

**Bill to:**

C.H. Robinson
14701 CHARLSON RD,
Eden Prairie,
MN,
55347

Invoice Date: 04/29/2024

Invoice #: 4719886866

Terms: NET 30

Due Date: 05/29/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
04/26/2024		21900 S Wilmington Ave, Carson, CA 90810, USA - 5801 SW Regional Airport Blvd, Bentonville, AR 72712, USA			
			1	\$3,500.00	\$3,500.00

TOTAL
\$3,500.00

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

C.H. Robinson Contract Addendum and Carrier Load Confirmation - #471988686

This load confirmation is confidential information of CH Robinson and may not be disclosed to third parties without CH Robinson's prior written approval.

**General Contact at Zigi Freight Inc - T5303929
DBA: Royal3 Inc**

C.H. Robinson requires automated shipment check-in and in-transit updates from one of the approved shipment status technologies. Additional information about these technologies can be found at www.chrobinson.com.

If you require assistance during your check-in process, please use one of our mobile apps, or call (888) 278-9441.

**C.H. Robinson Communication****Customer-Specified Equipment Requirements**

Equipment: Van - Min L=53

C.H. Robinson's Customer requires that the Carrier arrives at Shipper with the following specific equipment to properly transport this shipment:

Pursuant to C.H. Robinson carrier contract, any seals applied to trailer are not to be broken or removed prior to delivery at destination without prior written consent from C.H. Robinson. Carrier shall notate the condition of the seal on the bill of lading upon delivery.

Carrier or its agent certifies and verifies that any equipment furnished will be in compliance with the in-use requirements of California's Tractor-Trailer Green House Gas regulations found in California Code of Regulations Sub article 1, Section 95300 to 95312 and California's Regulation to Reduce Emissions of Diesel Particulate Matter, Oxides of Nitrogen and Other Criteria Pollutants, from In-Use Heavy-Duty Diesel-Fueled Vehicles in Section 2025 and comply with the record keeping requirements of section 2025(s)(4).

SHIPPER#1:	CHR Consol Center - Carson - Nav	Pick Up Date:	04/26/24
Address:	21900 S Wilmington Ave	*Scheduled to Pick*	
	Enter from E 220th	Pick Up Time:	12:00 Appt.
	Carson, CA 90810	Pickup#:	
Phone:	(310) 763-6070	Appointment#:	

Please ask for and confirm receipt of:

Commodity	Est Wgt	Units	Count	Pallets	Temp	Ref #
SV GARCINIA CAMBOGIA 800,90CT	10	Case(s)	2			3431552459
SV TART CHERRY EXTRACT 1200MG VEGETARIAN CAPSULES,	35	Case(s)	7	1		3431552459
SV GABA 750MG 100CT	8	Case(s)	2			3431552459
SV FENUGREEK 610MG 100CT	20	Case(s)	4			3431552459
SV MUSHROOM COMPLEX	8	Case(s)	2			3431552459
SV EXTRA STRENGTH TURMERIC 60CT	120	Case(s)	40			9031182973
SV SAW PALMETTO 450MG	276	Case(s)	65			9031182973
SV ASHWAGANDHA 500MG 60CT	176	Case(s)	39			9031182973
SV TURMERIC FORMULA 500MG VEGETARIAN CAPSULES, 250	630	Case(s)	42			9031182973
SV CINNAMON 1000MG 400CT	370	Case(s)	21			9031182973
SV VALERIAN ROOT 500MG 100CT	100	Case(s)	20			9031182973
SV TURMERIC 500MG 180CT	445	Case(s)	50			9031182973
SV ULTRA TURMERIC CURCUMIN 90C	436	Case(s)	49			9031182973
SV EXTRA STRENGTH ASHWAGANDHA	455	Case(s)	91			9031182973
SV CRANBERRY EXTRACT 500MG VEGETARIAN CAPSULES, 60	120	Case(s)	24	3		9031182973
SV TURMERIC CURCUMIN 500MG VEGETARIAN CAPSULES, 90	200	Case(s)	40			9031182973
330mL Equate Hi Performance Nutr Caramel (3)4pk	2,014	Case(s)	192			9031182972



C.H. Robinson Contract Addendum and Carrier Load Confirmation - #471988686

330mL Equate Hi Perform Nutr Vanilla 12pk	7,604	Case(s)	768		9031182972
330mL Equate Hi Performance Nutr Caramel 12pk	3,882	Case(s)	384		9031182972
330mL Equate Hi Performance Nutr Choc (3)4pk	3,844	Case(s)	384	9	9031182972
Pistachios	438	Case(s)	123	1	6830729509
Pistachios	3,003	Case(s)	660	3	9281471371
Cosmetics	616	Case(s)	102	0	3981600302
Cosmetics	882	Case(s)	168	2	5881433125
NasaMist Kids 48ct/75mL	26	Case(s)	2		3431552456
Hypertonic NasaMist 48ct/125 mL	61	Case(s)	3	1	3431552456
NasaBulb - 2 ct - inners of 4 Case of 24	29	Case(s)	2	1	4381462019
DLXE GEL EYE MSK W/ZEBRA LPRD-36ct	91	Case(s)	7	1	3431552457
MULTI PURPOSE ORGANIZER-12ct	29	Case(s)	2	1	5881433123
BEAUTY 3PK NETTED SPONGES-72ct	324	Case(s)	12		6529257949
BEAUTY 2 PK EXFOLIATING BATH GLOVE-48ct	283	Case(s)	30	3	6529257949
FACE BODY DUO 72ct	26	Case(s)	3		3831175876
PLASTIC BACK BRUSH 48ct	81	Case(s)	5		3831175876
STRETCH WASH CLOTH 48ct	23	Case(s)	4		3831175876
SHOWER MASSAGE MITT-72ct	60	Case(s)	10	2	3831175876
2 PC BACK BRUSH 24ct	87	Case(s)	9		3831175876
2 PC JUMBO MESH SPONGES	69	Case(s)	6		3831175876
3 SECTION COTTON ORGANIZERS	32	Case(s)	3		3831175876
DUAL CLEANSING SHOWER BAMBOO PAD-72ct	24	Case(s)	3		3831175876
SATIN SLEEP MASK ASSTD-36ct	28	Case(s)	10		3431552457
6 PK LIGHT AS AIR BLENDING SPONGE 48ct	14	Case(s)	3		5881433123
Cosmetics	588	Carton(s)	98	1	3431300371
Vitamin/ Supplements	241	Carton(s)	98	1	9031182970
Pens or Markers	219	Pieces(s)	75	1	8679815576
PDS TYPE A	50	Pallet(s)	1		5881433123
PDS TYPE A	100	Pallet(s)	2		3831175876
PDS TYPE B	50	Pallet(s)	1		6529257949
PDS TYPE A	100	Pallet(s)	2		6529257949
PDS TYPE A	50	Pallet(s)	1		3431552457
PDS TYPE A	50	Pallet(s)	1		4381462019
PDS TYPE A	50	Pallet(s)	1		3431552456

Shipper Instructions

RECEIVER #1:	Wal-Mart #6094	Delivery Date:	04/29/24
Address:	5801 SW Regional Airport Blvd	*Scheduled Delivery*	
	Bentonville, AR 72712	Delivery Time:	05:15 Appt.
		Delivery#:	26436237
Phone:	(479) 254-3223	Appointment#:	26436237

Please confirm delivery of:

Commodity	Est Wgt	Units	Count	Pallets	Temp	Ref #
SV GARCINIA CAMBOGIA 800,90CT	10	Case(s)	2			3431552459
SV TART CHERRY EXTRACT 1200MG	35	Case(s)	7	1		3431552459
VEGETARIAN CAPSULES,						



C.H. Robinson Contract Addendum and Carrier Load Confirmation - #471988686

SV GABA 750MG 100CT	8	Case(s)	2		3431552459
SV FENUGREEK 610MG 100CT	20	Case(s)	4		3431552459
SV MUSHROOM COMPLEX	8	Case(s)	2		3431552459
SV EXTRA STRENGTH TURMERIC 60CT	120	Case(s)	40		9031182973
SV SAW PALMETTO 450MG	276	Case(s)	65		9031182973
SV ASHWAGANDHA 500MG 60CT	176	Case(s)	39		9031182973
SV TURMERIC FORMULA 500MG VEGETARIAN CAPSULES, 250	630	Case(s)	42		9031182973
SV CINNAMON 1000MG 400CT	370	Case(s)	21		9031182973
SV VALERIAN ROOT 500MG 100CT	100	Case(s)	20		9031182973
SV TURMERIC 500MG 180CT	445	Case(s)	50		9031182973
SV ULTRA TURMERIC CURCUMIN 90C	436	Case(s)	49		9031182973
SV EXTRA STRENGTH ASHWAGANDHA	455	Case(s)	91		9031182973
SV CRANBERRY EXTRACT 500MG VEGETARIAN CAPSULES, 60	120	Case(s)	24	3	9031182973
SV TURMERIC CURCUMIN 500MG VEGETARIAN CAPSULES, 90	200	Case(s)	40		9031182973
330mL Equate Hi Performance Nutr Caramel (3)4pk	2,014	Case(s)	192		9031182972
330mL Equate Hi Perform Nutr Vanilla 12pk	7,604	Case(s)	768		9031182972
330mL Equate Hi Performance Nutr Caramel 12pk	3,882	Case(s)	384		9031182972
330mL Equate Hi Performance Nutr Choc (3)4pk	3,844	Case(s)	384	9	9031182972
Pistachios	438	Case(s)	123	1	6830729509
Pistachios	3,003	Case(s)	660	3	9281471371
Vitamin/ Supplements	241	Carton(s)	98	1	9031182970
Cosmetics	616	Case(s)	102	0	3981600302
Cosmetics	882	Case(s)	168	2	5881433125
NasaMist Kids 48ct/75mL	26	Case(s)	2		3431552456
PDS TYPE A	50	Pallet(s)	1		3431552456
Hypertonic NasaMist 48ct/125 mL	61	Case(s)	3	1	3431552456
NasaBulb - 2 ct - inners of 4 Case of 24	29	Case(s)	2	1	4381462019
PDS TYPE A	50	Pallet(s)	1		4381462019
DLXE GEL EYE MSK W/ZEBRA LPRD-36ct	91	Case(s)	7	1	3431552457
PDS TYPE A	50	Pallet(s)	1		3431552457
SATIN SLEEP MASK ASSTD-36ct	28	Case(s)	10		3431552457
6 PK LIGHT AS AIR BLENDING SPONGE 48ct	14	Case(s)	3		5881433123
PDS TYPE A	50	Pallet(s)	1		5881433123
MULTI PURPOSE ORGANIZER-12ct	29	Case(s)	2	1	5881433123
BEAUTY 3PK NETTED SPONGES-72ct	324	Case(s)	12		6529257949
BEAUTY 2 PK EXFOLIATING BATH GLOVE- 48ct	283	Case(s)	30	3	6529257949
PDS TYPE B	50	Pallet(s)	1		6529257949
PDS TYPE A	100	Pallet(s)	2		6529257949
FACE BODY DUO 72ct	26	Case(s)	3		3831175876
PLASTIC BACK BRUSH 48ct	81	Case(s)	5		3831175876
STRETCH WASH CLOTH 48ct	23	Case(s)	4		3831175876
PDS TYPE A	100	Pallet(s)	2		3831175876
SHOWER MASSAGE MITT-72ct	60	Case(s)	10	2	3831175876
2 PC BACK BRUSH 24ct	87	Case(s)	9		3831175876



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2 PC JUMBO MESH SPONGES	69	Case(s)	6		3831175876
3 SECTION COTTON ORGANIZERS	32	Case(s)	3		3831175876
DUAL CLEANSING SHOWER BAMBOO PAD-72ct	24	Case(s)	3		3831175876
Cosmetics	588	Carton(s)	98	1	3431300371
Pens or Markers	219	Pieces(s)	75	1	8679815576

Receiver Instructions

9031182972; Total Cases 660. RECEIVER MUST WRITE ON DR IF SHRINK WRAP IS INTACT OR NOT IF MISSING CASES. MABD 4/30/2024; Total Cases 123. RECEIVER MUST WRITE ON DR IF SHRINK WRAP IS INTACT OR NOT IF MISSING CASES. MABD 4/30/2024

Warehouse Notes:

Due to health concerns related to COVID-19, drivers arriving to this facility may be subject to a temperature scan or health screening questions.

This facility has extremely strict appointments and rescheduling is difficult.

Rate Details

Service for Load #471988686	Amount	Rate	Extended
Line Haul - FLAT RATE	1	\$3,000.00	\$3,000.00
OnTime Delivery/Notification - FLAT RATE	1	\$500.00	\$500.00
Total:			\$3,500.00

SUBMIT FREIGHT BILL TO:

CHRW Billing
P.O. Box 3470
Chicago, IL 60654
LoadDocs@CHRobinson.com

To insure prompt payment, all billing must be accompanied by an invoice with the Carrier Name and C.H. Robinson Load Number

Fuel Surcharge Information

Please note that C.H. Robinson has included a \$736.02 fuel surcharge within the listed transportation rate on this confirmation. The fuel surcharge is an estimate based off of a weekly national average fuel price from the U.S. Department of Energy.

QUICK PAY and CASH ADVANCE

QUICK PAY - If you are a Carrier who utilizes C.H. Robinson's Quick Pay Program, you may email your invoice and required paperwork to LoadDocs@chrobinson.com or visit NavisphereCarrier.com for other scanning options. Funds will be released from C.H. Robinson, minus the fixed discount, within two business days from receipt of complete and legible paperwork. Paperwork received by 12:00 noon (CST) will be counted as same day; paperwork received after 12:00 noon (CST) will count as the next business day. Carriers enrolled in Quick Pay are no longer required to submit original paperwork for payment in addition to using one of our billing methods unless otherwise instructed by C.H. Robinson. Carrier shall retain custody of the original paperwork and provide it to C.H. Robinson upon Request.

C.H. Robinson also recommends that Carrier only submit "receipt" for payment once, regardless of billing method to avoid additional fees. If you would like more information about becoming enrolled in Quick Pay, please contact the Quick Pay Department at (800) 326-9977. For a list of our billing options, please visit NavisphereCarrier.com.

CASH ADVANCE - Carriers may request a cash advance from C.H. Robinson to be issued at C.H. Robinson's sole discretion as a partial settlement to the agreed upon rate. All cash advances will be deducted from final settlement; including a transaction fee of the greater of 3% of the advance issued or \$15 for each individual advance.



C.H. Robinson Contract Addendum and Carrier Load Confirmation - #471988686

Directions
<p>Any directions given by C.H. Robinson or its Customers, whether orally and/or electronically, are for informational purposes only. It is the Carrier's sole responsibility to confirm that it may lawfully and safely operate its vehicle and its contents over any road, highway, bridge and/or route. Carrier shall be solely responsible for any fines, penalties, or citations that may be levied as a result of operating its vehicle equipment and its contents in any way that may be found to be in violation of any regulation, law or ordinance.</p>
Shipper's Driving Directions
<p>SHIPPER 1 - CHR Consol Center - Carson - Nav: Entrance is located at the SE corner of the building off of E 220th St. Use your load # to check in. ****minimum \$500 FINE FOR EARLY/LATE DEL TO WALMART****</p>
Receiver's Driving Directions
<p>RECEIVER 1 - Wal-Mart #6094: ### DETENTION WILL NOT BE PAID WITHOUT THE WMW-008 FORM PROVIDED BY WALMART### ***CANNOT DELIVER BEFORE DEL DATE ON CONFIRMATION** Early delivery could result in fines!!! I-540 to exit 85. Take B.R. 71w until the road splits. Take the (L) split on Hwy 12w. Go approximately 4 m's & Wal-Mart is on the (L). Go to the 2nd gate.</p>



C.H. Robinson Contract Addendum and Carrier Load Confirmation - #471988686**C.H. Robinson Contract Addendum and Carrier Load Confirmation Conditions**

THIS LOAD CONFIRMATION IS SUBJECT TO THE TERMS OF THE AGREEMENT FOR MOTOR CONTRACT CARRIER SERVICES ("AGREEMENT") PREVIOUSLY EXECUTED BETWEEN OUR COMPANIES AND THIS CONSTITUTES AN ADDENDUM TO THE TERMS OF THAT AGREEMENT. WE AGREE TO PAY THE RATES AND CHARGES SHOWN ABOVE AND NO DIFFERENT TARIFF RATE OR SCHEDULE OF RATES APPLY. THIS LOAD CONFIRMATION IS INCLUSIVE OF ALL CHARGES. UNLESS ORAL AND WRITTEN FAX OBJECTIONS ARE MADE TO ITS TERMS, AT THE EARLIER OF WITHIN TWENTY-FOURS (24) HOURS OF RECEIPT OR PRIOR TO WORK BEING INITIATED, YOU HAVE AGREED TO THESE TERMS.

Additional Terms**1.**

Unless C.H. Robinson provides written notice herein that this term does not apply to this shipment, Carrier's motor vehicle equipment shall be dedicated to C.H. Robinson's exclusive use while transporting the cargo subject to this booking. Carrier's violation of this exclusive use requirement shall result in Carrier's forfeiting its right to be paid for the transportation services contemplated by this Load Confirmation, not as penalty, but as liquidated damages.

2.

Cash advance requests made after regular business hours will not be authorized. If Carrier requires a cash advance, Carrier must make arrangements with the C.H. Robinson booking representative during normal business hours and/or upon booking this shipment. Cash advance requests made outside of the C.H. Robinson booking branch's regular business hours may not be authorized. If Carrier requires a cash advance, Carrier must make arrangements with the C.H. Robinson booking branch during its normal business hours and/or upon booking this shipment.

3.

This rate is contingent upon successful and on-time completion of all load requirements as orally stipulated or written on this Addendum and rate may be subject to reduction if Carrier fails to complete any applicable terms and conditions. Rate may be reduced if load picks up or delivers after originally scheduled time and date. Carrier acknowledges that failure to complete any terms and conditions on this shipment may jeopardize or result in loss of future business opportunities with C.H. Robinson and/or cancelation of the Agreement.

4.

Accessorial charges (including but not limited to labor, detention, and/or layover charges) must be authorized and approved prior to or at time of occurrence. C.H. Robinson will not provide any reimbursement of any non, prior-approved accessorial charges. Carrier shall ensure the bill of lading is notated either when handling is required or when detention occurs, that a lump sum receipt is provided when a lump sum is hired, and/or that both are included as supporting documents with the Carrier's invoice. All overage, shortage, and damage must be reported to C.H. Robinson immediately, at time of occurrence, and noted on the bill of lading.

5.

C.H. Robinson's Customer requires that Carrier provide, through C.H. Robinson, the following electronic shipment status updates via EDI, NavisphereCarrier, the Navisphere driver app, or some other electronic method of providing shipment status updates (unless otherwise specified on this confirmation): - Arrival at and departure from Shipper(s) within thirty (30) minutes of occurrence; - A minimum of one check call per day, prior to 10:00am, each day that Carrier is in possession of this shipment; and - Arrival at and departure from Receiver(s) within thirty (30) minutes of occurrence.

6.

For any problems or issues after regular business hours or over the weekends, please contact C.H. Robinson at (888) 278-9441.

7.

For this shipment, Carrier agrees it shall be in possession of relevant and applicable cargo insurance coverage in an amount sufficient to cover the loss or damage of the cargo being transported. Carrier's cargo insurance policy must not exclude from coverage any commodities or cargo carried on this booking. If Carrier's cargo insurance policy contains a schedule of covered vehicles or equipment, Carrier will not transport any cargo on this booking using a vehicle and/or equipment that is not listed as scheduled on Carrier's cargo insurance policy.



STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date 4/26/2024

Milani Cosmetics
2111 E 49th St
Vernon, CA 90058
Jerrie Moreno (323) 582-9404
Reference Number:

Carrier:	Zigi Freight Inc
Pro#:	
CHR Order#:	1633364571
Ship ID#:	3431300371

Consignee: Due Date 4/29/2024

Wal-Mart #6094
5801 SW Regional Airport Blvd
Bentonville, AR 72712
Rec (479) 254-3223
Reference Number:

All Freight charges PPD/3rd party bill to:
C.H. Robinson Worldwide, Inc
Billing
P.O. Box 3470
Chicago, IL 60654

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
PO: 3431300371		Cosmetics	98 Cartons	1.00	588	Dry	
			98	1	588		

Shipper Special Instructions:

Consignee Special Instructions:

Comments:

For any LTL Questions/Concerns please email ClevelandLTL@CHrobinson.com & centop19@chrobinson.com , for truckload contact CH Robinson Cleveland @ 800-539-7487

The Shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

Shipper Signature X _____ Date: _____ Trailer# _____
 Consignee Signature X _____ Date: _____ Seal# _____
 Driver Signature X _____ Date: _____ Seal# _____

Permanent post-office address of shipper.

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date 4/26/2024

Pentel CA
4000 E Airport Dr
STE C
Ontario, CA 91761
PENTEL (310) 320-3831
Reference Number: 1186397

Carrier:	Zigi Freight Inc
Pro#:	
CHR Order#:	1633378159
CHR Confirm#:	NAV9470759
Ship ID#:	1186397

Consignee: Due Date 4/29/2024

Wal-Mart #6094
5801 SW Regional Airport Blvd
Bentonville, AR 72712
Shipping (000) 000-0000
Reference Number: 8679815576

All Freight charges PPD/3rd party bill to:

C.H. Robinson Worldwide, Inc
Billing
P.O. Box 3470
Chicago, IL 60654

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
PO: 8679815576		Pens or Markers	75 Pieces	1.00	219	Dry	179060 Sub 02 85
			75	1	219		

Shipper Special Instructions:

Consignee Special Instructions:

Comments:

For any problems with this shipment please reach out to 29-CentralOps@CHRobinson.com

The Shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

Shipper Signature X _____ Date: _____ Trailer# _____
 Consignee Signature X _____ Date: _____ Seal# _____
 Driver Signature X _____ Date: _____ Seal# _____

Permanent post-office address of shipper.

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date 4/26/2024

Nichols Farms
13762 First Avenue
Hanford, CA 93230
Shipping (559) 302-7661
Reference Number: S021688

Carrier:	Zigi Freight Inc
Pro#:	
CHR Order#:	1633381775
Ship ID#:	S021688

Consignee: Due Date 4/29/2024

Wal-Mart #6094
5801 SW Regional Airport Blvd
Bentonville, AR 72712
Rec (479) 254-3223
Reference Number: 6830729509

All Freight charges PPD/3rd party bill to:

C.H. Robinson Worldwide, Inc
Billing
P.O. Box 3470
Chicago, IL 60654

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
PO: 6830729509		Pistachios	123 Case	1.00	438	Dry	141740 70
			123	1	438		

Shipper Special Instructions:

NUT WEIGHT 338.25

Consignee Special Instructions:

Total Cases 123. RECEIVER MUST WRITE ON DR IF SHRINK WRAP IS INTACT OR NOT IF MISSING CASES. MABD 4/30/2024

Comments:

For problems with this shipment, please email CENTOP19@chrobinson.com and NicholsPistachios@chrobinson.com

The Shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

Shipper Signature X _____ Date: _____ Trailer# _____

Consignee Signature X _____ Date: _____ Seal# _____

Driver Signature X _____ Date: _____ Seal# _____

Permanent post-office address of shipper.

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date 4/26/2024

Prism Logistics
1030 Runway Dr
Stockton, CA 95206
Shipping (209) 300-8200
Reference Number: 1176272

Carrier:	Zigi Freight Inc
Pro#:	
CHR Order#:	1633326572
Ship ID#:	1176272

Consignee: Due Date 4/29/2024

Wal-Mart DC 6094G
5801 SW Regional Airport Blvd
Bentonville, AR 72712
Rec (479) 254-3223
Reference Number: 9031182972

All Freight charges PPD/3rd party bill to:

C.H. Robinson Worldwide, Inc
Billing
P.O. Box 3470
Chicago, IL 60654

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
PO: 9031182972	SKU: C01577	330mL Equate Hi Performance Nutr Choc (3)4pk	384 Case	9.00	3844	Dry	72160 60
PO: 9031182972	SKU: C01579	330mL Equate Hi Performance Nutr Caramel (3)4pk	192 Case		2014	Dry	72160 60
PO: 9031182972	SKU: C24945	330mL Equate Hi Performance Nutr Caramel 12pk	384 Case		3882	Dry	72160 60
PO: 9031182972	SKU: C24944	330mL Equate Hi Perform Nutr Vanilla 12pk	768 Case		7604	Dry	72160 60
				1728	9		17344

Shipper Special Instructions:

1176272

Consignee Special Instructions:

9031182972

Comments:

*DRIVER MUST HAVE A COPY OF THE SIGNED BOL TO BE UNLOADED. For LTL, please contact 813-centralops@chrobinson.com for issues and authorizations

The Shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

Shipper Signature X _____ Date: _____ Trailer# _____
Consignee Signature X _____ Date: _____ Seal# _____
Driver Signature X _____ Date: _____ Seal# _____

Permanent post-office address of shipper.

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date 4/26/2024

CHR Consol Center - Carson - Fulfillment
21900 S Wilmington Ave
Carson, CA 90810
W66466337-APPT (310) 763-6077

Reference Number:

Carrier:	Zigi Freight Inc
Pro#:	
CHR Order#:	
Ship ID#:	3431552457

Consignee: Due Date 4/29/2024

Wal-Mart #6094
5801 SW Regional Airport Blvd
Bentonville, AR 72712
Rec (479) 254-3223

Reference Number:

All Freight charges PPD/3rd party bill to:

C.H. Robinson Worldwide, Inc
Billing
P.O. Box 3470
Chicago, IL 60654

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
PO: 3431552457	SKU: 88105	DLXE GEL EYE MSK W/ZEBRA LPRD-36ct	7 Case	1.00	91	Dry	59420-03 70
Dimensions: L 12.0in x W 8.7in x H 9.8in							
PO: 3431552457	SKU: 88109	SATIN SLEEP MASK ASSTD-36ct	10 Case		28	Dry	59420-01 125
Dimensions: L 10.0in x W 8.5in x H 9.1in							
PO: 3431552457	SKU: PDS TYPE PDS TYPE A A		1 Pallet		50	Dry	110
Dimensions: L 48.0in x W 40.0in x H 6.0in							
				18	1	169	

Shipper Special Instructions:**Consignee Special Instructions:****Comments:**

The Shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

Shipper Signature X _____ Date: _____ Trailer# _____

Consignee Signature X _____ Date: _____ Seal# _____

Driver Signature X _____ Date: _____ Seal# _____

Permanent post-office address of shipper.

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date 4/26/2024

CHR Consol Center - Carson - Fulfillment
21900 S Wilmington Ave
Carson, CA 90810
W66466337-APPT (310) 763-6077

Reference Number:

Carrier:	Zigi Freight Inc
Pro#:	
CHR Order#:	
Ship ID#:	5881433123

Consignee: Due Date 4/29/2024

Wal-Mart #6094
5801 SW Regional Airport Blvd
Bentonville, AR 72712
Rec (479) 254-3223

Reference Number:

All Freight charges PPD/3rd party bill to:

C.H. Robinson Worldwide, Inc
Billing
P.O. Box 3470
Chicago, IL 60654

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
PO: 5881433123	SKU: 88127	MULTI PURPOSE ORGANIZER-12ct	2 Case	1.00	29	Dry	59420-01 125
		Dimensions: L 22.1in x W 10.4in x H 15.4in					
PO: 5881433123	SKU: 88167	6 PK LIGHT AS AIR BLENDING SPONGE 48ct	3 Case		14	Dry	177320-06 100
		Dimensions: L 11.22in x W 8.27in x H 10.63in					
PO: 5881433123	SKU: PDS TYPE A	PDS TYPE A	1 Pallet		50	Dry	110
		Dimensions: L 48.0in x W 40.0in x H 6.0in					
			6	1	93		

Shipper Special Instructions:

Consignee Special Instructions:

Comments:

The Shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

Shipper Signature X _____ Date: _____ Trailer# _____

Consignee Signature X _____ Date: _____ Seal# _____

Driver Signature X _____ Date: _____ Seal# _____

Permanent post-office address of shipper.

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date 4/26/2024

CHR Consol Center - Carson - Fulfillment

21900 S Wilmington Ave

Carson, CA 90810

W66466337-APPT (310) 763-6077

Reference Number:

Carrier: Zigi Freight Inc

Pro#:

CHR Order#:

Ship ID#: 6529257949

Consignee: Due Date 4/29/2024

Wal-Mart #6094

5801 SW Regional Airport Blvd

Bentonville, AR 72712

Rec (479) 254-3223

Reference Number:

All Freight charges PPD/3rd party bill to:

C.H. Robinson Worldwide, Inc

Billing

P.O. Box 3470

Chicago, IL 60654

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
PO: 6529257949	SKU: 88153	BEAUTY 2 PK EXFOLIATING BATH GLOVE-48ct	30 Case	3.00	283	Dry	59420-01 125
	Dimensions: L 17.91in x W 10.63in x H 12.6in						
PO: 6529257949	SKU: 88154	BEAUTY 3PK NETTED SPONGES-72ct	12 Case		324	Dry	177320-04 175
	Dimensions: L 21.5in x W 19.5in x H 19.0in						
PO: 6529257949	SKU: PDS TYPE PDS TYPE A A		2 Pallet		100	Dry	110
	Dimensions: L 48.0in x W 40.0in x H 6.0in						
PO: 6529257949	SKU: PDS TYPE PDS TYPE B B		1 Pallet		50	Dry	110
	Dimensions: L 48.0in x W 40.0in x H 6.0in						
			45	3	757		

Shipper Special Instructions:**Consignee Special Instructions:****Comments:**

The Shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

Shipper Signature X _____ Date: _____ Trailer# _____

Consignee Signature X _____ Date: _____ Seal# _____

Driver Signature X _____ Date: _____ Seal# _____

Permanent post-office address of shipper.

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date 4/26/2024

DrVita
6980 W Warm Springs Rd #100
LAS VEGAS, NV 89113
Shayne Baniaga (702) 503-2230
Reference Number: 0291690

Carrier:	Zigi Freight Inc
Pro#:	
CHR Order#:	1633247676
Ship ID#:	0291690

Consignee: Due Date 4/29/2024

Wal-Mart #6094
5801 SW Regional Airport Blvd
Bentonville, AR 72712
Rec (479) 254-3223
Reference Number: 3431552459

All Freight charges PPD/3rd party bill to:

C.H. Robinson Worldwide, Inc
Billing
P.O. Box 3470
Chicago, IL 60654

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
PO: 3431552459	SKU: ZWAL3950 UPC: 681131073950 4	SV TART CHERRY EXTRACT 1200MG VEGETARIAN CAPSULES, 90CT	7 Case	1.00	35	Dry	
Dimensions: L 8.0in x W 12.0in x H 5.0in							
PO: 3431552459	SKU: ZWAL3406 UPC: 078742093406 0	SV FENUGREEK 610MG 100CT	4 Case		20	Dry	
Dimensions: L 14.0in x W 10.0in x H 5.0in							
PO: 3431552459	SKU: ZWAL1871 UPC: 681131071871 4	SV GARCINIA CAMBOGIA 800,90CT	2 Case		10	Dry	
Dimensions: L 14.0in x W 10.0in x H 5.0in							
PO: 3431552459	SKU: ZWAL0877 UPC: 681131280877 2	SV GABA 750MG 100CT	2 Case		8	Dry	
Dimensions: L 14.25in x W 9.75in x H 5.0in							
PO: 3431552459	SKU: ZWAL0786 UPC: 681131100786 2	SV MUSHROOM COMPLEX	2 Case		8	Dry	
Dimensions: L 11.25in x W 7.5in x H 3.5in							
			17	1	81		

Shipper Special Instructions:**Consignee Special Instructions:****Comments:**

Any questions or issues, please contact DrVita@chrobinson.com

The Shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

Shipper Signature X _____

Date: _____

Trailer# _____

Consignee Signature X _____

Date: _____

Seal# _____

Driver Signature X _____

Date: _____

Seal# _____

Permanent post-office address of shipper.

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date 4/26/2024

DrVita
6980 W Warm Springs Rd #100
LAS VEGAS, NV 89113
Shayne Baniaga (702) 503-2230
Reference Number: 0291751

Carrier:	Zigi Freight Inc
Pro#:	
CHR Order#:	1633248726
Ship ID#:	0291751

Consignee: Due Date 4/29/2024

Wal-Mart #6094
5801 SW Regional Airport Blvd
Bentonville, AR 72712
Rec (479) 254-3223
Reference Number: 9031182973

All Freight charges PPD/3rd party bill to:

C.H. Robinson Worldwide, Inc
Billing
P.O. Box 3470
Chicago, IL 60654

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
PO: 9031182973	SKU: ZWAL6806 UPC: 681131156806 6	SV CRANBERRY EXTRACT 500MG VEGETARIAN CAPSULES, 60CT	24 Case	3.00	120	Dry	
Dimensions: L 10.0in x W 15.0in x H 6.0in							
PO: 9031182973	SKU: ZWAL6837 UPC: 681131156837 0	SV TURMERIC CURCUMIN 500MG 40 VEGETARIAN CAPSULES, 90CT	40 Case		200	Dry	
Dimensions: L 9.0in x W 13.0in x H 5.0in							
PO: 9031182973	SKU: ZWAL6790 UPC: 681131156790 8	SV TURMERIC FORMULA 500MG VEGETARIAN CAPSULES, 250CT	42 Case		630	Dry	
Dimensions: L 14.0in x W 20.0in x H 7.0in							
PO: 9031182973	SKU: ZWAL6186 UPC: 681131016186	SV CINNAMON 1000MG 400CT	21 Case		370	Dry	
Dimensions: L 21.0in x W 14.5in x H 7.25in							
PO: 9031182973	SKU: ZWAL6032 UPC: 681131016032 2	SV VALERIAN ROOT 500MG 100CT	20 Case		100	Dry	
Dimensions: L 13.0in x W 8.0in x H 5.0in							
PO: 9031182973	SKU: ZWAL5018 UPC: 681131285018 4	SV TURMERIC 500MG 180CT	50 Case		445	Dry	
Dimensions: L 16.5in x W 11.25in x H 5.25in							
PO: 9031182973	SKU: ZWAL9994 UPC: 681131349994	SV ULTRA TURMERIC CURCUMIN 90C	49 Case		436	Dry	

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
	8						
	Dimensions: L 16.5in x W 11.3in x H 5.25in						
PO: 9031182973	SKU: ZWAL8071	SV EXTRA STRENGTH ASHWAGANDHA	91 Case		455	Dry	
	UPC: 681131428071						
	2						
	Dimensions: L 14.25in x W 9.75in x H 5.0in						
PO: 9031182973	SKU: ZWAL7874	SV SAW PALMETTO 450MG	65 Case		276	Dry	
	UPC: 681131447874						
	4						
	Dimensions: L 11.5in x W 8.25in x H 5.0in						
PO: 9031182973	SKU: ZWAL4814	SV ASHWAGANDHA 500MG 60CT	39 Case		176	Dry	
	UPC: 681131034814						
	0						
	Dimensions: L 14.3in x W 9.5in x H 5.0in						
PO: 9031182973	SKU: ZWAL0779	SV EXTRA STRENGTH TURMERIC 60CT	40 Case		120	Dry	
	UPC: 681131100779						
	4						
	Dimensions: L 11.25in x W 7.5in x H 3.5in						
			481	3	3327		

Shipper Special Instructions:

Consignee Special Instructions:

Comments:

For any questions or issues, please contact DrVita@chrobinson.com

The Shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

Shipper Signature X _____ Date: _____ Trailer# _____

Consignee Signature X _____ Date: _____ Seal# _____

Driver Signature X _____ Date: _____ Seal# _____

Permanent post-office address of shipper.

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date 4/26/2024

CHR Consol Center - Carson - Fulfillment

21900 S Wilmington Ave

Carson, CA 90810

W66466337-APPT (310) 763-6077

Reference Number:

Carrier: Zigi Freight Inc

Pro#:

CHR Order#:

Ship ID#: 3431552456

Consignee: Due Date 4/29/2024

Wal-Mart #6094

5801 SW Regional Airport Blvd

Bentonville, AR 72712

Rec (479) 254-3223

Reference Number:

All Freight charges PPD/3rd party bill to:

C.H. Robinson Worldwide, Inc

Billing

P.O. Box 3470

Chicago, IL 60654

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
PO: 3431552456	SKU: NMH-4NB-48- ENU-USL	Hypertonic NasaMist 48ct/125 mL	3 Case	1.00	61	Dry	59420-03 70
Dimensions: L 13.25in x W 9.25in x H 13.5in							
PO: 3431552456	SKU: NMK-4NB-48- ENU-USL	NasaMist Kids 48ct/75mL	2 Case		26	Dry	56840 125
Dimensions: L 14.4in x W 11.4in x H 7.2in							
PO: 3431552456	SKU: PDS TYPE PDS TYPE A A		1 Pallet		50	Dry	110
Dimensions: L 48.0in x W 40.0in x H 6.0in							
			6	1	137		

Shipper Special Instructions:**Consignee Special Instructions:****Comments:**

The Shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

Shipper Signature X _____

Date: _____

Trailer# _____

Consignee Signature X _____

Date: _____

Seal# _____

Driver Signature X _____

Date: _____

Seal# _____

Permanent post-office address of shipper.

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date 4/26/2024

CHR Consol Center - Carson - Fulfillment

21900 S Wilmington Ave

Carson, CA 90810

W66466337-APPT (310) 763-6077

Reference Number:

Carrier:	Zigi Freight Inc
Pro#:	
CHR Order#:	
Ship ID#:	4381462019

Consignee: Due Date 4/29/2024

Wal-Mart #6094

5801 SW Regional Airport Blvd

Bentonville, AR 72712

Rec (479) 254-3223

Reference Number:

All Freight charges PPD/3rd party bill to:

C.H. Robinson Worldwide, Inc

Billing

P.O. Box 3470

Chicago, IL 60654

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
PO: 4381462019	SKU: NB2-4NB-24- ENU-US	NasaBulb - 2 ct - inners of 4 Case of 24	2 Case	1.00	29	Dry	56840 125
	Dimensions: L 13.9in x W 9.7in x H 14.3in						
PO: 4381462019	SKU: PDS TYPE A	PDS TYPE A	1 Pallet		50	Dry	110
	Dimensions: L 48.0in x W 40.0in x H 6.0in						
			3	1	79		

Shipper Special Instructions:**Consignee Special Instructions:****Comments:**

The Shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

Shipper Signature X _____ Date: _____ Trailer# _____

Consignee Signature X _____ Date: _____ Seal# _____

Driver Signature X _____ Date: _____ Seal# _____

Permanent post-office address of shipper.



C.H. ROBINSON

LAC WM Los Angeles Consolidation

25-Apr-2024 3:06 PM

Page 1 of 2

Load: 471988686

LAC WM Picklist

Ready By: 26-Apr-2024

Pickup By: 26-Apr-2024

WM IS STACKABLE

Seq#	Order #	Customer	Bill To Ref#	Origin	Destination	Sched PU Date/Time	Qty	Pallets / P Spaces	Weight	Section / Qty Shpd
2	1633247676	DrVita Walmart	0291690	CHR Consol Center - Carson - 21900 S Wilmington Ave Enter from E 220th Carson, CA 90810	Wal-Mart #6094 5801 SW Regional Airport Blvd Bentonville, AR 72712	26-Apr-2024 12:00 PM	17 Case	P: 1 S: 0.25	81	
2	1633248726	DrVita Walmart	0291751	CHR Consol Center - Carson - 21900 S Wilmington Ave Enter from E 220th Carson, CA 90810	Wal-Mart #6094 5801 SW Regional Airport Blvd Bentonville, AR 72712	26-Apr-2024 12:00 PM	481 Case	P: 3 S: 3	3,327.45	
2	1633291487	Neimed Pharmaceutical s- Fulfillment	4381462019	CHR Consol Center - Carson - 21900 S Wilmington Ave Enter from E 220th Carson, CA 90810	Wal-Mart #6094 5801 SW Regional Airport Blvd Bentonville, AR 72712	26-Apr-2024 12:00 PM	3 Mixed	P: 1 S: 0.25	78.6	
2	1633291123	Neimed Pharmaceutical s- Fulfillment	3431552456	CHR Consol Center - Carson - 21900 S Wilmington Ave Enter from E 220th Carson, CA 90810	Wal-Mart #6094 5801 SW Regional Airport Blvd Bentonville, AR 72712	26-Apr-2024 12:00 PM	6 Mixed	P: 1 S: 0.25	136.95	
2	1633326572	Gehl Food Inc - Outbound	1176272	CHR Consol Center - Carson - 21900 S Wilmington Ave Enter from E 220th Carson, CA 90810	Wal-Mart DC 6094G 5801 SW Regional Airport Blvd Bentonville, AR 72712	26-Apr-2024 12:00 PM	1,728 Case	P: 9 S: 9	17,344	
2	1633355964	Swissco LLC- Fulfillment	6529257949	CHR Consol Center - Carson - 21900 S Wilmington Ave Enter from E 220th Carson, CA 90810	Wal-Mart #6094 5801 SW Regional Airport Blvd Bentonville, AR 72712	26-Apr-2024 12:00 PM	45 Mixed	P: 3 S: 1.5	756.6	
2	1633355962	Swissco LLC- Fulfillment	3431552457	CHR Consol Center - Carson - 21900 S Wilmington Ave Enter from E 220th Carson, CA 90810	Wal-Mart #6094 5801 SW Regional Airport Blvd Bentonville, AR 72712	26-Apr-2024 12:00 PM	18 Mixed	P: 1 S: 0.5	168.85	
2	1633355963	Swissco LLC- Fulfillment	5881433123	CHR Consol Center - Carson - 21900 S Wilmington Ave Enter from E 220th Carson, CA 90810	Wal-Mart #6094 5801 SW Regional Airport Blvd Bentonville, AR 72712	26-Apr-2024 12:00 PM	6 Mixed	P: 1 S: 0	93.19	
2	1633356708	Swissco LLC- Fulfillment	3831175876	CHR Consol Center - Carson - 21900 S Wilmington Ave Enter from E 220th Carson, CA 90810	Wal-Mart #6094 5801 SW Regional Airport Blvd Bentonville, AR 72712	26-Apr-2024 12:00 PM	45 Mixed	P: 2 S: 1	502.21	

Rivers Bnl attached

**C.H. ROBINSON**

LAC WM Los Angeles Consolidation

25-Apr-2024 3:06 PM

Page 2 of 2

Load: 421988686

LAC WM Picklist

2	1633364571	Milani Group LLC	3431300371	CHR Consol Center - Carson - 21900 S Wilmington Ave Enter from E 220th Carson, CA 90810	Wal-Mart #6094 5801 SW Regional Airport Blvd Bentonville, AR 72712	26-Apr-2024 12:00 PM	98 Cartons	P: 1 S: 1	588
2	1633378159	Pentel of America Ltd ==Wal-Mart==	1186397	CHR Consol Center - Carson - 21900 S Wilmington Ave Enter from E 220th Carson, CA 90810	Wal-Mart #6094 5841 SW Regional Airport BLVD Bentonville, AZ 72712	26-Apr-2024 12:00 PM	75 Pieces	P: 1 S: 0.5	219
2	1633381867	Nichols Pistachio - Walmart PPD	5021649	CHR Consol Center - Carson - 21900 S Wilmington Ave Enter from E 220th Carson, CA 90810	Wal-Mart #6094 5801 SW Regional Airport Blvd Bentonville, AR 72712	26-Apr-2024 12:00 PM	660 Case	P: 3 S: 2.5	3,002.88
2	1633381775	Nichols Pistachio - Walmart PPD	5021688	CHR Consol Center - Carson - 21900 S Wilmington Ave Enter from E 220th Carson, CA 90810	Wal-Mart #6094 5801 SW Regional Airport Blvd Bentonville, AR 72712	26-Apr-2024 12:00 PM	123 Case	P: 1 S: 0.5	438.25
2	1633383222	Robinson Pharma Inc	9031182970	CHR Consol Center - Carson - 21900 S Wilmington Ave Enter from E 220th Carson, CA 90810	Wal-Mart #6094 5801 SW Regional Airport Blvd Bentonville, AR 72712	26-Apr-2024 12:00 PM	98 Cartons	P: 1 S: 0.5	241.4
2	1633414375	Beauty 21 Cosmetics Inc	5881433126	CHR Consol Center - Carson - 21900 S Wilmington Ave Enter from E 220th Carson, CA 90810	Wal-Mart #6094 5801 SW Regional Airport Blvd Bentonville, AR 72712	26-Apr-2024 12:00 PM	270 Case	P: 2 S: 1	1,498
Totals:							3,673	P: 31 S: 21.75	28,476.38

THERE ARE 15 BOL'S INCLUDED IN THIS PACKET. EACH MUST BE SIGNED BY RECEIVERS FOR PAYMENT
DROP # 1 SEAL # 1 25306619

X 38



C.H. ROBINSON

DRIVER CHECK IN SHEET

LA Logistics Center

21900 S. Wilmington Ave. Carson, CA 90810

Carrier Rolla 3 INC

Door # 28

Trailer # W 26 232

Check In Time: APR 26 3:00 PM

Load # 471988686

Check Out Time: _____

Please read below for special instructions.

Driver is allowed inside warehouse near dock door to inspect piece and pallet count and to ensure orders are properly blocked and braced in trailer. Any load shifting that occurs during transit or pallet count/piece count that is over or short at receiver is YOUR responsibility and by signing below you agree to this responsibility.

By taking this load you agree to the following:

- Must NOT leave trailer unattended at any time.
- Must INSPECT trailer after each delivery to confirm correct product was unloaded.
- Must SEAL trailer after each stop and inspection.
- Must REPORT any damages, overages or shortages to C.H. Robinson IMMEDIATELY.
- Must REPORT any delay in transit to C.H. Robinson IMMEDIATELY.

FAILURE TO COMPLY WITH THE ABOVE CONDITION MAY RESULT IN SEVERE PENALTIES AND OR CLAIMS.

Driver Signature [Signature]

Date 4-26-24

2nd Driver Signature _____

Date _____

Al aceptar esta carga usted esta de acuerdo con lo siguiente:

- NO desatenderá ni abandonara en ningún momento la carga que le ha sido asignada.
- Deberá INSPECCIONAR el remolque después de cada entrega para confirmar que la mercancía correcta fue descargada.
- Deberá SELLAR el remolque después de entrega e inspección.
- Deberá NOTIFICAR cualquier daño, exceso y o falta de mercancía a C.H. Robinson INMEDIATAMENTE.
- Deberé NOTIFICAR cualquier retraso en tránsito que pueda acontecer a C.H. Robinson INMEDIATAMENTE.

LA FALTA DE CUMPLIMIENTO CON LAS CONDICIONES PREVIAMENTE MENCIONADAS EN ESTE DOCUMENTO PUEDE RESULTAR EN SEVERAS PENEALIDADES Y O DEMANDAS.

Firma De Chofer _____

Fecha _____

Firma Del 2nd Chofer _____

Fecha _____

Ready By: 04/17/2024

VICS Bill of Lading

SHIP FROM

Name: DrVita
Address: 6980 W Warm Springs Rd #100
City/ST/Zip: LAS VEGAS, NV 89113

SHIP TO

Name: Wal-Mart #6094
Address: 5801 SW Regional Airport Blvd
City/ST/Zip: Bentonville, AR 72712
Contact: Rec
(479) 254-3223

SEND FREIGHT BILL TO:

Name: C.H. Robinson Worldwide, Inc
Address: Billing
Address 2: P.O. Box 3470
City/ST/Zip: Chicago, IL 60654

Order #: 1633247676

Bill To Ref #: 0291690

Load #: 471988686

SPECIAL INSTRUCTIONS:

Order Number: 1633247676



CARRIER NAME:

Trailer Number:

Seal Number(s):

SCAC: RBCL

Pro Number:

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

Prepaid ☒Collect ☐3rd Party ☐

WHSE#:

Date:

FREIGHT BILL RECEIVED IN FULL ☐

Please mark an 'X' in box if applies

PO# 3431552459

TRL#

TOT CS REC'D

TOT Pallets

O

S

D

REASON

TOTAL CASES REJECTED

REC#

REC'D BY

Did Driver Help Unload:

Y N

Must Arrive By 04/30/2024

CUSTOMER ORDER INFORMATION

PO NUMBER	# PKGS	WEIGHT	PALLETS	ADDITIONAL SHIPPER INFORMATION
3431552459	17	81	1	0291690
GRAND TOTAL	17	81	1	

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC#	CLASS
1	Case	7	Case	35		SV TART CHERRY EXTRACT 1200MG VEGETARIAN CAPSULES 90CT		
	Case	4	Case	20		SV FENUGREEK 610MG 100CT		
	Case	2	Case	10		SV GARCINIA CAMBOGIA 800,90CT		
	Case	2	Case	8		SV GABA 750MG 100CT		
	Case	2	Case	8		SV MUSHROOM COMPLEX		
1		17		81		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. B 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.

PackList Included: Y ☐ N ☐ Drivers initials _____

The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.

Agent for Shipper

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 Department of Transportation.

(Signature)

(Date)

Trailer Loaded:

☐ BY Shipper☐ By Driver

Freight Counted:

☐ By Shipper☐ By Driver / pallets said to contain☐ By Driver / Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Number of Pieces

Counted

(Signature)

(Date)

HORA d llegada - 2:00 PM - salida - 5:30 PM

VICS Bill of Lading

SHIP FROM

Name: DrVita
Address: 6980 W Warm Springs Rd #100
City/ST/Zip: LAS VEGAS, NV 89113

SHIP TO

Name: Wal-Mart #6094
Address: 5801 SW Regional Airport Blvd
City/ST/Zip: Bentonville, AR 72712
Contact: Rec
(479) 254-3223

SEND FREIGHT BILL TO:

Name: C.H. Robinson Worldwide, Inc
Address: Billing
Address 2: P.O. Box 3470
City/ST/Zip: Chicago, IL 60654
Order #: 1633248726
Bill To Ref #: 0291751
Load #: 471988686
SPECIAL INSTRUCTIONS:

Must Arrive By 04/30/2024

Order Number: 1633248726



CARRIER NAME:

Trailer Number:

Seal Number(s):

SCAC: RBCL

Pro Number:

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

Prepaid ☒ Collect ☐ 3rd Party ☐

WHSE#: Date:

FREIGHT BILL RECEIVED IN FULL ☐ Please mark an 'X' in box if applies

PO# 9031182973

TRL#

TOT CS REC'D

TOT Pallets

O

S

D

REASON

TOTAL CASES REJECTED

REC#

REC'D BY

Did Driver Help Unload: Y N

CUSTOMER ORDER INFORMATION

PO NUMBER	# PKGS	WEIGHT	PALLETS	ADDITIONAL SHIPPER INFORMATION
9031182973	481	3,327.45	3	0291751
GRAND TOTAL	481	3327.45	3	

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 so 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
3	Case	24	Case	120		SV CRANBERRY EXTRACT 500MG VEGETARIAN CAPSULES, 60CT		
	Case	40	Case	200		SV TURMERIC CURCUMIN 500MG VEGETARIAN CAPSULES, 90CT		
	Case	42	Case	630		SV TURMERIC FORMULA 500MG VEGETARIAN CAPSULES, 250CT		
	Case	21	Case	369.6		SV CINNAMON 1000MG 400CT		
	Case	20	Case	100		SV VALERIAN ROOT 500MG 100CT		
	Case	50	Case	445		SV TURMERIC 500MG 180CT		
	Case	49	Case	436.1		SV ULTRA TURMERIC CURCUMIN 90C		
	Case	91	Case	455		SV EXTRA STRENGTH ASHWAGANDHA		
	Case	65	Case	276.25		SV SAW PALMETTO 450MG		
	Case	39	Case	175.5		SV ASHWAGANDHA 500MG 60CT		
	Case	40	Case	120		SV EXTRA STRENGTH TURMERIC 60CT		
3		481		3327.45		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. B 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.

PackList Included: Y N Drivers Initials

The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.

Agent for Shipper

above-named materials are properly
packaged, marked and labeled, and are in
for transportation according to the applicable
of the Department of Transportation.

(Signature)

(Date)

Trailer Loaded:

☐ BY Shipper

☐ By Driver

Freight Counted:

☐ By Shipper

☐ By Driver / pallets
said to contain

☐ By Driver / Pieces

CARRIER SIGNATURE / PRINTED NAME

Carrier acknowledges receipt of packages and required placards. Carrier
certifies emergency information was made available and/or carrier has the
DOT emergency response guidebook or equivalent documentation in the
vehicle.

Number of Pieces

Counted

(Signature)

(Date)

VICS Bill of Lading

SHIP FROM
 Address: CHR Consol Center - Carson - Fulfillment
 21900 S Wilmington Ave
 City/ST/Zip: Carson, CA 90810

SHIP TO
 Name: Wal-Mart #6094
 Address: 5801 SW Regional Airport Blvd
 City/ST/Zip: Bentonville, AR 72712
 Contact: Rec
 (479) 254-3223

SEND FREIGHT BILL TO:
 Name: C.H. Robinson Worldwide, Inc
 Address: Billing
 Address 2: P.O. Box 3470
 City/ST/Zip: Chicago, IL 60654

Order #: 1633291123
 Bill To Ref #: 3431552456
 Load #: 471988686
 SPECIAL INSTRUCTIONS:

Must Arrive By 04/30/2024

Order Number: 1633291123


CARRIER NAME:
 Trailer Number:
 Seal Number(s):
 SCAC: RBCL
 Pro Number:

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

Prepaid ☒ Collect ☐ 3rd Party ☐

WHSE#: Date:

FREIGHT BILL RECEIVED IN FULL ☐ Please mark an 'X' in box if applies

PO# 3431552456

TRL# ☐ O ☐

TOT CS REC'D ☐ S ☐

TOT Pallets ☐ / ☐ D ☐

REASON TOTAL CASES REJECTED

REC#

REC'D BY

Did Driver Help Unload: Y N

CUSTOMER ORDER INFORMATION

PO NUMBER	# PKGS	WEIGHT	PALLETS	ADDITIONAL SHIPPER INFORMATION
3431552456	6	136.95	1	3431552456
GRAND TOTAL	6	136.95	1	

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 so 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
1	Case	3	Case	60.75		Hypertonic NasaMist 48ct/125 mL	59420-03	70
	Case	2	Case	26.2		NasaMist Kids 48ct/75mL	56840	125
	Pallet	1	Pallet	50		PDS TYPE A		110
1		6		136.95		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 Terms: Collect ☐ Prepaid ☐

Customer check acceptable ☐

NOTE: Liability limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. B 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.

PackList Included: Y N Drivers Initials

The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.

Agent for Shipper

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 Department of Transportation.

(Signature) (Date)

Trailer Loaded:

☐ BY Shipper

☐ By Driver

Freight Counted:

☐ By Shipper

☐ By Driver / pallets said to contain

☐ By Driver / Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Number of Pieces Counted

(Signature) (Date)

VICS Bill of Lading

SHIP FROM

Address: CHR Consol Center - Carson - Fulfillment
21900 S Wilmington Ave
City/ST/Zip: Carson, CA 90810

SHIP TO

Name: Wal-Mart #6094
Address: 5801 SW Regional Airport Blvd
City/ST/Zip: Bentonville, AR 72712
Contact: Rec
(479) 254-3223

SEND FREIGHT BILL TO:

Name: C.H. Robinson Worldwide, Inc
Address: Billing
Address 2: P.O. Box 3470
City/ST/Zip: Chicago, IL 60654

Order #: 1633291487
Bill To Ref #: 4381462019
Load #: 471988686
SPECIAL INSTRUCTIONS:

Must Arrive By 04/30/2024

Order Number: 1633291487



CARRIER NAME:

Trailer Number:

Seal Number(s):

SCAC: RBCL

Pro Number:

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

Prepaid ☒ Collect ☐ 3rd Party ☐

WHSE#:

Date:

FREIGHT BILL RECEIVED IN FULL

☐ Please mark an 'X' in box if applies

PO# 4381462019

TRL#

TOT CS REC'D

TOT Pallets

O

S

D

REASON

TOTAL CASES REJECTED

REC#

REC'D BY

Did Driver Help Unload:

Y N

CUSTOMER ORDER INFORMATION

PO NUMBER	# PKGS	WEIGHT	PALLETS	ADDITIONAL SHIPPER INFORMATION
4381462019	3	78.6	1	4381462019
GRAND TOTAL	3	78.6	1	

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC#	CLASS
1	Case	2	Case	28.6		NasaBulb - 2 ct - inners of 4 Case of 24	56840	125
	Pallet	1	Pallet	50		PDS TYPE A		110
1		3		78.6		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. B 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.

PackList Included: Y ☐ N ☐ Drivers initials _____

The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.

Agent for Shipper

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 Department of Transportation.

(Signature)

(Date)

Trailer Loaded:

☐ BY Shipper

☐ By Driver

Freight Counted:

☐ By Shipper

☐ By Driver / pallets said to contain

☐ By Driver / Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Number of Pieces

Counted

(Signature)

(Date)

VICS Bill of Lading

SHIP FROM

Address: Gehl Foods c/o Prism Logistics
1030 Runway Dr
City/ST/Zip: Stockton, CA 95206

SHIP TO

Name: Wal-Mart #6094
Address: 5801 SW Regional Airport Blvd
City/ST/Zip: Bentonville, AR 72712
Contact: Rec
(479) 254-3223

SEND FREIGHT BILL TO:

Name: C.H. Robinson Worldwide, Inc
Address: Billing
Address 2: P.O. Box 3470
City/ST/Zip: Chicago, IL 60654

Order #: 1633326572

Bill To Ref #: 1176272

Load #: 471988686

SPECIAL INSTRUCTIONS:

9031182972

Order Number: 1633326572



CARRIER NAME:

Trailer Number:

Seal Number(s):

SCAC: RBCL

Pro Number:

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

Prepaid ☒ Collect ☐ 3rd Party ☐

WHSE#: _____ Date: _____

FREIGHT BILL RECEIVED IN FULL ☐ Please mark an 'X' in box if applies

PO# 9031182972

TRL# _____

TOT CS REC'D _____

TOT Pallets _____ / _____

O _____

S _____

D _____

REASON _____ TOTAL CASES REJECTED _____

REC# _____

REC'D BY _____

Did Driver Help Unload: _____ Y N

Must Arrive By 04/30/2024

CUSTOMER ORDER INFORMATION

PO NUMBER	# PKGS	WEIGHT	PALLETS	ADDITIONAL SHIPPER INFORMATION
9031182972	1,728	17,344	9	1176272
GRAND TOTAL	1728	17344	9	

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 so 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
9	Case	384	Case	3,844		330mL Equate Hi Performance Nutr Choc (3)4pk	72160	60
	Case	192	Case	2,014		330mL Equate Hi Performance Nutr Caramel (3)4pk	72160	60
	Case	384	Case	3,882		330mL Equate Hi Performance Nutr Caramel 12pk	72160	60
	Case	768	Case	7,604		330mL Equate Hi Perform Nutr Vanilla 12pk	72160	60
9		1728		17344		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. B 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.

PackList Included: Y ___ N ___ Drivers initials _____

The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.

Agent for Shipper _____

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 Department of Transportation.

(Signature) _____

(Date) _____

Trailer Loaded:

☐ BY Shipper

☐ By Driver

Freight Counted:

☐ By Shipper

☐ By Driver / pallets said to contain

☐ By Driver / Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Number of Pieces _____

Counted _____

(Signature) _____

(Date) _____

VICS Bill of Lading

SHIP FROM

Address: CHR Consol Center - Carson - Fulfillment
City/ST/Zip: 21900 S Wilmington Ave
Carson, CA 90810

SHIP TO

Name: Wal-Mart #6094
Address: 5801 SW Regional Airport Blvd
City/ST/Zip: Bentonville, AR 72712
Contact: Rec
(479) 254-3223

SEND FREIGHT BILL TO:

Name: C.H. Robinson Worldwide, Inc
Address: Billing
Address 2: P.O. Box 3470
City/ST/Zip: Chicago, IL 60654

Order #: 1633355962
Bill To Ref #: 3431552457
Load #: 471988686
SPECIAL INSTRUCTIONS:

Must Arrive By 04/30/2024

Order Number: 1633355962



CARRIER NAME:

Trailer Number:

Seal Number(s):

SCAC: RBCL

Pro Number:

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

Prepaid ☒ Collect ☐ 3rd Party ☐

WHSE#: _____ Date: _____

FREIGHT BILL RECEIVED IN FULL ☐

Please mark an 'X' in box if applies

PO# 3431552457

TRL# _____

TOT CS REC'D _____

TOT Pallets _____

O _____

S _____

D _____

REASON _____

TOTAL CASES REJECTED _____

REC# _____

REC'D BY _____

Did Driver Help Unload: _____

Y N

CUSTOMER ORDER INFORMATION

PO NUMBER	# PKGS	WEIGHT	PALLETS	ADDITIONAL SHIPPER INFORMATION
3431552457	18	168.85	1	3431552457
GRAND TOTAL	18	168.85	1	

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 so 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
1	Case	7	Case	91.35		DLXE GEL EYE MSK W/ZEBRA LPRD-36ct	59420-03	70
	Case	10	Case	27.5		SATIN SLEEP MASK ASSTD-36ct	59420-01	125
	Pallet	1	Pallet	50		PDS TYPE A		110
1		18		168.85		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. B 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.

PackList Included: Y ☐ N ☐ Drivers initials _____

The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.

Agent for Shipper _____

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 Department of Transportation.

(Signature) _____

(Date) _____

Trailer Loaded:

☐ BY Shipper

☐ By Driver

Freight Counted:

☐ By Shipper

☐ By Driver / pallets said to contain

☐ By Driver / Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Number of Pieces _____

Counted _____

(Signature) _____

(Date) _____

VICS Bill of Lading

SHIP FROM

Address: CHR Consol Center - Carson - Fulfillment
City/ST/Zip: 21900 S Wilmington Ave
Carson, CA 90810

SHIP TO

Name: Wal-Mart #6094
Address: 5801 SW Regional Airport Blvd
City/ST/Zip: Bentonville, AR 72712
Contact: Rec
(479) 254-3223

SEND FREIGHT BILL TO:

Name: C.H. Robinson Worldwide, Inc
Address: Billing
Address 2: P.O. Box 3470
City/ST/Zip: Chicago, IL 60654

Order #: 1633355963
Bill To Ref #: 5881433123
Load #: 471988686
SPECIAL INSTRUCTIONS:

Must Arrive By 04/30/2024

Order Number: 1633355963



CARRIER NAME:

Trailer Number:

Seal Number(s):

SCAC: RBCL

Pro Number:

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

Prepaid ☒ Collect ☐ 3rd Party ☐

WHSE#:

Date:

FREIGHT BILL RECEIVED IN FULL

PO# 5881433123

TRL#

TOT CS REC'D

TOT Pallets

Please mark an 'X' in box if applies

O

S

D

REASON

TOTAL CASES
REJECTED

REC#

REC'D BY

Did Driver Help Unload:

Y N

CUSTOMER ORDER INFORMATION

PO NUMBER	# PKGS	WEIGHT	PALLETS	ADDITIONAL SHIPPER INFORMATION
5881433123	6	93.19	1	5881433123
GRAND TOTAL	6	93.19	1	

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC#	CLASS
1	Case	2	Case	29		MULTI PURPOSE ORGANIZER-12ct	59420-01	125
	Case	3	Case	14.19		6 PK LIGHT AS AIR BLENDING SPONGE 48ct	177320-06	100
	Pallet	1	Pallet	50		PDS TYPE A		110
1		6		93.19		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 Terms:

Collect ☐

Prepaid ☐

Customer check acceptable ☐

NOTE: Liability limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. B 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.

PackList Included: Y ☐ N ☐ Drivers initials

The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.

Agent for Shipper

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 Department of Transportation.

(Signature)

(Date)

Trailer Loaded:

☐ BY Shipper

☐ By Driver

Freight Counted:

☐ By Shipper

☐ By Driver / pallets
said to contain

☐ By Driver / Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.


Number of Pieces

Counted

(Signature)

(Date)

VICS Bill of Lading

SHIP FROM		Order Number: 1633355964	
Address: CHR Consol Center - Carson - Fulfillment City/ST/Zip: 21900 S Wilmington Ave Carson, CA 90810			
SHIP TO			
Name: Wal-Mart #6094 Address: 5801 SW Regional Airport Blvd City/ST/Zip: Bentonville, AR 72712 Contact: Rec (479) 254-3223		CARRIER NAME: Trailer Number: Seal Number(s): SCAC: RBCL Pro Number:	
SEND FREIGHT BILL TO:		Freight Charge Terms: (Freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>	
Name: C.H. Robinson Worldwide, Inc Address: Billing Address 2: P.O. Box 3470 City/ST/Zip: Chicago, IL 60654		WHSE#: _____ Date: _____ FREIGHT BILL RECEIVED IN FULL <input type="checkbox"/> Please mark an 'X' in box if applies PO# 6529257949 TRL# _____ TOT CS REC'D _____ TOT Pallets _____ / _____ REASON _____ TOTAL CASES REJECTED _____ REC# _____ REC'D BY _____ Did Driver Help Unload: _____ Y N	
Order #: 1633355964 Bill To Ref #: 6529257949 Load #: 471988686 SPECIAL INSTRUCTIONS:			
Must Arrive By 04/30/2024			

CUSTOMER ORDER INFORMATION

PO NUMBER	# PKGS	WEIGHT	PALLETS	ADDITIONAL SHIPPER INFORMATION
6529257949	45	756.6	3	6529257949
GRAND TOTAL	45	756.6	3	

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 so 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
3	Case	30	Case	282.6		BEAUTY 2 PK EXFOLIATING BATH GLOVE-48ct	59420-01	125
	Case	12	Case	324		BEAUTY 3PK NETTED SPONGES-72ct	177320-04	175
	Pallet	2	Pallet	100		PDS TYPE A		110
	Pallet	1	Pallet	50		PDS TYPE B		110
3		45		756.6		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 <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. B 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.

PackList Included: Y ___ N ___ Drivers initials _____

Agent for Shipper

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 Department of Transportation. (Signature) _____ (Date) _____	Trailer Loaded: Freight Counted: <input type="checkbox"/> BY Shipper <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver / pallets said to contain <input type="checkbox"/> By Driver / Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Number of Pieces _____ Counted _____ (Signature) _____ (Date) _____
--	--	--

VICS Bill of Lading

SHIP FROM		Order Number: 1633356708	
Address: CHR Consol Center - Carson - Fulfillment City/ST/Zip: 21900 S Wilmington Ave Carson, CA 90810			
SHIP TO		CARRIER NAME:	
Name: Wal-Mart #6094 Address: 5801 SW Regional Airport Blvd City/ST/Zip: Bentonville, AR 72712 Contact: Rec (479) 254-3223		Trailer Number: Seal Number(s): SCAC: RBCL Pro Number:	
SEND FREIGHT BILL TO:		Freight Charge Terms: (Freight charges are prepaid unless marked otherwise)	
Name: C.H. Robinson Worldwide, Inc Address: Billing Address 2: P.O. Box 3470 City/ST/Zip: Chicago, IL 60654		Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> WHSE#: _____ Date: _____	
Order #: 1633356708 Bill To Ref #: 3831175876 Load #: 471988686 SPECIAL INSTRUCTIONS:		FREIGHT BILL RECEIVED IN FULL <input type="checkbox"/> Please mark an 'X' in box if applies PO# 3831175876 TRL# _____ O _____ TOT CS REC'D _____ S _____ TOT Pallets _____ / _____ D _____	
		REASON _____ TOTAL CASES REJECTED _____ REC# _____ REC'D BY _____ Did Driver Help Unload: _____ Y N	
Must Arrive By 04/30/2024			

CUSTOMER ORDER INFORMATION

PO NUMBER	# PKGS	WEIGHT	PALLETS	ADDITIONAL SHIPPER INFORMATION
3831175876	45	502.21	2	3831175876
GRAND TOTAL	45	502.21	2	

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC#	CLASS
2	Case	10	Case	60		SHOWER MASSAGE MITT-72ct	59420-01	125
	Case	6	Case	68.76		2 PC JUMBO MESH SPONGES	177320-05	125
	Case	9	Case	87.3		2 PC BACK BRUSH 24ct	59420-01	125
	Case	3	Case	23.76		DUAL CLEANSING SHOWER BAMBOO PAD-72ct	59420-01	125
	Case	3	Case	32.01		3 SECTION COTTON ORGANIZERS	59420-01	125
	Case	4	Case	22.88		STRETCH WASH CLOTH 48ct	59420-01	125
	Case	5	Case	81.1		PLASTIC BACK BRUSH 48ct	59420-01	125
	Case	3	Case	26.4		FACE BODY DUO 72ct	59420-01	125
	Pallet	2	Pallet	100		PDS TYPE A		110
2		45		502.21		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. B 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.

PackList Included: Y N Drivers initials _____

The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.

Agent for Shipper _____

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 Department of Transportation.

(Signature) _____

(Date) _____

Trailer Loaded:

☐ BY Shipper

☐ By Driver

Freight Counted:

☐ By Shipper

☐ By Driver / pallets said to contain

☐ By Driver / Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Number of Pieces _____

Counted _____

(Signature) _____

(Date) _____

VICS Bill of Lading

SHIP FROM
 Milani Cosmetics
 Address: 2111 E 49th St
 City/ST/Zip: Vernon, CA 90058

SHIP TO
 Name: Wal-Mart #6094
 Address: 5801 SW Regional Airport Blvd
 City/ST/Zip: Bentonville, AR 72712
 Contact: Rec
 (479) 254-3223

SEND FREIGHT BILL TO:
 Name: C.H. Robinson Worldwide, Inc
 Address: Billing
 Address 2: P.O. Box 3470
 City/ST/Zip: Chicago, IL 60654

Order #: 1633364571
 Bill To Ref #: 3431300371
 Load #: 471988686
 SPECIAL INSTRUCTIONS:

Order Number: 1633364571


CARRIER NAME:
 Trailer Number:
 Seal Number(s):
 SCAC: RBCL
 Pro Number:

Freight Charge Terms: (Freight charges are prepaid unless marked otherwise)
 Prepaid ☒ Collect ☐ 3rd Party ☐

WHSE#: _____ Date: _____
 FREIGHT BILL RECEIVED IN FULL ☐ Please mark an 'X' in box if applies

PO# 3431300371
 TRL# _____
 TOT CS REC'D _____
 TOT Pallets _____

REASON _____ TOTAL CASES REJECTED _____

REC# _____
 REC'D BY _____
 Did Driver Help Unload: _____ Y N

Must Arrive By 04/30/2024

CUSTOMER ORDER INFORMATION

PO NUMBER	# PKGS	WEIGHT	PALLETS	ADDITIONAL SHIPPER INFORMATION
3431300371	98	588	1	3431300371
GRAND TOTAL	98	588	1	

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 so 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
1	Cartons	98	Cartons	588		Cosmetics		
1		98		588		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. B 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.

PackList Included: Y N Drivers Initials _____

The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.

Agent for Shipper _____

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 Department of Transportation.

(Signature)

(Date)

Trailer Loaded:

☐ BY Shipper

☐ By Driver

Freight Counted:

☐ By Shipper

☐ By Driver / pallets said to contain

☐ By Driver / Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Number of Pieces _____

Counted _____

(Signature)

(Date)

VICS Bill of Lading

SHIP FROM
 Pentel (CA) (PCA)
 Address: 4000 E Airport Dr
 Address 2: STE C
 City/ST/Zip: Ontario, CA 91761

SHIP TO
 Name: Wal-Mart #6094
 Address: 5801 SW Regional Airport Blvd
 City/ST/Zip: Bentonville, AR 72712
 Contact: Rec
 (479) 254-3223

SEND FREIGHT BILL TO:
 Name: C.H. Robinson Worldwide, Inc
 Address: Billing
 Address 2: P.O. Box 3470
 City/ST/Zip: Chicago, IL 60654

Order #: 1633378159
 Bill To Ref #: 1186397
 Load #: 471988686
 SPECIAL INSTRUCTIONS:

Must Arrive By 04/30/2024

Order Number: 1633378159


CARRIER NAME:
 Trailer Number:
 Seal Number(s):
 SCAC: RBCL
 Pro Number:

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

Prepaid ☒ Collect ☐ 3rd Party ☐

WHSE#: _____ Date: _____
 FREIGHT BILL RECEIVED IN FULL ☐ Please mark an 'X' in box if applies

PO# 8679815576
 TRL# _____
 TOT CS REC'D _____
 TOT Pallets _____ / _____
 O _____
 S _____
 D _____

REASON _____ TOTAL CASES REJECTED _____

REC# _____
 REC'D BY _____
 Did Driver Help Unload: _____ Y N

CUSTOMER ORDER INFORMATION

PO NUMBER	# PKGS	WEIGHT	PALLETS	ADDITIONAL SHIPPER INFORMATION
8679815576	75	219	1	1186397
GRAND TOTAL	75	219	1	

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 so 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
1	Pieces	75	Pieces	219		Pens or Markers	179060 Sub 02	85
1		75		219		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. B 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.

PackList Included: Y N Drivers initials _____

The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.

Agent for Shipper _____

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 Department of Transportation.

(Signature) _____

(Date) _____

Trailer Loaded:

☐ BY Shipper

☐ By Driver

Freight Counted:

☐ By Shipper

☐ By Driver / pallets said to contain

☐ By Driver / Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Number of Pieces _____

Counted _____

(Signature) _____

(Date) _____

VICS Bill of Lading

SHIP FROM

Nichols Farms
Address: 13762 First Avenue
City/ST/Zip: Hanford, CA 93230

SHIP TO

Name: Wal-Mart #6094
Address: 5801 SW Regional Airport Blvd
City/ST/Zip: Bentonville, AR 72712
Contact: Rec
(479) 254-3223

SEND FREIGHT BILL TO:

Name: C.H. Robinson Worldwide, Inc
Address: Billing
Address 2: P.O. Box 3470
City/ST/Zip: Chicago, IL 60654

Order #: 1633381775
Bill To Ref #: S021688
Load #: 471988686

SPECIAL INSTRUCTIONS:

Total Cases 123. RECEIVER MUST WRITE ON DR IF SHRINK WRAP IS INTACT OR NOT IF MISSING CASES. MABD 4/30/2024

Must Arrive By 04/30/2024

Order Number: 1633381775



CARRIER NAME:

Trailer Number:

Seal Number(s):

SCAC: RBCL

Pro Number:

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

Prepaid ☒ Collect ☐ 3rd Party ☐

WHSE#: Date:

FREIGHT BILL RECEIVED IN FULL ☐ Please mark an 'X' in box if applies

PO# 6830729509

TRL#

TOT CS REC'D

TOT Pallets

O

S

D

REASON

TOTAL CASES
REJECTED

REC#

REC'D BY

Did Driver Help Unload: Y N

CUSTOMER ORDER INFORMATION

PO NUMBER	# PKGS	WEIGHT	PALLETS	ADDITIONAL SHIPPER INFORMATION
6830729509	123	438.25	2	S021688
GRAND TOTAL	123	438.25	2	

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC#	CLASS
1	Case	123	Case	438.25		Pistachios	141740	70
1		123		438.25		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. B 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.

PackList Included: Y N Drivers Initials

The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.

Agent for Shipper

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 Department of Transportation.

(Signature) (Date)

Trailer Loaded:

☐ BY Shipper

☐ By Driver

Freight Counted:

☐ By Shipper

☐ By Driver / pallets
said to contain

☐ By Driver / Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Number of Pieces

Counted

(Signature)

(Date)

VICS Bill of Lading

SHIP FROM

Nichols Farms
Address: 13762 First Avenue
City/ST/Zip: Hanford, CA 93230

SHIP TO

Name: Wal-Mart #6094
Address: 5801 SW Regional Airport Blvd
City/ST/Zip: Bentonville, AR 72712
Contact: Rec
(479) 254-3223

SEND FREIGHT BILL TO:

Name: C.H. Robinson Worldwide, Inc
Address: Billing
Address 2: P.O. Box 3470
City/ST/Zip: Chicago, IL 60654

Order #: 1633381867
Bill To Ref #: S021649
Load #: 471988686

SPECIAL INSTRUCTIONS:

Total Cases 660. RECEIVER MUST WRITE ON DR IF SHRINK WRAP IS INTACT OR NOT IF MISSING CASES. MABD 4/30/2024

Must Arrive By 04/30/2024

Order Number: 1633381867



CARRIER NAME:

Trailer Number:

Seal Number(s):

SCAC: RBCL

Pro Number:

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

Prepaid ☒ Collect ☐ 3rd Party ☐

WHSE#: _____ Date: _____

FREIGHT BILL RECEIVED IN FULL

☐ Please mark an 'X' in box if applies

PO# 9281471371

TRL# _____

TOT CS REC'D _____

TOT Pallets _____

O _____

S _____

D _____

REASON _____

TOTAL CASES REJECTED _____

REC# _____

REC'D BY _____

Did Driver Help Unload: _____ Y N

CUSTOMER ORDER INFORMATION

PO NUMBER	# PKGS	WEIGHT	PALLETS	ADDITIONAL SHIPPER INFORMATION
9281471371	660	3,002.88	6	S021649
GRAND TOTAL	660	3002.88	6	

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 so 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
3	Case	660	Case	3,002.88		Pistachios	141740	70
3		660		3002.88		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. B 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.

PackList Included: Y N Drivers initials _____

The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.

Agent for Shipper _____

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 Department of Transportation.

(Signature)

(Date)

Trailer Loaded:

☐ BY Shipper

☐ By Driver

Freight Counted:

☐ By Shipper

☐ By Driver / pallets said to contain

☐ By Driver / Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Number of Pieces _____

Counted _____

(Signature)

(Date)

VICS Bill of Lading

SHIP FROM

Name: Robinson Pharma
Address: 1585 MacArthur Blvd
City/ST/Zip: Costa Mesa, CA 92626

SHIP TO

Name: Wal-Mart #6094
Address: 5801 SW Regional Airport Blvd
City/ST/Zip: Bentonville, AR 72712
Contact: Rec
(479) 254-3223

SEND FREIGHT BILL TO:

Name: C.H. Robinson Worldwide, Inc
Address: Billing
Address 2: P.O. Box 3470
City/ST/Zip: Chicago, IL 60654

Order #: 1633383222
Bill To Ref #: 9031182970
Load #: 471988686
SPECIAL INSTRUCTIONS:

Must Arrive By 04/30/2024

Order Number: 1633383222



CARRIER NAME:

Trailer Number:

Seal Number(s):

SCAC: RBCL

Pro Number:

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

Prepaid ☒ Collect ☐ 3rd Party ☐

WHSE#: _____ Date: _____

FREIGHT BILL RECEIVED IN FULL

PO# 9031182970

TRL# _____

TOT CS REC'D _____

TOT Pallets _____

Please mark an 'X' in box if applies

O _____

S _____

D _____

REASON _____

TOTAL CASES REJECTED _____

REC# _____

REC'D BY _____

Did Driver Help Unload: _____

Y N

CUSTOMER ORDER INFORMATION

PO NUMBER	# PKGS	WEIGHT	PALLETS	ADDITIONAL SHIPPER INFORMATION
9031182970	98	241.4	1	9031182970
GRAND TOTAL	98	241.4	1	

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION Commodities requiring special or additional care or 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 360	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC#	CLASS
1	Cartons	98	Cartons	241.4			Vitamin/ Supplements	
1		98		241.4		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. B 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.

PackList Included: Y N Drivers initials _____

The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.

Agent for Shipper _____

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Number of Pieces _____ Counted _____

(Signature) _____ (Date) _____

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 Department of Transportation.

(Signature) _____ (Date) _____

Trailer Loaded:

☐ BY Shipper

☐ By Driver

Freight Counted:

☐ By Shipper

☐ By Driver / pallets said to contain

☐ By Driver / Pieces

VICS Bill of Lading

SHIP FROM

Beauty 21 Cosmetics
Address: 2021 Archibald Ave
City/ST/Zip: ONTARIO, CA 91761-8535

SHIP TO

Name: Wal-Mart #6094
Address: 5801 SW Regional Airport Blvd
City/ST/Zip: Bentonville, AR 72712
Contact: Rec
(479) 254-3223

SEND FREIGHT BILL TO:

Name: C.H. Robinson Worldwide, Inc
Address: Billing
Address 2: P.O. Box 3470
City/ST/Zip: Chicago, IL 60654

Order #: 1633414375
Bill To Ref #: 5881433126
Load #: 471988686
SPECIAL INSTRUCTIONS:

Must Arrive By 04/30/2024

Order Number: 1633414375



CARRIER NAME:

Trailer Number:

Seal Number(s):

SCAC: RBCL

Pro Number:

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

Prepaid ☒ Collect ☐ 3rd Party ☐

WHSE#: Date:

FREIGHT BILL RECEIVED IN FULL

☐ Please mark an 'X' in box if applies

PO# (see below)

TRL#

TOT CS REC'D

TOT Pallets

O

S

D

REASON

TOTAL CASES REJECTED

REC#

REC'D BY

Did Driver Help Unload:

Y N

CUSTOMER ORDER INFORMATION

PO NUMBER	# PKGS	WEIGHT	PALLETS	ADDITIONAL SHIPPER INFORMATION
5881433125	168	882	1	5881433126
3981600302	102	616	1	5881433126
GRAND TOTAL	270	1498	2	

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC#	CLASS
2	Case	168	Case	882		Cosmetics	59420	85
	Case	102	Case	616		Cosmetics	59420	85
2		270		1498		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. B 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.

PackList Included: Y N Drivers Initials

The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.

Agent for Shipper

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Number of Pieces

Counted

(Signature)

(Date)

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 Department of Transportation.

Trailer Loaded:

Freight Counted:

☐ BY Shipper

☐ By Shipper

☐ By Driver

☐ By Driver / pallets said to contain

☐ By Driver / Pieces

(Signature)

(Date)

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date 4/26/2024

Nichols Farms
13762 First Avenue
Hanford, CA 93230
Shipping (559) 302-7661
Reference Number: S021649

Carrier:	Zigi Freight Inc
Pro#:	
CHR Order#:	1633381867
Ship ID#:	S021649

Consignee: Due Date 4/29/2024

Wal-Mart #6094
5801 SW Regional Airport Blvd
Bentonville, AR 72712
Rec (479) 254-3223
Reference Number: 9281471371

All Freight charges PPD/3rd party bill to:

C.H. Robinson Worldwide, Inc
Billing
P.O. Box 3470
Chicago, IL 60654

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
PO: 9281471371		Pistachios	660 Case	3.00	3003	Dry	141740 70
			660	3	3003		

Shipper Special Instructions:

NUT WEIGHT 2702.88

Consignee Special Instructions:

Total Cases 660. RECEIVER MUST WRITE ON DR IF SHRINK WRAP IS INTACT OR NOT IF MISSING CASES. MABD 4/30/2024

Comments:

For problems with this shipment, please email CENTOP19@chrobinson.com and NicholsPistachios@chrobinson.com

The Shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

Shipper Signature X _____ Date: _____ Trailer# _____

Consignee Signature X _____ Date: _____ Seal# _____

Driver Signature X _____ Date: _____ Seal# _____

Permanent post-office address of shipper.

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date 4/26/2024

Robinson Pharma
1585 MacArthur Blvd
Costa Mesa, CA 92626
Nhan (714) 951-2868
Reference Number:

Carrier:	Zigi Freight Inc
Pro#:	
CHR Order#:	
Ship ID#:	9031182970

Consignee: Due Date 4/29/2024

Wal-Mart #6094
5801 SW Regional Airport Blvd
Bentonville, AR 72712
Rec (479) 254-3223
Reference Number:

All Freight charges PPD/3rd party bill to:

C.H. Robinson Worldwide, Inc
Billing
P.O. Box 3470
Chicago, IL 60654

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
PO: 9031182970	SKU: 9031182970	Vitamin/ Supplements	98 Cartons	1.00	241	Dry	85
			98	1	241		

Shipper Special Instructions:

Consignee Special Instructions:

Comments:

For problems with this shipment, please contact CH Robinson at 480.513.6530.

The Shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

Shipper Signature X _____ Date: _____ Trailer# _____

Consignee Signature X _____ Date: _____ Seal# _____

Driver Signature X _____ Date: _____ Seal# _____

Permanent post-office address of shipper.

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date 4/26/2024

Beauty 21 Cosmetics
2021 Archibald Ave
ONTARIO, CA 91761-8535
W8287611appt (909) 945-2220

Reference Number:

Carrier:	Zigi Freight Inc
Pro#:	
CHR Order#:	1633414375
Ship ID#:	5881433126

Consignee: Due Date 4/29/2024

Wal-Mart #6094
5801 SW Regional Airport Blvd
Bentonville, AR 72712
Rec (479) 254-3223

Reference Number:

All Freight charges PPD/3rd party bill to:

C.H. Robinson Worldwide, Inc
Billing
P.O. Box 3470
Chicago, IL 60654

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
PO: 5881433125		Cosmetics	168 Case	2.00	882	Dry	59420 85
PO: 3981600302		Cosmetics	102 Case		616	Dry	59420 85
			270	2	1498		

Shipper Special Instructions:**Consignee Special Instructions:****Comments:**

For problems with this shipment, please email CENTOP19@chrobinson.com

The Shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

Shipper Signature X _____ Date: _____ Trailer# _____

Consignee Signature X _____ Date: _____ Seal# _____

Driver Signature X _____ Date: _____ Seal# _____

Permanent post-office address of shipper.

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date 4/26/2024

CHR Consol Center - Carson - Fulfillment

21900 S Wilmington Ave

Carson, CA 90810

W66466337-APPT (310) 763-6077

Reference Number:

Carrier:	Zigi Freight Inc
Pro#:	
CHR Order#:	
Ship ID#:	3831175876

Consignee: Due Date 4/29/2024

Wal-Mart #6094

5801 SW Regional Airport Blvd

Bentonville, AR 72712

Rec (479) 254-3223

Reference Number:

All Freight charges PPD/3rd party bill to:

C.H. Robinson Worldwide, Inc

Billing

P.O. Box 3470

Chicago, IL 60654

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
PO: 3831175876	SKU: 88147	SHOWER MASSAGE MITT-72ct	10 Case	2.00	60	Dry	59420-01 125
	Dimensions: L 14.8in x W 10.7in x H 7.8in						
PO: 3831175876	SKU: 88152	2 PC JUMBO MESH SPONGES	6 Case		69	Dry	177320-05 125
	Dimensions: L 15.0in x W 10.0in x H 20.0in						
PO: 3831175876	SKU: 88156	2 PC BACK BRUSH 24ct	9 Case		87	Dry	59420-01 125
	Dimensions: L 17.0in x W 13.5in x H 13.0in						
PO: 3831175876	SKU: 88157	DUAL CLEANSING SHOWER BAMBOO PAD-72ct	3 Case		24	Dry	59420-01 125
	Dimensions: L 15.55in x W 10.43in x H 12.6in						
PO: 3831175876	SKU: 88172	3 SECTION COTTON ORGANIZERS	3 Case		32	Dry	59420-01 125
	Dimensions: L 15.16in x W 13.19in x H 13.39in						
PO: 3831175876	SKU: 88174	STRETCH WASH CLOTH 48ct	4 Case		23	Dry	59420-01 125
	Dimensions: L 10.04in x W 7.09in x H 14.96in						
PO: 3831175876	SKU: 88175	PLASTIC BACK BRUSH 48ct	5 Case		81	Dry	59420-01 125
	Dimensions: L 19.6in x W 13.3in x H 12.53in						
PO: 3831175876	SKU: 88176	FACE BODY DUO 72ct	3 Case		26	Dry	59420-01 125
	Dimensions: L 17.13in x W 12.6in x H 16.54in						
PO: 3831175876	SKU: PDS TYPE A A	PDS TYPE A	2 Pallet		100	Dry	110
	Dimensions: L 48.0in x W 40.0in x H 6.0in						
			45	2	502		

Shipper Special Instructions:**Consignee Special Instructions:****Comments:**

The Shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

Shipper Signature: _____

Date: _____

Trailer# _____

Shipper Signature X _____

Date: _____

Trailer # _____

Consignee Signature X _____

Date: _____

Seal # _____

Driver Signature X _____

Date: _____

Seal # _____

Permanent post-office address of shipper.

RIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date 4/26/2024

CHR Consol Center - Carson - Fulfillment
21900 S Wilmington Ave
Carson, CA 90810
W66466337-APPT (310) 763-6077
Reference Number:

Carrier:	Zigi Freight Inc
Pro#:	
CHR Order#:	
Ship ID#:	3831175876

Consignee: Due Date 4/29/2024

Wal-Mart #6094
5801 SW Regional Airport Blvd
Bentonville, AR 72712
Rec (479) 254-3223
Reference Number:

All Freight charges PPD/3rd party bill to:

C.H. Robinson Worldwide, Inc
Billing
P.O. Box 3470
Chicago, IL 60654

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
PO: 3831175876	SKU: 88147	SHOWER MASSAGE MITT-72ct	10 Case	2.00	60	Dry	59420-01 125
	Dimensions: L 14.8in x W 10.7in x H 7.8in						
PO: 3831175876	SKU: 88152	2 PC JUMBO MESH SPONGES	6 Case		69	Dry	177320-05 125
	Dimensions: L 15.0in x W 10.0in x H 20.0in						
PO: 3831175876	SKU: 88156	2 PC BACK BRUSH 24ct	9 Case		87	Dry	59420-01 125
	Dimensions: L 17.0in x W 13.5in x H 13.0in						
PO: 3831175876	SKU: 88157	DUAL CLEANSING SHOWER BAMBOO PAD-72ct	3 Case		24	Dry	59420-01 125
	Dimensions: L 15.55in x W 10.43in x H 12.6in						
PO: 3831175876	SKU: 88172	3 SECTION COTTON ORGANIZERS	3 Case		32	Dry	59420-01 125
	Dimensions: L 15.16in x W 13.19in x H 13.39in						
PO: 3831175876	SKU: 88174	STRETCH WASH CLOTH 48ct	4 Case		23	Dry	59420-01 125
	Dimensions: L 10.04in x W 7.09in x H 14.96in						
PO: 3831175876	SKU: 88175	PLASTIC BACK BRUSH 48ct	5 Case		81	Dry	59420-01 125
	Dimensions: L 19.6in x W 13.3in x H 12.53in						
PO: 3831175876	SKU: 88176	FACE BODY DUO 72ct	3 Case		26	Dry	59420-01 125
	Dimensions: L 17.13in x W 12.6in x H 16.54in						
PO: 3831175876	SKU: PDS TYPE PDS TYPE A A		2 Pallet		100	Dry	110
	Dimensions: L 48.0in x W 40.0in x H 6.0in						
			45	2	502		

Shipper Special Instructions:

Consignee Special Instructions:

Comments:

The Shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

Shipper Signature:

Date:

Trailer#

DC 6094	DATE 4/29/24
PO# 3831175876	
FREIGHT BILL RECEIVED IN FULL	<input type="checkbox"/>
TRLR# 26232	O 2
TOT CS REC 45	S
TOT PLTS	D
TOTAL CASES REJECTED R	
REASON	
REC# 399716	
REC'D BY General Linne	

Signature X _____

Date: _____

Trailer# _____

Consignee Signature X _____

Date: _____

Seal# _____

Driver Signature X _____

Date: _____

Seal# _____

Permanent post-office address of shipper.

04/26/2024

VICIS Bill of Lading

SHIP FROM

Order Number: 1633355963



CARRIER NAME:

Trailer Number:

Seal Number(s):

SCAC: RBCL

Pro Number:

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

Prepaid ☒ Collect ☐ 3rd Party ☐

WHSE#: Date: 4/24/24

FREIGHT BILL RECEIVED IN FULL ☒ Please mark an 'X' in box if applies

PO# 5881433123

TRL# 26032

TOT CS REC'D

TOT Pallets 1

O

S

D

REASON TOTAL CASES REJECTED

REC#

REC'D BY

Did Driver Help Unload: ☒ N

Must Arrive By 04/30/2024

CUSTOMER ORDER INFORMATION

PO NUMBER	# PKGS	WEIGHT	PALLETS	ADDITIONAL SHIPPER INFORMATION
5881433123	6	93.19	1	5881433123
GRAND TOTAL	6	93.19	1	

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 so 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
1	Case	2	Case	29		MULTI PURPOSE ORGANIZER-12ct	59420-01	125
	Case	3	Case	14.19		6 PK LIGHT AS AIR BLENDING SPONGE 48ct	177320-06	100
	Pallet	1	Pallet	50		PDS TYPE A		110
1		6		93.19		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. B 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.

PackList Included: Y ☐ N ☐ Drivers initials _____

The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.

Agent for Shipper _____

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 Department of Transportation.

(Signature)

(Date)

Trailer Loaded:

☐ BY Shipper☐ By Driver

Freight Counted:

☐ By Shipper☐ By Driver / pallets said to contain☐ By Driver / Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Number of Pieces

Counted

(Signature)

(Date)

Freight Bill of Lading - Short Form - Original - Not Negotiable

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date 4/26/2024

CHR Consol Center - Carson - Fulfillment
21900 S Wilmington Ave
Carson, CA 90810
W66466337-APPT (310) 763-6077
Reference Number:

Carrier:	Zigi Freight Inc
Pro#:	
CHR Order#:	
Ship ID#:	5881433123

Consignee: Due Date 4/29/2024

Wal-Mart #6094
5801 SW Regional Airport Blvd
Bentonville, AR 72712
Rec (479) 254-3223
Reference Number:

All Freight charges PPD/3rd party bill to:

C.H. Robinson Worldwide, Inc
Billing
P.O. Box 3470
Chicago, IL 60654

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
PO: 5881433123	SKU: 88127	MULTI PURPOSE ORGANIZER-12ct Dimensions: L 22.1in x W 10.4in x H 15.4in	2 Case	1.00	29	Dry	59420-01 125
PO: 5881433123	SKU: 88167	6 PK LIGHT AS AIR BLENDING SPONGE 48ct Dimensions: L 11.22in x W 8.27in x H 10.63in	3 Case		14	Dry	177320-06 100
PO: 5881433123	SKU: PDS TYPE PDS TYPE A A Dimensions: L 48.0in x W 40.0in x H 6.0in		1 Pallet		50	Dry	110
				6	1	93	

Shipper Special Instructions:

Consignee Special Instructions:

Comments:

The Shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

Shipper Signature X _____ Date: _____ Trailer# _____
Consignee Signature X _____ Date: _____ Seal# _____
Driver Signature X _____ Date: _____ Seal# _____

Permanent post-office address of shipper.

DC 6094	DATE 4/29/24
PO#	
FREIGHT BILL RECEIVED IN FULL	<input checked="" type="checkbox"/>
TRLR#	O
TOT CS REC	S
TOT PLTS	D
TOTAL CASES REJECTED R	
REASON	
REC#	
REC'D BY: <i>Deborah L. Anne</i>	
DRV HELPED UNLOAD: Y	N 2

04/26/2024

VICIS Bill of Lading

SHIP FROM

Name: CHR Consol Center - Carson - Fulfillment
Address: 21900 S Wilmington Ave
City/ST/Zip: Carson, CA 90810

SHIP TO

Name: Wal-Mart #6094
Address: 5801 SW Regional Airport Blvd
City/ST/Zip: Bentonville, AR 72712
Contact: Rec
(479) 254-3223

SEND FREIGHT BILL TO:

Name: C.H. Robinson Worldwide, Inc
Address: Billing
Address 2: P.O. Box 3470
City/ST/Zip: Chicago, IL 60654

Order #: 1633355964
Bill To Ref #: 6529257949
Load #: 471988686

SPECIAL INSTRUCTIONS:

Must Arrive By 04/30/2024

Order Number: 1633355964



CARRIER NAME:

Trailer Number:

Seal Number(s):

SCAC: RBCL

Pro Number:

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

Prepaid ☒ Collect ☐ 3rd Party ☐

WHSE#: Date: 4/29/24

FREIGHT BILL RECEIVED IN FULL ☒ Please mark an 'X' in box if applies

PO# 6529257949

TRL# 26732

TOT CS REC'D 4243 p/s

TOT Pallets 1

O

S

D

REASON

TOTAL CASES
REJECTED

REC#

REC'D BY

Did Driver Help Unload: Y ☒ N ☐

CUSTOMER ORDER INFORMATION

PO NUMBER	# PKGS	WEIGHT	PALLETS	ADDITIONAL SHIPPER INFORMATION
6529257949	45	756.6	3	6529257949
GRAND TOTAL	45	756.6	3	

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 so 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
3	Case	30	Case	282.6		BEAUTY 2 PK EXFOLIATING BATH GLOVE-48ct	59420-01	125
	Case	12	Case	324		BEAUTY 3PK NETTED SPONGES-72ct	177320-04	175
	Pallet	2	Pallet	100		PDS TYPE A		110
	Pallet	1	Pallet	50		PDS TYPE B		110
3		45		756.6		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. B 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.

PackList Included: Y ☐ N ☐ Drivers initials

The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.

Agent for Shipper

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 Department of Transportation.

(Signature)

(Date)

Trailer Loaded:

☐ BY Shipper☐ By Driver

Freight Counted:

☐ By Shipper☐ By Driver / pallets
said to contain☐ By Driver / Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Number of Pieces

Counted

(Signature)

(Date)

BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date 4/26/2024

CHR Consol Center - Carson - Fulfillment
21900 S Wilmington Ave
Carson, CA 90810
W66466337-APPT (310) 763-6077
Reference Number:

Carrier:	Zigi Freight Inc
Pro#:	
CHR Order#:	
Ship ID#:	6529257949

Consignee: Due Date 4/29/2024

Wal-Mart #6094
5801 SW Regional Airport Blvd
Bentonville, AR 72712
Rec (479) 254-3223
Reference Number:

All Freight charges PPD/3rd party bill to:

C.H. Robinson Worldwide, Inc
Billing
P.O. Box 3470
Chicago, IL 60654

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
PO: 6529257949	SKU: 88153	BEAUTY 2 PK EXFOLIATING BATH GLOVE-48ct	30 Case	3.00	283	Dry	59420-01 125
	Dimensions: L 17.91in x W 10.63in x H 12.6in						
PO: 6529257949	SKU: 88154	BEAUTY 3PK NETTED SPONGES-72ct	12 Case		324	Dry	177320-04 175
	Dimensions: L 21.5in x W 19.5in x H 19.0in						
PO: 6529257949	SKU: PDS TYPE PDS TYPE A A		2 Pallet		100	Dry	110
	Dimensions: L 48.0in x W 40.0in x H 6.0in						
PO: 6529257949	SKU: PDS TYPE PDS TYPE B B		1 Pallet		50	Dry	110
	Dimensions: L 48.0in x W 40.0in x H 6.0in						
				45	3	757	

Shipper Special Instructions:

Consignee Special Instructions:

Comments:

The Shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

Shipper Signature X _____ Date: _____ Trailer# _____

Consignee Signature X _____ Date: _____ Seal# _____

Driver Signature X _____ Date: _____ Seal# _____

Permanent post-office address of shipper.

DC 6094	DATE <u>4/29/24</u>
PO#	
FREIGHT BILL RECEIVED IN FULL <input checked="" type="checkbox"/>	
TRLR#	O
TOT CS REC	S
TOT PLTS	D
TOTAL CASES REJECTED R	
REASON	
REC#	
REC'D BY: <u>[Signature]</u>	
DRV HELPED UNLOAD: <u>[Signature]</u>	

04/19/2024

SHIP FROM

Address: Pentel (CA) (PCA)
4000 E Airport Dr
Address 2: STE C
City/ST/Zip: Ontario, CA 91761

SHIP TO

Name: Wal-Mart #6094
Address: 5801 SW Regional Airport Blvd
City/ST/Zip: Bentonville, AR 72712
Contact: Rec
(479) 254-3223

SEND FREIGHT BILL TO:

Name: C.H. Robinson Worldwide, Inc
Address: Billing
Address 2: P.O. Box 3470
City/ST/Zip: Chicago, IL 60654

Order #: 1633378159
Bill To Ref #: 1186397
Load #: 471988686
SPECIAL INSTRUCTIONS:

Must Arrive By 04/30/2024

Order Number: 1633378159



CARRIER NAME:

Trailer Number:

Seal Number(s):

SCAC: RBCL

Pro Number:

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

Prepaid ☒ Collect ☐ 3rd Party ☐

WHSE#: Date: 4/29/24

FREIGHT BILL RECEIVED IN FULL ☐ Please mark an 'X' in box if applies

PO# 8679815576

TRL# 26232

TOT CS REC'D 70

TOT Pallets 1

O
S
D

REASON

TOTAL CASES
REJECTED

REC# 394747

REC'D BY *[Signature]*

Did Driver Help Unload: ☒ Y ☐ N

CUSTOMER ORDER INFORMATION

PO NUMBER	# PKGS	WEIGHT	PALLETS	ADDITIONAL SHIPPER INFORMATION
8679815576	75	219	1	1186397
GRAND TOTAL	75	219	1	

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 so 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
1	Pieces	75	Pieces	219		Pens or Markers	179060 Sub 02	85
1		75		219		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. B 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.

PackList Included: Y ☐ N ☐ Drivers Initials

The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.

Agent for Shipper

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 Department of Transportation.

(Signature)

(Date)

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 information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Number of Pieces

Counted

(Signature)

(Date)

RIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date 4/26/2024

Pentel CA
4000 E Airport Dr
STE C
Ontario, CA 91761
PENTEL (310) 320-3831
Reference Number: 1186397

Carrier:	Zigi Freight Inc
Pro#:	
CHR Order#:	1633378159
CHR Confirm#:	NAV9470759
Ship ID#:	1186397

Consignee: Due Date 4/29/2024

Wal-Mart #6094
5801 SW Regional Airport Blvd
Bentonville, AR 72712
Shipping (000) 000-0000
Reference Number: 8679815576

All Freight charges PPD/3rd party bill to:
C.H. Robinson Worldwide, Inc
Billing
P.O. Box 3470
Chicago, IL 60654

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
PO: 8679815576		Pens or Markers	75 Pieces	1.00	219	Dry	179060 Sub 02 85
			75	1	219		

Shipper Special Instructions:

Consignee Special Instructions:

Comments:

For any problems with this shipment please reach out to 29-CentralOps@CHRobinson.com

The Shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

Shipper Signature X _____ Date: _____ Trailer# _____
Consignee Signature X _____ Date: _____ Seal# _____
Driver Signature X _____ Date: _____ Seal# _____

Permanent post-office address of shipper.

DC 6094	DATE 4/29/24
PO# 8679815576	
FREIGHT BILL RECEIVED IN FULL <input type="checkbox"/>	
TITLE# 26232	O
TOT SS REC 70	S 5
TOT PLS	D
TOTAL CASES REJECTED R	
REASON	
REC# 399747	
RECD BY [Signature]	
DRY HELPED UNLOAD: [Signature]	

Trailer Control Record

DC#: 6094

TCR: 5dc94ed7-424d-4daa-a10c-50629c8b26d4

Trailer Number	Carrier	Delivery Number	Appointment Time	Arrival Date
26232	RBCL	26436237	04/29/2024 05:15	04/29/2024 06:45:30 <i>late</i>

Arrival Information

Inbound Seal #: 25306619 Sealed at Gate: N Intact: Y
 AP Associate: aja00f2 Current Seal #: 25306619 Load ID#: 204122593
 Comments: Please send ppwk to CHRWMPODchrobinsoncom reference the Del number

Delivery

Cases: SSTK 3111 ASM 455 DSDC 98 Total: 3664

Receiving Dock

Door #: 278 Assigned by: crb00hn Closed by: crb00hn
 Unloader: crb00hn Unload Start Time: 04/29/2024 07:42:57 Unload End Time: 04/29/2024 07:43:38
 Driver Arrival at Window: 04/29/2024 07:03 *late* Paperwork Available at Window: 04/29/2024 11:44

Receiving Office

Drop: N Driver Unload:
 Commodity: SSTK
 Tractor #: 774

Return/Transfer

Trailer Empty: Y
 Return Contents: Reason:
 Description:

Seal Information

Seal Number: 25306619 Sealed By: aja00f2

Receiving Office

Trailer Resealed By: aja00f2

Outbound Information

AP Associate: *Rebecca M. Daniels* D/T: Outbound Seal #:

Door Change Log

Timestamp	Event	User
04/29/2024 10:33:14	Move completed to door 6094 - 278	kharr12



Equip ID	26232	Status	AP
Equip Arrival	04/29/24 06:45	Temp1	
Carrier	RBCL	Temp2	
Seal	25306619	Temp3	
Reseal		Fuel Lvl	
DoorZone	Sub1 278	Dept	SSTK
Del Date	04/29/24 05:15	Type	53

I have read and understand the posted copy of WalMart's Appointment Drop Rules and Regulations

Driver Signature *[Signature]*



Delivery# 26436237

DC 6094