

**Bill to:**

BLUE GRACE LOGISTICS, LLC  
2846 S. FALKENBURG RD,  
RIVERVIEW,  
FL,  
33578

Invoice Date: 06/04/2024  
Invoice #: BGR72540724  
Terms: NET 30  
Due Date: 07/04/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/02/2024		16901 CICERO AVE, Country Club Hills, IL 60478 - 26 STAUFFER INDUSTRIAL PARK, Taylor, PA 18517			
			1	\$1,800.00	\$1,800.00

TOTAL
\$1,800.00

**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**

# Carrier Load Tender

Reference: BG782540724 ( BOL ) Carrier: ZIGI FREIGHT INC ( 2828543 )

Tender: 05/31/2024 09:37AM

Bill To: Blue Grace 2846 S Falkenburg Rd Riverview, FL 33578

BlueGrace Logistics (BGLF) will only consider additional charges if agreed to in writing. Carrier must inform BGLF at the time charges occur and of all unplanned accessorial or other additional charges incurred. BGLF will not reimburse detention charges unless reported at the time of the event, and "in" and "out" times are clearly stated on the Bill of Lading. BGLF will reimburse Carrier for approved lump sum costs upon submission of a signed receipt. OS&D must be reported prior to leaving the consignee. PLEASE NOTE: Invoices and PODs must be submitted within 24 hours of delivery for Payment to: TLInvoices@bluegracegroup.com. Payment will not be processed without all required paperwork. Reference is made to the broker-carrier agreement between BGLF and Carrier for the legal requirements and terms between the parties.

## Comments

Contact Information: Joshua Burca jburca@bluegracegroup.com

## Special Instructions

DRIVER MUST HAVE MASK AT SHIPPER.53 HIGH CUBE VAN ONLY, Trailer Must Be Clean, dry, clear of debris & odor free. Call 800-579-3124 with ANY OS/D. LATE DELIVERY MAY RESULT IN \$250 Late Fee. Paperwork must be submitted within 48 hours of delivery including accessorial.

## Equipment & Services

Equipment	Attributes		Services	
Dry Van				
Temperature:	Minimum:	0.00	Maximum:	0.00
				Requirement:

## Stop 1 (pickup)

06/02/2024 11:00AM - 06/02/2024 11:00AM		Name Not Available, Phone Not Available	
SC JOHNSON COUNTRY HILLS, 16901 CICERO AVE , Country Club Hills, IL 60478			
Comments:			

## Items

HM	Description	Weight	Qty	Dimensions
	3031751306:0101006614	16033	30	

## Stop 2 (drop)

06/03/2024 11:00AM - 06/03/2024 11:00AM --- Appt. Number: 83198139		Name Not Available, Phone Not Available
SAMS CLUB, SAMS DC 8231 /26 STAUFFER INDUSTRIAL PARK , Taylor, PA 18517		
Comments:		

## Items

HM	Description	Weight	Qty	Dimensions
	3031751306:0101006614	16033	30	

**References**

Reference Type	Reference
BOL	BG782540724
Customer Reference	0019859585
Master Bill of Lading	00465004098595854
Mode	
Mode	TL
Order Number	0101006614
PO Number	3031751306

**Freight Terms**

Charge Details		
Description	Rate	Charge
Line Haul	0.0000 Flat Rate (FR)	\$1800.00
Fuel	0.0000 Per Mile (PM)	\$0.00
	<b>Total:</b>	\$1800.00

Freight Terms: \$1800.00, Third Party (16033 lb) (697.32 miles)

Date: 6/02/2024 12:07:29

## BILL OF LADING

Page 1

## SHIP FROM

Name: SC JOHNSON  
00990040

Address: 16901 CICERO AVE.

City/State/Zip: COUNTRY CLUB HILLS, IL 60477

SID#: 067700

FOB: ☒

Bill of Lading Number: 00465004098595854



## SHIP TO

Name: SAMS CLUB Location #:

Address: 26 STAUFFER INDUSTRIAL PARK

City/State/Zip: TAYLOR, PA 18517

CID#: SCJ

FOB: ☐

CARRIER NAME: BLUEGRACE LOGISTICS

Trailer number: 289470

Seal number(s): 58761647

SCAC: BGLF

Pro number: 58761647



## THIRD PARTY FREIGHT CHARGES BILL TO:

Name: SAMS CLUB

Address:

City/State/Zip: 00000

Manifest: 0019859585

Stop: 001

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

Prepaid XXX Collect 3<sup>rd</sup> Party

## SPECIAL INSTRUCTIONS:

ST-0605388004918

\*\*\* See Packing List/Memorandum \*\*\*

☐ (check box) Master Bill of Lading: with attached underlying Bills of Lading

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	R.A.D. Date	Storer Reference	DSC Agent#	5-Digit Dest	4-Digit PO Typ	5-Digit Dept.
3031751306	22	22792.00	Y N	06/04/24		684293			00063
			Y N						
			Y N						
			Y N						
			Y N						
			Y N						
GRAND TOTAL	22	22792.00							

## ADDITIONAL SHIPPER INFO

SHIPPED

## 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 216 of H.M.C. Item 350</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
		22	Case	22792.00		CLEANING COMPOUND, NOI	48580 02	70.0	
22	Pallets								
22		22		22792.00		GRAND TOTAL			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

per

COD Amount: \$

Fee Terms: Collect: ☐ Prepaid: ☐Customer check acceptable: ☐

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper. If applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

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

Property described above is received in good order, except as noted.

  
6/2/2024



SHIP FROM		Bill of Lading Number: 00465004098595854	
Name: SC JOHNSON 00990040			
Address: 16901 CICERO AVE.			
City/State/Zip: COUNTRY CLUB HILLS, IL 60477			
SID#: 067700	FOB: <input checked="" type="checkbox"/>		
SHIP TO		CARRIER NAME: BLUEGRACE LOGISTICS	
Name: SAMS CLUB	Location #:	Trailer number: 289470	
Address: 26 STAUFFER INDUSTRIAL PARK		Seal number(s): 58761647	
City/State/Zip: TAYLOR, PA 18517		SCAC: BGLF	
CID#: SCJ	FOB: <input type="checkbox"/>	Pro number: 58761647	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name: SAMS CLUB			
Address:			
City/State/Zip: . 00000			
Manifest: 0019859585	Stop: 001	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: ST-0605388004918 *** See Packing List/Memorandum ***		Prepaid <u>XXX</u> Collect <u>          </u> 3 <sup>rd</sup> Party <u>          </u>	
		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	

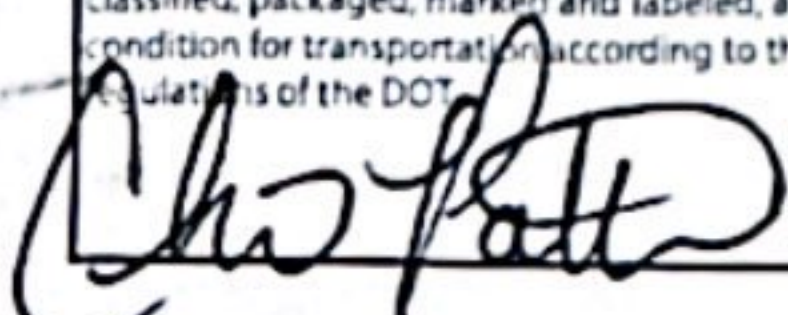
CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO			
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		R.A.D. Date	Storer Reference	DSC Agent#	5-Digit Dest 4-Digit PO Typ 5-Digit Dept.
3031751306	22	22792.00	Y	N	06/04/24		684293	00063
			Y	N				
			Y	N				
			Y	N				
			Y	N				
			Y	N				
GRAND TOTAL	22	22792.00						

CARRIER INFORMATION							
HANDLING UNIT		PACKAGE			COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	NMFC #	CLASS
		22	Case	22792.00		CLEANING COMPOUND, NOI	48580 02 70.0
22	Pallets						
22		22		22792.00		GRAND TOTAL	

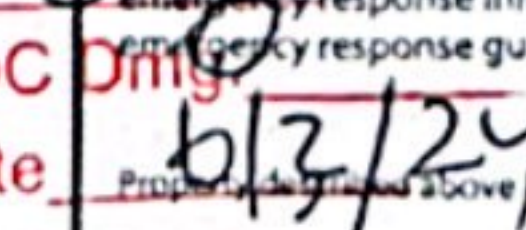
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).  
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

COD Amount: \$ \_\_\_\_\_  
Fee Terms: Collect: ☐ Prepaid: ☐  
Customer check acceptable: ☐

SHIPPER SIGNATURE / DATE  
This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.  
 6/2/2024

Trailer loaded ☐ By Shipper ☒ By Driver ☐  
Freight Counted ☐ By Shipper ☒ By Driver ☐  
Dmg. Kept ☐ Said to contain ☐  
RCVD BY ☐ Date ☐

CARRIER SIGNATURE / PICKUP DATE  
Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.  
Property described above is received in good order, except as noted.  
 6/3/24