



**Bill to:**  
GREAT PLAINS TRANSPORT  
PO BOX 752,  
West Fargo,  
ND,  
58078

Invoice Date: 05/22/2024  
Invoice #: 0199119  
Terms: NET 30  
Due Date: 06/22/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
05/21/2024		808 Fontaine St, KENTON OH 43326 - 9510 Rodney Street, PINEVILLE NC 28134			
			1	\$1,300.00	\$1,300.00

<b>TOTAL</b>
\$1,300.00

**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**



Great Plains Transport  
PO Box 752  
West Fargo, ND 58078  
(701) 281-3006 (701) 365-0918

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Load Confirmation

0199119

<b>Carrier:</b>	Brz	<b>Contact:</b>	Steve Tatum
	Burbank IL 604592734	<b>Phone:</b>	7083035150
<b>Date:</b>	05/21/2024	<b>Fax:</b>	
<b>Order</b>	<b>Order:</b> 0199119	<b>Commodity:</b>	Dry Products
	<b>Miles:</b> 503.0	<b>Weight:</b>	14780.4
	<b>Temp:</b>	<b>Trailer:</b>	Van (DAT)
	<b>BOL:</b> 1388291	<b>Reference:</b>	504372609

<b>PU 1</b>	<b>Name:</b> Graphic Packaging	<b>Date:</b> 05/21/2024 1330
	<b>Address:</b> 808 Fontaine St	
	KENTON OH 43326	<b>Contact:</b> Appointments
	<b>Phone:</b> PU # IS PO #	<b>Driver Load:</b> No driver loading or unload
	<b>Reference number:</b> LI 504372609	
	<b>Reference number:</b> LM 508.3	
	<b>Reference number:</b> PO 1388291	
	<b>Reference number:</b> SI 904444151	
	<b>Reference number:</b> TP DRY	

<b>SO 2</b>	<b>Name:</b> Quality Custom Dist	<b>Date:</b> 05/22/2024 0400
	<b>Address:</b> 9510 Rodney Street	
	PINEVILLE NC 28134	<b>Contact:</b>
	<b>Phone:</b>	<b>Driver Load:</b> No driver loading or unload
	<b>Reference number:</b> LI 504372609	
	<b>Reference number:</b> LM 508.3	
	<b>Reference number:</b> PO 1388291	
	<b>Reference number:</b> SI 904444151	
	<b>Reference number:</b> TP DRY	

<b>Payment</b>	<b>Carrier Freight Pay:</b>	\$1,300.00
	<b>Total Carrier Pay:</b>	\$1,300.00



Attention: **Colin Guare**  
701-532-3723

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Graphic Packaging - BARPIPA: \*\*Please send POD immediatly upon delivery\*\*

Carrier Instructions and Requirements: This form must be completed and returned before driver can be loaded. Accessorials must be reported and receipt sent to the broker within 24 hours of occurrence for reimbursement.

Weight is estimated, all rates are flat regardless of the weight.

Tracking is required for all loads or the \$250 tracking will not be paid on the rate confirmation.

Detention will not be paid if tracking is not done.

Invoices and paperwork must be uploaded to <https://gpth.loadtracking.com/login>. Please reach out to your broker for a login. Payment status also available in the portal.

Quick pay invoices need to be emailed to [QP@greatplainstransport.com](mailto:QP@greatplainstransport.com) with Quick Pay in the subject line.

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Please Sign: *Steve Tatum*

Driver Name:Revenet Vainqueur

Driver Cell: (786) 389-9288

Driver Email:

Tractor #: 826

Trailer #: H03234

(X) Accept

( ) Decline

Attention: **Colin Guare**  
701-532-3723







STRAIGHT BILL OF LADING - SHORT FORM ORIGINAL  
- NOT NEGOTIABLE

RECEIVED, Subject to classifications and tariffs in effect  
on the date of the Issue of this Bill of Lading.



Unless otherwise noted,  
SFI Certified Sourcing SCS-SFI/CS-008742;  
PEFC Controlled Sources SCS-PEFC/COC-008742.  
For additional information, go to  
<https://www.graphicpkg.com/customer-resources/>

Page: 1 Of 1

SHIP FROM:

GRAPHIC PACKAGING INTL LLC  
2465 Fontaine St.  
Kenton, OH 43326

MASTER/PACK LIST

13:34

For OS&D or damaged product, consignee  
must contact origin plant at delivery.  
Email: [Kenton.shipping@graphicpkg.com](mailto:Kenton.shipping@graphicpkg.com)

SHIP TO:

QUALITY CUSTOM DISTRIBUTION  
9510 RODNEY STREET

PINEVILLE, NC 28134

SPECIAL INSTRUCTIONS

BILL FREIGHT CHARGES TO:

DELIVERY INSTRUCTIONS

Consignee

08:00-17:00 704-556-2960  
Stack Type: PALLET

PRO# KL,JF  
REQ DEL DT 05/21/24  
\*\*\*\* COLLECT \*\*\*\*  
Total Cube: 2585  
Total Cube: 2585.28

B/L #	031-70169	TMS LOAD#	
SHIP DATE	05/21/24		
LOAD #	33765		
SALESORDER #	3881911		
CUSTOMER PO	1388291		
CUSTOMER #	98033301		
CUSTOMER REP	C18		
WAREHOUSE #	031	SHIP MODE	C
SHIP VIA	CUSTOMER PICKUP		
VEHICLE ID	H03234		
SEAL	5735852		

ORD	SHIP QTY	ITEM	DESCRIPTION	PACK	WEIGHT
	552		Class 85 CUPS, PAPER, NSTD, W/WO LIDS (152840)		10986
	462		PLASTIC, CUPS, NSTD, W/WO LIDS (156600)		5044
			— CLASSIFICATION TOTALS —		
120	120	1	104359030 DFK-4 CFA 106953 BOWL #4 PAPER GPIRECIPIENTE SFI minimum 10% certified forest content, remainder certified sourcing SCS-SFI/COC-008742	1000	2544
252	252	2	108359386 DFK-8 CFA 106954 BOWL #8 PAPER GPIRECIPIENTE SFI minimum 10% certified forest content, remainder certified sourcing SCS-SFI/COC-008742	1000	4712
270	270	3	308359001 LFKFHP-8 CFA 101807 LID# 4/#8PAPER BOWL GPI	1000	3078
192	192	4	316359010 LFKDP-16 CFA 101809 LID #16 PAPER GPI TAPA	450	1966
180	180	5	116359183 DFK-16 CFA 106955 BOWL # 16PAPER GPIRECIPIENTE SFI minimum 10% certified forest content, remainder certified sourcing SCS-SFI/COC-008742	450	2430
			26 PALLETS USED IN SHIPMENT (x 50 lbs)		1300
			***** END OF DOCUMENT *****		
1014	1014				16030

Graphic Packaging  
Kenton, OH  
Date 5-21-24 Appt Time 1330  
Check-In Time 1100 Dock Time 1330 Check-Out Time 1435  
Vendor Signature [Signature]  
Driver Signature [Signature]  
\*Use Military Time to Avoid Any Confusion\*

BOL# 031-70169

(RAIL ONLY)

This shipment is correctly  
described  
Correct weight is \_\_\_\_\_ lbs  
Subject to verification by  
the Weighting and Inspection  
bureau having jurisdiction,  
according to agreement

Subject to Section 7 of Conditions  
of applicable bill of lading if this  
shipment is to be delivered to the  
consignee without recourse on the  
consignor, the consignor shall sign  
the following statement:

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

(Signature of Consignor)

SHIPPER: [Signature]

DATE: 05/21/24

CARRIER: \_\_\_\_\_

DATE: \_\_\_\_\_

CUSTOMER: \_\_\_\_\_

DATE: \_\_\_\_\_



