

**Bill to:**

ADVANTAGE TRANSPORTATION SERVICES

,
,
,

Invoice Date: 06/17/2024

Invoice #: 85789

Terms: NET 30

Due Date: 07/17/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/13/2024		5650 W COUNTY LINE ROAD, MEQUON, WI 53092 - 1430 WILLIAM J CLARK DRIVE, CONWAY, AR 72032			
			1	\$1,500.00	\$1,500.00

TOTAL
\$1,500.00

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**

**RATE CONFIRMATION**

Load #: 85789
NAME: ROYAL 3 INC
PHONE: (630)485-7370 139
FAX:
CONTACT: JOHN

CONTACT: Mike Reid
PHONE: (262)790-1110
FAX: (262)790-0777
EMAIL: mreid@advantagetransportation.com

PO 26269-2
BOL
PRO #
TEMP

TL
EQUIPMENT REQUIRED: DRY \

Pick up: SILGAN SPECIALTY PACKAGING 5650 W COUNTY LINE ROAD MEQUON, WI 53092 PU # 26269-2		Earliest Time: 06/13/2024 08:00 Latest Time: 06/13/2024 17:00 Phone: (262)238-6171 Contact: BRIAN BUYESKE	Hours Open
Pieces 60	Weight PALLETS	Description 29112 EMPTY NEW PLASTIC BOTTLES	
Delivery: CONWAY DISTRIBUTION/HOLMAN 1430 WILLIAM J CLARK DRIVE ** NEEDS APPOINTMENT FOR DELIVERY CONWAY, AR 72032 DELIVERED 26269-2		Earliest Time: 06/14/2024 08:00 Latest Time: 06/14/2024 08:00 Phone: (501)497-5102 2 Contact: RECEIVING	Hours Open
Pieces	Weight	Description	

Special Instructions:

Rate Detail:	Line Haul	\$1,500.00	Refer to the finished Load Number on your invoice: 85789
	Total:	\$1,500.00	

Advantage Transportation Services, Inc. WILL NOT be responsible for any accessorial / additional charges caused by any shipper / consignee unless properly notified prior to incurring such charges. Call 800-386-1204.

To insure prompt payment, the following must be enclosed with your invoice: ORIGINAL Bill of Lading and SIGNED Delivery Receipt with Pro Number.

Email invoice to: ap@advantagetransportation.com

Send invoice to: **Advantage Transportation Services, Inc.**
W134 N4989 Campbell Drive
Menomonee Falls, WI 53051

I have read and agree to above mentioned (Carrier Signature) _____

Must be signed by an authorized employee of the company. Title _____ Date _____

BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

BOL Number: **66376-10**
6/13/24

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Original Bill of Lading.

CARRIER **ADVANTAGE TRANS.** (SCAC) CARRIER'S NO.
AT **5650 W. County Line Rd., Mequon, WI 53092** FROM **Silgan Specialty Packaging**

The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown); marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route. Otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all of said property that any service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western, and Illinois Freight Classifications in effect on the date hereof, if this is a rail or a rail-water shipment or (2) if the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ON COLLECT ON DELIVERY SHIPMENTS, THE LETTERS "COD" MUST APPEAR BEFORE CONSIGNEE'S NAME -- OR AS OTHERWISE PROVIDED IN ITEM 430, SEC. 1.
(Mail or street address of consignee - For purposes of notification only)

CONSIGNEE
AND
DESTINATION

WCR CONWAY DC
1430 WILLIAM J CLARK DRIVE
CONWAY, AR 72032
UNITED STATES OF AMERICA

Trailer Number: **W97040**

Tracking Number: **GG**

Seal Number: **0004301**

Due Date: **6/14/2024**

Dock Time:

Phone No.:

Notes:

"DELIVERY APPOINTMENT REQUIRED"
501-497-5102 option 2
appointments.wrcc@holmanusa.com

No. Packages	** HM	Kind of Package, Description of Articles, Special Marks, and Exceptions	Total Pieces	* Weight (Sub to Cor)	Class or Rate	Check Column
720		Plastic Article BC04000106 GATEWAY PP CUPS/ SILGAN PP CUPS (X-CUP 1™) / PO#: 26269 Pkg Slip # 66532-10	4,536,000	29,280	70	
		LOT NO	4,536,000.00			
		436646	1,058,400.00			
		436921	1,814,400.00			
		436964	1,058,400.00			
		437704	604,800.00			
Total Cartons: 720		Total Skids: 60		Total Weight: 29,280		

CONSIGNEE MUST BREAK THE SEAL

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). If charges are to be prepaid, write or stamp here: "To be Prepaid" **PREPAID** ☐ Collect
Received \$ _____ to apply in prepayment of the charges on the property described hereon. _____ (Agent or Cashier)

+ Shipper's imprint in lieu of stamp, not a part of bill of lading approved by the Interstate Commerce Commission.

* If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding Value \$ _____
in the box maker's certificate thereon, and all other requirements of the Consolidated Freight Classification and Rule 5 of the National Motor Freight Classification. Shipper's imprint in lieu of stamp, not a part of bill of lading.

approved by the Interstate Commerce Commission

SILGAN SPECIALTY PACKAGING
5650 W. County Line Road, Mequon, WI 53092

Shipper Per Brian Bayeske

Agent Per

CARL LAGO-ETAS

** MARK WITH "X" TO DESIGNATE HAZARDOUS MATERIAL AS DEFINED IN TITLE 49 OF FEDERAL REGULATIONS

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Original Bill of Lading

BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

BOL Number: 66376-10 6/13/24

CARRIER ADVANTAGE TRANS.

AT 5650 W. County Line Rd., Mequon, WI 53092

CARRIER'S NO. (SCAC)

FROM Silgan Specialty Packaging

The property described below, in apparent good order, except as noted/contents and condition of contents of packages unknown, marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, for its route. Otherwise to deliver to the mother carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property, evidence of any portion of Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western, and Illinois Freight Classifications in effect on the date hereof, if this is a rail or a rail-water shipment or (2) if the applicable motor carrier classification or tariff is a motor carrier shipment. The shipper hereby certifies that the shipper is familiar with all the terms and conditions of the said bill of lading, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ON COLLECT ON DELIVERY SHIPMENTS. THE LETTERS "COD" MUST APPEAR BEFORE CONSIGNEE'S NAME - OR AS OTHERWISE PROVIDED IN ITEM 430, SEC. 1.
(Mail or street address of consignee - For purposes of notification only)

CONSIGNEE AND DESTINATION

WCR CONWAY DC
1430 WILLIAM J CLARK DRIVE
CONWAY, AR 72032
UNITED STATES OF AMERICA

Trailer Number: W97040

Tracking Number: GG

Seal Number: 0004301

Due Date: 6/14/2024

Dock Time:

Phone No.:

Notes:

DELIVERY APPOINTMENT REQUIRED

501-497-5102 option 2

appointments.wrde@holmanusa.com

No.	**	HM	Kind of Package, Description of Articles, Special Marks, and Exceptions	Total Pieces	* Weight (Sub to Cor)	Class or Rate	Check Column
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LOT NO				Pkg Slip # 66532-10			
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437704				1,058,400.00			
				604,800.00			
Total Cartons:				Total Skids: 60			
				Total Weight: 29,280			

BREAK THE SEAL

D# 23

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+ Shipper's imprint in lieu of stamp, not a part of bill of lading approved by the Interstate Commerce Commission

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approved by the Interstate Commerce Commission

SILGAN SPECIALTY PACKAGING

5650 W. County Line Road, Mequon, WI 53092

Per

Brian Bugelski

Agent

Per

CARL LANGO-EAS

JUN 17 08:18

1430 William J. Clark Drive

h/m