THE PROCEEDING RATE INCLUDES PICK UP, FUEL SURCHARGE AND FINAL DELIVERY AS WELL AS ANY DRIVER ASSIST CHARGES UNLESS OTHERWISE NOTED.**

IN SIGNING, CARRIER **BRZ**

OPERATING UNDER MC# **086875**

HERE IN AFTER REFERRED TO AS CARRIER, AGREES TO THE ABOVE STATED RATE AND THAT SHOULD THE CARRIER HOLD DUPLICATE AUTHORITY, CARRIER SHALL OPERATE UNDER CARRIER'S CONTRACT CARRIAGE AUTHORITY. CARRIER MUST MAINTAIN A MINIMUM OF \$100,000 IN CARGO INSURANCE, \$1,000,000 IN GENERAL LIABILITY INSURANCE AND WORKERS COMPENSATION INSURANCE NAMING PCB INC AS ADDITIONALLY INSURED ON THE POLICY. CARRIER SHALL BE RESPONSIBLE FOR PAYMENT OF ANY AND ALL DEDUCTIBLES FROM INSURED CLAIMS UNDER ITS POLICIES. **PROOF OF DELIVERY, TRIP NUMBER, AND THIS SIGNED CONFIRMATION MUST ACCOMPANY FREIGHT BILL IN ORDER TO RECEIVE PAYMENT.**

TEMPERATURE CONTROL SHIPMENTS - 100% OF THE TIME, THE DRIVER, IS RESPONSIBLE FOR CHECKING AND MAINTAINING THE CORRECT AND ACCURATE TEMPERATURE ON ANY LOAD REQUIRING PROTECTION AGAINST EITHER HEAT OR FREEZING. ALL ICE CREAM SHIPMENTS MUST MAINTAIN -20f - CONTINUOUS. ALL DOCUMENTS AND INVOICES ARE TO BE MAILED TO:

P.C.B., INC.
PO BOX 984
BUFFALO, NY 14226-0984

716-564-2816
716-564-2826 (FAX)

AFTER HOURS #: (248)916-3900
Cell Phone: (716)597-9919

Thank you for trusting PCB INC as a business partner. Communication is critical and service is vital. Accurate daily status updates are required on every shipment. BOL must be presented to PCB upon delivery. Unloading charges must be approved in writing with valid receipt sent to PCB INC the same day as delivery to be reimbursed. 100 percent of the time the carrier driver is responsible for checking and maintaining the correct and accurate temperature on any shipment requiring protection against heat or freezing. Carrier agrees to have refrigerated breakdown coverage for any temperature-controlled shipment. Carrier agrees to have \$100,000 minimum in Cargo insurance. Carrier agrees to have minimum \$1,000,000 General Automotive liability insurance. Carrier agrees to have workers comp insurance. Carrier will list PCB INC as additional insured. Carrier agrees to hold PCB harmless against any claims. Especially, but not limited to, insurance and cargo claims.

Detention procedures are very strict and must be followed exactly. Detention must be reported a half an hour prior to the time detention starts. The arrival and departure time of the driver with the shipper/consignee signature must be signed on the BOL and sent to PCB immediately for approval. BOL must be received within 2 hours of pickup/delivery. Detention charges vary per customer and will be determined on a per occurrence basis. No detention will be paid if policy is not followed. No detention at FCFs facilities. Aldi locations are self-unload delivery facilities. Detention may not be paid if the driver chooses to wait for a Lumper. Communication is pivotal with delay issues.

Unloading charges must be approved in writing upon delivery. A receipt of the unloading charges must sent to PCB the same day the shipment delivery for reimbursement. PCB does not reimburse any convenience charges associated with payment for unloading. PCB does not reimburse any charges for restacking or damage. Failure to follow policy will result in nonpayment of unloading charges. A revised rate confirmation will be sent approving extra charges and is necessary for payment.

On time pickup and delivery is critical. Service failures may result in back charges and will be determined on a per occurrence basis. Any fine resulting from the carrier's missed pick up or delivery appointment will be paid by the carrier. Standard layover and missed appointment fees are \$150.00 per day/missed appointment. Extreme weather and uncontrollable acts may result in no additional compensation to the carrier. Missed delivery is \$250.00 per day deduction and must be reported to PCB immediately for a rescheduled appointment.

Signed clean POD needs to be emailed to PCB upon delivery ap@pcnb.com. It is very critical that PCB can verify that the shipment was delivered damage free and on time. Mail all invoices to: PCB INC. PO BOX 984. BUFFALO, NY 14226. Thirty (30) day pay terms upon receipt. Advance fee is 5%. Quick pay is 8% unless negotiated. No revised invoices will be accepted to PCB. Again, no revised invoices accepted.

Double Brokering this shipment is not permitted. If this shipment delivered by any other carrier than the signed MC below PCB will terminate all payment due to the signed carrier. The signed carrier will not be paid on this shipment if it is double brokered. The signed carrier agrees to still pay the carrier they double brokered the load to. Carrier agrees that a shipper's insertion of Broker's name on the bill of lading shall be for the shipper's convenience only and shall not change PCB INC status as a broker nor the carrier's status as a motor carrier.

For a period of three years carrier agrees that neither it nor any of its employees will back solicit the business of any party with whom it or they meet or become aware of as a result of any shipment tendered to carrier by broker pursuant to this agreement. Carrier also agrees to refuse any shipment if directly solicited by any parties. Any violation of this provision shall render the carrier liable to the broker for actual and special damages, which broker may incur because of such violation inclusive of court cost and legal liabilities as well as expenses incurred during or as a result of discovery of such violation.

Signing carrier shall defend, indemnify and hold PCB INC harmless against all liability, claims, action, loss, cost of lawsuit, damage, expense, penalties, attorney fees, settlements, judgements and any other expenses to which PCB may be subjected to on the account of signing carries loss, destruction/damage to any property including cargo or death/injury to persons arising out of or in connection with the transportation of property under this agreement by signing carrier, including their agents, employees, drivers and owner operators. Signing carrier agrees to settle any legal disputes with PCB in New York State and hold PCB INC harmless for all reasonable attorney fees.

PCB INC must have the driver's full legal name, truck VIN number and trailer number, cell phone number and daily communications with updates.

Steve Tatum

CARRIER REPRESENTATIVE SIGNATURE

MC# 086875

CARRIER MC NUMBER

04/15/2024

DATE



DATE: 04/15/24

BILL OF LADING

Page: 1

SHIP FROM		Bill of Lading Number: 262159,262160,261162	
Name: HANNA'S CANDLE COMPANY		BAR CODE SPACE	
Address: 3577 S SCHOOL AVE			
City/State/Zip: FAYETTEVILLE, AR 72701			
SID#: _____			
SHIP TO		CARRIER NAME: BRZ	
Name: ALDI - DENTON		TRAILER NUMBER: PLT2244735	
Address: 2500 WESTCOURT ROAD		SEAL NUMBER: 44105211	
Address: _____		SCAC: PCNB	
City/State/Zip: DENTON, TX 76207		PRO NUMBER: _____	
CID#: _____			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name: _____			
Address: _____			
City/State/Zip: _____			
SPECIAL INSTRUCTIONS		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		PREPAID _____ COLLECT <input checked="" type="checkbox"/> 3RD PARTY _____	

BILL OF LADING

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLETSLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
DEN-237844			<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
39100345 CS PDQ 12PK MAY 2-WICK 58030-24	480	9084			6 PALLETS @ 80 TRAYS
DWT-243145					
39100353 CS PDQ TP MELTS HNTNGTN HOME 55024-24	539	1,792			2 PALLETS @ 108 TRAYS
DWT-254711					
39100200 CS PDQ 12PK CORE PROGRAM - 700423-21	400	7570			5 PALLETS @ 80 TRAYS
	1419	18446			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	LTL ONLY	
QTY	TYPE	QTY	TYPE			NMFC#	CLASS
13	PALLETS	1419	CASES	18446		039810-09	70
13		1419		18446			
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 _____"

COD Amount: \$ _____
 Fee Term Collect Prepaid: _____
 Cust:

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

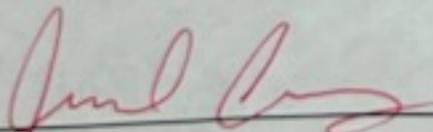
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are avail _____

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, packaged, marked and labeled, and are in proper condition for transportation according to _____

4-15-24

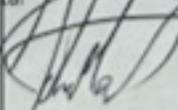


Trailer Loaded

Freight Counted:

- By Shipper By Shipper
 By Driver 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 US DOT emergency response placard or equivalent documentation



DATE: 04/15/24

BILL OF LADING

Page: 1

SHIP FROM
Name: HANNA'S CANDLE COMPANY
Address: 3577 S SCHOOL AVE
City/State/Zip: FAYETTEVILLE, AR 72701
SID#:

Bill of Lading Number: 262159,262160,261162

BAR CODE SPACE

SHIP TO
Name: ALDI - DENTON
Address: 2500 WESTCOURT ROAD
Address:
City/State/Zip: DENTON, TX 76207
CID#:

FOB:

CARRIER NAME: BRZ
TRAILER NUMBER: PLT2244735
SEAL NUMBER: 44105211
SCAC: PCNB
PRO NUMBER:

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

PREPAID _____ COLLECT 3RD PARTY _____

BILL OF LADING

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLETSLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
DEN-237844			Y	N	
39100345 CS PDQ 12PK MAY 2-WICK 58030-24	480	9084			6 PALLETS @ 80 TRAYS
DWT-243145					
39100353 CS PDQ TP MELTS HNTNGTN HOME 55024-24	539	1,792			2 PALLETS @ 108 TRAYS
DWT-254711					
39100200 CS PDQ 12PK CORE PROGRAM - 700423-21	400	7570			5 PALLETS @ 80 TRAYS
	1419	18446			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	LTL ONLY	
QTY	TYPE	QTY	TYPE			NMFC#	CLASS
13	PALLETS	1419	CASES	18446		039810-09	70
						RECEIVING	STAMP SPACE
13		1419		18446		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

COD Amount: \$ _____
Fee Term Collect Prepaid
Cust

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 avail

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, packaged, marked and labeled, and are in proper condition for transportation according to

4-15-24

Trailer Loaded:

Freight Counted:

By Shipper By Shipper
 By Driver 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 US DOT emergency response guidebook or equivalent documentation

Date: 04/15/24

BILL OF LADING

SHIP FROM
 Name: BN - ROCKLINE BOONEVILLE
 Address: 3070 East Highway 10
 City/State/Zip: Booneville AR 72927
 SID#: LD# 28052283 OR# 2331726
 ME#: 880294318 F.O.B

Bill of Lading Number: 00712870012407979

 Requested Delivery Date: 04/15/24
***** DO NOT BREAK DOWN PALLETS *****

SHIP TO
 Name: ALDI DENTON
 Address & 2500 WESTCOURT ROAD
 City/State/Zip: DENTON TX 76207
 Location #
 CID#: F.O.B

Carrier Name: Customer Pick Up Carrier
 PCB Inc
 Trailer Number: PTLZ244735
 Seal number: 0021033, Yes No
 SCAC: CPU PCNB
 Pro number:
 Seal Intact
 Customer Signature
 Customer Refused to Sign
 Driver Signature
 Customer Name Refusing to Sign

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: TRANSPACE TEXAS, LP
 Address & C/O ROCKLINE INDUSTRIES
 City/State/Zip: PO BOX 425
 LOWELL AR 72745

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid Collect 3rd Party X
 (check box) Master Bill of Lading: with attached underlying Bills of Lading

See Special Instructions Attachment

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER / ADD. PO#	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
DEN-254704	2100	21311 LB	Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
GRAND TOTAL	2100	21311 LB	Total Pallet: 30 Weight: 1950		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional care of 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 350	NMFC #	CLASS
		2100	CA	21311 LB		49290-AS02		0775
		2100		21311 LB		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 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.
 Rockline Industries Shipper Signature

SHIPPER SIGNATURE / DATE
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.
Samuel Stewart 4-15-24

Trailer Loaded: By Shipper By Driver
Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces
 Loaded By: _____
 Appointment Time: _____
 Time In: _____ Time Out: _____

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.
[Signature] 04/15/24
 Property described above is received in good order, except as noted.

Date: 04/15/24

**SPECIAL INSTRUCTIONS SUPPLEMENT TO
BILL OF LADING**

Page 2 of 2

Bill of Lading Number: 00712870012407979

SPECIAL INSTRUCTIONS INFORMATION

Ship to Customer Name: ALDI DENTON

Call for Delivery Appointment: 940-220-5400

STACK FILTERS ON WIPES
AS OF 8/13/2012 APPOINTMENTS NEED TO
BE MADE VIA INTERNET. GO TO
WWW.LOGISTICSACP.COM

ORDER MUST HAVE A APPOINTMENT

USERNAME - 00086

PASSWORD - delivered

Certified Fiber Claim - FSCMIX CREDIT TT-COC-004290

Item Number - 7FSFL192AU278B

Certified Fiber Claim - VolumeCredit TT-SFI/COC-000025

Item Number - 7FHFL216AU278

Total Cubic Feet 1159 FC

CONTAINER# PORT OF LOADING LONG BEACH PORT OF DISCHARGE ORIGIN OF COUNTRY USA

<u>Customer PO</u>	<u>Description</u>	<u>Number of Pallets per Order</u>	<u>Total Weight of Pallets</u>
DEN-254704	Chep	30	1950
Printed By: DNPWE		Total	30
			1950

