



Bill to:  
HUB GROUP INC

Invoice Date: 04/23/2024  
Invoice #: 2273488  
Terms: NET 30  
Due Date: 05/23/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
04/22/2024		2501 E County Rd 34, Tiffin, OH 44883, USA - 590 Southside Ave, Cherry Creek, NY 14723, USA			
			1	\$900.00	\$900.00

<b>TOTAL</b>
\$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**

2273398

\*\*\* Load Confirmation \*\*\*

Team 23B

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Load #

2273488

Phone: 800-568-2240 Ext.825

<b>Carrier:</b>	ROYAL3 INC	<b>Contact:</b>	George	<b>Driver:</b>	aleksander
	CHICAGO IL 60638	<b>Phone:</b>	(630) 485-7370 x106	<b>Cell:</b>	(973) 866-8402
<b>Date:</b>	04/22/2024	<b>Fax:</b>		<b>Tractor:</b>	425316
				<b>Trailer:</b>	H03234

<b>Order</b>	<b>Commodity:</b>	Dry Goods (Non Food)	<b>Weight:</b>	45000.0
	<b>Miles:</b>	262.0	<b>Trailer:</b>	53 dry van
	<b>Temp:</b>	CONTINUOUS	<b>Reference:</b>	
	<b>Pallets:</b>		<b>Cases/Pieces:</b>	
<b>PU 1</b>	<b>Name:</b>	Church & Dwight	<b>Date:</b>	04/22/2024 1900
	<b>Address:</b>	2501 E Count Rd 34		<b>Pallets in:</b>
		OLD FORT OH 44861	<b>Contact:</b>	shipper
	<b>Phone:</b>	(419) 992-4244	<b>Driver Load:</b>	N
	<b>Reference number:</b>	RE 15127683	<b>Pieces:</b>	Weight: 45000.0
<b>DEL 2</b>	<b>Name:</b>	NYP AG Services	<b>Date:</b>	04/23/2024 0800
	<b>Address:</b>	590 southside Ave		<b>Pallets in:</b>
		CHERRY CREEK NY 14723	<b>Contact:</b>	
	<b>Phone:</b>		<b>Driver Load:</b>	N
				<b>Pallets out:</b>

<b>Payment</b>	<b>Carrier Freight Pay:</b>	\$900.00
	<b>Total Carrier Pay:</b>	\$900.00

**Instructions**

Special instructions here

*George Pavkovic*

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- THIS RATE CONFIRMATION WILL CONFIRM THE RATE & CONTRACT TERMS AGREED TO IN THE MASTER CARRIER CONTRACT BY CARRIER AND CHOPTANK.
- DRIVER MUST CALL CHOPTANK UPON ARRIVAL AND DEPARTURE @ EACH STOP AS WELL AS DAILY TRANSIT CHECK CALLS. FAILURE TO DO SO WILL RESULT IN A \$25 FINE FOR EACH OCCURENCE.
- TRACKING IS REQUIRED FOR ALL LOADS - FAILURE TO ACTIVATE TRACKING WHEN REQUESTED OR THE DEACTIVATION OF THE TRACKING PRIOR TO DELIVERY OF THE CARGO TO THE FINAL DESTINATION WILL RESULT IN A \$100 FINE, AND WILL DIMINISH THE DEFENSE OF ANY CARGO CLAIM.
- DRIVERS ARE RESPONSIBLE FOR CASE COUNT AND CONDITION OF THE FREIGHT.
- DRIVERS ARE RESPONSIBLE TO MAKE SURE SEALS ARE SECURE AND INTACT BEFORE LEAVING SHIPPER. SEAL INTEGRITY MUST BE MAINTAINED THROUGH DELIVERY. ONLY RECEIVER MAY BREAK SEAL. FAILURE TO ADHERE TO SEAL POLICY MAY RESULT IN REJECTION OF PRODUCT AND FULL CLAIM
- IF SHORTAGE, DAMAGE, DELAY OR ACCIDENT, CONTACT THE REP RESPONSIBLE FOR IMMEDIATE INSTRUCTION.
- IF DRIVER IS NOT LOADED/UNLOADED WITHIN A HOUR OF BEING ON-TIME, CONTACT THE CHOPTANK REP.
- LOADING/UNLOADING CHARGES AND PALLET FEES MUST BE AUTHORIZED DAY OF AND ORIGINAL RECEIPT MUST BE PRESENTED TO BE PAID.
- ALL EQUIPMENT MUST BE 102" WIDE UNLESS OTHERWISE NOTED AND FOR EXCLUSIVE USE ONLY. ALSO MUST BE CLEAN, DRY, ODOR FREE AND DAMAGE FREE.

**SHIPMENTS TRANSITING CALIFORNIA**

•CARRIER (AND ITS AGENT) CERTIFIES THAT ANY TRU (REFRIGERATED UNIT) EQUIPMENT FURNISHED WILL BE IN COMPLIANCE WITH THE "IN-USE" REQUIREMENTS OF CALIFORNIA'S TRU REGULATIONS.

**REFRIGERATED FREIGHT**

- ALL SHIPMENTS REQUIRING REFRIGERATION MUST HAVE THE CAPABILITY TO DOWNLOAD TEMPERATURE HISTORY OR HAVE A TEMPERATURE TRACKING DEVICE PLACED ON THE ORDER.
- ALL DRIVERS WILL ENSURE THAT THE PRODUCT WILL BE LOADED AT THE TEMPERATURE THAT IS REQUIRED FOR THE PRODUCT TO BE HAULED.
- REEFER UNIT MUST BE SET ON CONTINUOUS
- MUST BE CERTIFIED IN THE FOOD SAFETY MODERNIZATION ACT (FSMA)

**SEND FREIGHT BILLS TO:**

**MAIL OR OVERNIGHT MAIL:**

CHOPTANK TRANSPORT  
P.O. BOX 99  
3601 CHOPTANK RD  
PRESTON, MD 21655

**EMAIL/FAX:**

ebilling@choptanktransport.com  
(410) 305-7210

\*\*\*\* PLEASE REFERENCE LOAD  
NUMBER ON BILLING INVOICE\*\*\*\*

**Load #**  
**2273488**

**FACTORING COMPANIES DIRECT ALL INQUIRIES TO FACTOR@CHOPTANKTRANSPORT.COM**

**CHECK OUT OUR WEBSITE AT WWW.CHOPTANKTRANSPORT.COM**

*George Pavkovic*

2273398

Bill of Lading Number: 8005696628

SHIP FROM

Name: Church & Dwight Co., Inc.  
Address: 2501 EAST COUNTY RD. #34  
City/State/Zip: QLD FORT, OH 44861

SID# 8005696628

SID# 8005669628 SHIP TO ☐ FOB

Name: NYP AG SERVICES  
Address: 590 SOUTHSIDE AVE  
CHERRY CREEK, NY 14723

y/State/Zip: \_\_\_\_\_  
ID# \_\_\_\_\_

Location: \_\_\_\_\_

name: \_\_\_\_\_  
 dress: \_\_\_\_\_  
 State/Zip \_\_\_\_\_

**THIRD PARTY FREIGHT CHARGES BILL TO**

☐ FOB

**Freight Charge Terms:**  
☐ Prepaid      ☒ Collect

☐ Master Bill of Lading: with attached underlying Bills of Lading  
please refer to: <http://www.churchdwright.com/cpsc/certificates>

[[ REQUEST DELIVERY ON 04/22/2024 ]] BUYER DEANNE SHULER 315 704 460-1555  
miricci@mercemilling.com

[illegible]

CUSTOMER ORDER INFORMATION			CUSTOMER ORDER INFORMATION		
# PKGS	WEIGHT	PALLET(S) / P (Circle One)	ADDITIONAL SHIPPER INFORMATION		
118	42386 lbs	(Y) N	Ord# 001517683 FF4103, FF4108		
GRAND TOTALS			118	42386 lbs	
HANDLING UNIT			CARRIER INFORMATION		
QTY	TYPE	PACKAGE	WEIGHT	H/LM	COMMODITY DESCRIPTION
100	QTY	TYPE		(X)	Commodities requiring special handling or attention in handling or stowing must be marked and packaged as to ensure safe handling in accordance with ordinary care. (See Section 2(b) of NMFC Item 380)
18	SK	5100 lbs			Sodium Bicarbonate
W		36126 lbs			Sodium Bicarbonate
		1180 lbs			PALLET(S) / P
118		42386 lbs			
GRAND TOTALS (Weight in lbs)					

The rate is dependent on class, shipper, and destination. Shipments are required to state specifically in writing the value of the property as shipped.

Where  
declare  
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**NOTE Liability Limitation for Losses**

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 charges, other lawful charges,

\_\_\_\_\_  
Shipper Signature

This is to certify that the above materials are properly classified, packaged, marked and labeled in proper condition for transportation according to the applicable regulations of the DOT.	<b>Signature / Date</b> _____ _____	
	<b>Trailer Loaded</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver
<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available to the driver and car has the DOT emergency agency placard or equivalent documentation in the vehicle.		

ADI SmartBOL Enterprise v10.0.0



Date: 4/22/2024

## Bill of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	Church & Dwight Co., Inc.	Name:	NYP AG SERVICES
Address:	2501 EAST COUNTY RD. #34	Address:	590 SOUTHSIDE AVE
City/State/Zip:	OLD FORT, OH 44861	City/State/Zip:	CHERRY CREEK, NY 14723
SID#	8005696628	CID#	
<input type="checkbox"/> FOB		<input type="checkbox"/> FOB	

THIRD PARTY FREIGHT CHARGES BILL TO	
Name:	
Address:	
City/State/Zip:	

Bill of Lading Number: 8005696628	
Carrier Name:	PICK-UP ONLY
Trailer Number:	H03234
Seal Number(s):	1959907
SCAC:	ZZZZ
PRO NUMBER:	

Freight Charge Terms:	
<input type="checkbox"/> Prepaid	<input checked="" type="checkbox"/> Collect
<input type="checkbox"/> Third Party	
<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	

If necessary for CPSIA 2008 General Certificate of Conformity information, please refer to: <http://www.churchdwight.com/cpsc-certificates>

## SPECIAL INSTRUCTIONS:

[[ REQUEST DELIVERY ON 04/22/2024 ]] BUYER DEANNE SHULER 315-701-4482 UPON SHIPMENT PLEASE EMAIL COA'S TO: [mrccci@mercermilling.com](mailto:mrccci@mercermilling.com)

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (Circle One)	ADDITIONAL SHIPPER INFORMATION		
54559	118	42386 lbs	(Y) N	Ord# 0015127683 FF4109, FF4108		
GRAND TOTALS	118	42386 lbs				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be 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
100	BG			5100 lbs		Sodium Bicarbonate	46220-2	55
18	SK			36126 lbs		Sodium Bicarbonate	46220-2	55
20	W			1160 lbs		PALLET/SLIP		
20		118		42386 lbs		GRAND TOTALS (Weight in lbs)		

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:		For Freight Collect Shipments: If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement. The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.	
The agreed or declared value of the property is specifically stated by the shipper to be not exceeding: _____ per _____		Signature of Shipper _____	

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	Trailer Loaded	Freight Counted	CARRIER SIGNATURE / PICKUP 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.  	<input checked="" type="checkbox"/> By Shipper	<input checked="" type="checkbox"/> By Shipper	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.  
	<input type="checkbox"/> By Driver	<input type="checkbox"/> By Driver / pallets said to contain <input type="checkbox"/> By Driver/Pieces	

ADI SmartBOL Enterprise v10.2.9