



Bill to:
SCHNEIDER BROKERAGE
P.O. BOX 9569/ ACH,
Louisville,
KY,
40201

Invoice Date: 06/23/2024
Invoice #: SL214703542
Terms: NET 30
Due Date: 07/23/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/21/2024		510 Duvick Ave, Sandwich, IL 60548, USA - 1549 PRIME WEST PKWY, KATY, TX - 77449-5321 USA			
			1	\$1,900.00	\$1,900.00

TOTAL
\$1,900.00

PLEASE NOTE

The right to payment under this invoice has been assigned to Compass payment Solutions LLC (CFS) and all payments hereunder are to be directed to the assignee at the address noted below. Remittances to other than CFS do not constitute payment of this invoice. CFS must be given notification of any claims, agreements or merchandise returns which would affect the payment of all or part of this Invoice on the due date.

COMPASS FUNDING SOLUTIONS LLC

P.O.BOX 205154

DALLAS, TX 75320-5154

Tel: 844-899-8092



Schneider Shipment Tender

<https://schneider.com/carriers>

Schneider's customers require that carriers provide electronic Shipment status updates via EDI, ELD connectivity, mobile app tracking, or other electronic method for Shipment status. All loads without successfully accepted electronic tracking will be subject to rejected accessorial payment (including, but not limited to: labor, detention, layover charges, etc.). Receipts will be required for payment verification, even when electronic tracking was successfully accepted.

Approved mobile app tracking solutions:



Shipment ID : SL214703542

Tender Sent : 06/20/2024 14:34

Shipment Distance : 1060.0

Carrier Pro # :

Transport Mode : TRUCKLOAD

Total Weight : 6,821 lb

Carrier SCAC : ZFIH

Transport Type : Solo

Carrier : ROYAL3 INC

Broker Contact : Shane Ashby

Phone : 1-214-887-4467

Email : AshbyS1@schneider.com

After Hours Contact : 855-476-4786

Online Carrier Check-In:



Equipment Options : 53 FT Dry Van (TF:5300)

Special Services :

Work Assignment Notes : CARRIER TO HAVE 250K CARGO INSURANCE *IF* HIGH VALUE SERVICE IS NOTED. ANY DETENTION THAT OCCURS MUST BE REQUESTED THE DAY OF OCCURANCE, BY LOCATION..

Pickup Information

Location : PLANO MOLDING CO, 510 DUVICK AVE, SANDWICH, IL - 60548-7032 USA

Appointment Window : From : 06/21/2024 13:00 To : 06/21/2024 13:00

Item Details:

Description	Qty	UOM	Weight	Dim (L x W x H)	Class	NMFC	Hazmat	Stack	Temperature Range
LUGGAGE	1		6,821 lb	0 x 0 x 0 ft				NO	

References : SM101472710 (OTM BOL), SM101472710 (Third Party Origin), 24155604 (MASTER BILL OF LADING), 24155604 (Authorization), SLCY-004194 (Bill of Lading), AT COMMODITY (Purchase Order), SLCY-004194 (Appointment), 211434CK (Appointment), ZFIH (SCAC), ZFIH (SCAC)

Special Instructions: NO SPECIAL INSTRUCTIONS

Delivery Information

Location : ACADEMY LTD, 1549 PRIME WEST PKWY, KATY, TX - 77449-5321 USA

Appointment Window : From : 06/23/2024 07:00 To : 06/23/2024 07:00

Item Details:

Description	Qty	UOM	Weight	Dim (L x W x H)	Class	NMFC	Hazmat	Stack	Temperature Range
LUGGAGE	1		6,821 lb	0 x 0 x 0 ft				NO	

References : SM101472710 (OTM BOL), SM101472710 (Third Party Origin), 24155604 (MASTER BILL OF LADING), 24155604 (Authorization), SLCY-004194 (Bill of Lading), AT COMMODITY (Purchase Order), SLCY-004194 (Appointment), 211434CK (Appointment), ZFIH (SCAC), ZFIH (SCAC)

Special Instructions: NO SPECIAL INSTRUCTIONS



Schneider Shipment Tender

<https://schneider.com/carriers>

To : ROYAL3 INC
Schneider Shipment ID : SL214703542

Broker Name : Shane Ashby
Phone : 1-214-887-4467

*** Invoice will not be paid without proper paperwork ***

The following should be included with your invoice:

Bill Of Lading #, Piece Count, Weight, Consignee Signature, Shipper and Consignee Info, including Postal Code, and Schneider Shipment ID.
Shipment ID must be in the upper right hand corner of all shipment bills.
Must attach and send in this Schneider Shipment Tender rate contract with invoice.

AGREED TO RATE

Total Line Haul	1900.00	Date : 06/20/2024 14:34
Total	\$ 1900.00 USD	Schneider Shipment ID : SL214703542 (Shipment ID must be on the invoice)

Additional Rate Information

1. Unless otherwise approved by Schneider, the above rate includes all stop-off charges, fuel surcharges, loading, unloading, etc. This rate cannot be changed, modified, or supplemented by reference to any other rates, rules, classification, schedule, or tariff without Schneider's written permission.
2. Any accessorial not listed above (including, but not limited to, labor, detention, layover charges, etc.) must be pre-approved by Schneider; failure to obtain pre-approval will result in non-payment. Driver detention times charges must be clearly noted on the bill of lading and may only be authorized on electronically tracked Shipments (Schneider's customers require electronic tracking for Shipment updates). Receipts must be provided for any third-party (e.g., lumper) charges. Supporting documentation must be provided within thirty (30) days of services rendered, or reimbursement may be denied.

Additional Requirements

1. Schneider does not dispatch the driver. Carrier retains sole control and authority over the driver in all respects including, without limitation, dispatching, routes taken, reference numbers, and service expectations.
2. Carrier is required to adhere to all appointment times set by the Customer (and, if requested by the Customer, ensure that the driver has the necessary technology to provide (and agrees to provide) tracking of the Shipment via mobile app technology).
3. Brokerage of this Shipment by Carrier is prohibited. Any brokerage will void Schneider's obligation to pay Carrier.
4. Carrier's dispatch personnel must notify Schneider immediately of any Shipment related issues that will, or are reasonably likely to, cause Carrier to miss the scheduled pick-up or delivery appointment time. Carrier must contact Schneider (do not call the customer) at 855 476 4786 with any Shipment related concerns.
5. Carrier shall not break the seal, partial the Shipment, or move the Shipment via rail without written consent from Schneider. This will result in non-payment, a claim and/or legal action per the terms of the Master Transportation Agreement.
6. Carrier will require the driver to scale Shipment prior to departing shipper. Carrier is responsible to ensure the Shipment is safe and of legal weight for transit.
7. If Carrier's cargo or automobile insurance policy contains a schedule of covered vehicles or equipment, Carrier will not transport this Shipment using a vehicle and/or equipment that is not listed as scheduled on Carrier's cargo insurance policy, and Carrier's cargo policy must not exclude from coverage any commodities or cargo transported in this Shipment.
8. If this Shipment involves travelling in the State of California, all equipment utilized by Carrier must meet California Air Resources Board Regulations including, without limitation, the Truck and Bus Rule. By accepting this tender, Carrier represents that it's equipment will comply with such requirements.

Agreement to be Bound

Carrier has read this entire Shipment tender. By accepting this Shipment Tender and transporting the Shipment (even without a signature on this Shipment Tender), Carrier agrees it is bound to, and agrees to comply with, all statements, special services, work assignments, terms and conditions, and other requirements contained herein. In addition to the terms contained in this Shipment Tender, this Shipment shall be governed by the terms and conditions of the Master Transportation Agreement between Broker and Carrier, which are deemed incorporated herein.



Schneider Shipment Tender

<https://schneider.com/carriers>

To : ROYAL3 INC

Schneider Shipment ID : SL214703542

Broker Name : Shane Ashby

Phone : 1-214-887-4467

Invoice Instructions

1. Submit detailed invoice with Schneider Shipment ID, Proof Of Delivery, Shipment Tender, and all applicable paperwork to Transflo Velocity (<https://www.transflo.com/transflo-velocity-scanning/>).
2. Carrier must send Schneider all required paperwork for this shipment, as stated above, no later than 180 days from the date of confirmed delivery or Carrier will not be paid for the shipment.

30 DAY:

<https://www.transflo.com/transflo-velocity-scanning/>
Transflo Broker ID: SLCYV
E-mail: SchneiderPay@e-transflo.com

TRANSFLO Velocity

QUICK PAY PROGRAM:

<https://www.transflo.com/transflo-velocity-scanning/>
Transflo Broker ID: SLCYVQP
E-mail: STMQuickPay@e-transflo.com

All Carrier payments are now processed through TriumphPay.com.

Please register online in order to receive payments:

1. Go to <https://secure.triumphpay.com>
2. Register your company
3. Connect with Schneider Enterprise Resources
4. Add your payment information
5. Control your money!
6. Send Notice of Assignment/Release letters to:
schneider@noa.triumphpay.com



Get Paid Now!

Login to TriumphPay.com to take advantage of our
2 Business Day Quick Pay - 2% fee

06/21/2024 13:20:03		BILL OF LADING		Page No. 1 of 1		
SHIP FROM			Bill of Lading Number: 02863200109379914 Delivery Number: 8307980671			
PLANO MOLDING 510 DUVICK AVE SANDWICH IL 60548 UNITED STATES <div style="text-align: right;">FOB : <input checked="" type="checkbox"/></div>						
SHIP TO			CARRIER NAME: Trailer number: 244745 Seal number(s): 12646859 Customer Load: SLCY-004194 SCAC: Pro number: Load number:			
ACADEMY CORPORATION 871192 1549 PRIMEWEST PKWY KATY TX 77449-5321 UNITED STATES <div style="text-align: right;">FOB : <input checked="" type="checkbox"/></div>						
THIRD PARTY FREIGHT CHARGES BILL TO:						
Delivery Bill of Lading Number: SPECIAL INSTRUCTIONS:			Carrier Arrival Date and Time	Carrier Back In Date and Time	Actual Ship Time	
			06/21/2024 13:19:00	06/21/2024 13:19:00	13:19:00	
			Freight Charge Terms: PREPAID <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>			
			<input type="checkbox"/> Master Bill of Lading: with attached (checkbox) underlying Bills of Lading			
CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBERS		#PKGS	WEIGHT (LB)	CUBE	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
10585632		218.00	6821.470	2002.329	Y N	
GRAND TOTAL		218.00	6821.470	2002.329		
CARRIER INFORMATION						
HANDLING UNIT		PACKAGE	WEIGHT (LB)	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling marked and packaged as to ensure safe transportation with ordinary care.</small>	
					LTL ONLY	
QTY	TYPE	QTY	TYPE	See Supplement Page(s)		NMFC #
		00218		6821.470	Fishing Supplies	200
				6821.470	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 _____ per _____."				COD Amount: \$ _____		
				Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> 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; 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 response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.		

06/21/2024 13:20:04		BILL OF LADING		Page No. 1 of 2									
SHIP FROM			Bill of Lading Number: 02863200109379914										
PLANO MOLDING 510 DUVICK AVE SANDWICH IL 60548 UNITED STATES <div style="text-align: right;">FOB: <input checked="" type="checkbox"/></div>													
SHIP TO			CARRIER NAME:										
ACADEMY CORPORATION 871192 1549 PRIMEWEST PKWY KATY TX 77449-5321 UNITED STATES <div style="text-align: right;">FOB: <input checked="" type="checkbox"/></div>			Trailer number: 244745 Seal number(s): 12646859 Customer Load: SLCY-004194 SCAC: Pro number: Load number:										
THIRD PARTY FREIGHT CHARGES BILL TO:			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Carrier Arrival Date and Time</th> <th>Carrier Back In Date and Time</th> <th>Actual Ship Time</th> <th>Actual Ship Date</th> </tr> <tr> <td>06/21/2024 13:19:00</td> <td>06/21/2024 13:19:00</td> <td>13:19:00</td> <td>06/21/2024</td> </tr> </table>			Carrier Arrival Date and Time	Carrier Back In Date and Time	Actual Ship Time	Actual Ship Date	06/21/2024 13:19:00	06/21/2024 13:19:00	13:19:00	06/21/2024
Carrier Arrival Date and Time	Carrier Back In Date and Time	Actual Ship Time	Actual Ship Date										
06/21/2024 13:19:00	06/21/2024 13:19:00	13:19:00	06/21/2024										
Child BOL Num(S): See Supplement Page(s)													
SPECIAL INSTRUCTIONS:			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Freight Charge Terms:</th> <th>Collect</th> <th>3rd Party</th> </tr> <tr> <td>PREPAID <input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			Freight Charge Terms:	Collect	3rd Party	PREPAID <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Freight Charge Terms:	Collect	3rd Party											
PREPAID <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
			<input checked="" type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
CUSTOMER ORDER INFORMATION													
CUSTOMER ORDER NUMBERS	#PKGS	WEIGHT (LB)	CUBE	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO								
SEE SUPPLEMENT PAGE(S)				Y <input type="checkbox"/> N <input type="checkbox"/>									
GRAND TOTAL	218.00	6821.470	2002.329										
CARRIER INFORMATION													
HANDLING UNIT	PACKAGE	WEIGHT (LB)	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY								
				Commodities requiring special or additional care or attention in handling marked and packaged as to ensure safe transportation with ordinary care.									
QTY	TYPE	QTY	TYPE	See Supplement Page(s)	NMFC # CLASS								
23	PLT	218.00		7856.47									
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 _____ per _____."				COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> 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		Trailer Loaded: Freight Counted:		CARRIER SIGNATURE / PICKUP DATE									
This is to certify that the above named materials are properly classified packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		<input 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 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.									

SUPPLEMENT TO THE BILL OF LADING

Page No. 2 of 2

Bill of Lading Number: 02863000109579814

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	#PKGS	WEIGHT (LB)	CUBE	PALLET/S (LIP)		ADDITIONAL SHIPPER INFO
1052520	216	6621.470	2.002.329	Y	N	
GRAND TOTAL	216.00	6.621.470	2.002.329			

CARRIER INFORMATION

HD	HD	PACKAGE		WEIGHT (LB)	W/L (H)	COMMODITY DESCRIPTION	MTS	ONLY
QTY	TYPE	QTY	TYPE			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.	MMPC #	CLASS
			CR	609.111		Fishing Supplies		200
			CR	6212.358		Fishing Supplies	187643	175
23	PLT			1036.000		PALLET(S)		
23		216.00		7856.47		GRAND TOTAL		

2114346

06/21/2024 13:20:04		BILL OF LADING		Page No. 1 of 2									
SHIP FROM		Bill of Lading Number: 02863200109379914											
PLANO MOLDING 510 DUVICK AVE SANDWICH IL 60548 UNITED STATES <div style="font-size: 2em; margin-top: 10px;">Door - 194</div>		CARRIER NAME: Trailer number: 244745 Seal number(s): 12646859 Customer Load: SLCY-004194 SCAC: Pro number: Load number:											
SHIP TO													
ACADEMY CORPORATION 871192 1549 PRIMEWEST PKWY KATY TX 77449-5321 UNITED STATES													
THIRD PARTY FREIGHT CHARGES BILL TO:													
Child BOL Num(S): See Supplement Page(s)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Carrier Arrival Date and Time</th> <th>Carrier Back In Date and Time</th> <th>Actual Ship Time</th> <th>Actual Ship Date</th> </tr> <tr> <td>06/21/2024 13:19:00</td> <td>06/21/2024 13:19:00</td> <td>13:19:00</td> <td>06/21/2024</td> </tr> </table>				Carrier Arrival Date and Time	Carrier Back In Date and Time	Actual Ship Time	Actual Ship Date	06/21/2024 13:19:00	06/21/2024 13:19:00	13:19:00	06/21/2024
Carrier Arrival Date and Time	Carrier Back In Date and Time	Actual Ship Time	Actual Ship Date										
06/21/2024 13:19:00	06/21/2024 13:19:00	13:19:00	06/21/2024										
SPECIAL INSTRUCTIONS:		Freight Charge Terms: <input type="checkbox"/> PREPAID <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/> Master Bill of Lading: with attached (checkbox) underlying Bills of Lading											
CUSTOMER ORDER INFORMATION													
CUSTOMER ORDER NUMBERS		#PKGS	WEIGHT (LB)	CUBE	PALLET/SLIP (CIRCLE ONE)								
SEE SUPPLEMENT PAGE(S)					<input type="checkbox"/> Y <input type="checkbox"/> N								
GRAND TOTAL		218.00	6821.470	2002.329									
CARRIER INFORMATION													
HANDLING UNIT		PACKAGE	WEIGHT (LB)	H.M. (X)	COMMODITY DESCRIPTION								
					Commodities requiring special or additional care or attention in handling marked and packaged as to ensure safe transportation with ordinary care.								
					LTL ONLY								
QTY	TYPE	QTY	TYPE	See Supplement Page(s)									
23	PLT	218.00		7856.47									
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 _____ 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. § 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.													
SHIPPER SIGNATURE / DATE		ACADEMY RECEIVING Date: <u>06-23-24</u> Live Load: <u>Y</u> Rec'd By: <u>Annette S. ID# 397085</u> (STC)											
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: <u>Y</u> By Shipper <input type="checkbox"/> By Driver <input checked="" type="checkbox"/> Seal Intact: <u>Y</u> By Driver/Pieces <input type="checkbox"/> Shrink Wrap Intact: <u>Y</u> Carrier Signature: <u>Annette S. ID# 397085</u> Pickup Date: <u>06-23-24</u> 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.											

SUPPLEMENT TO THE BILL OF LADING

Page No. 2 of 2

Bill of Lading Number: 02863200109379914

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	#PKGS	WEIGHT (LB)	CUBE	PALLET/SKIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO#	
10585632	218	6821.470	2,002.329	Y	N		
GRAND TOTAL	218.00	6,821.470	2,002.329				

CARRIER INFORMATION								
HU	HU	PACKAGE						
QTY	TYPE	QTY	TYPE	WEIGHT (LB)	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.</small>	LTL NMFC #	ONLY CLASS
			CR	609.111		Fishing Supplies		200
			CR	6212.358		Fishing Supplies	187645	175
23	'PLT'			1035.000		'PALLET(S)'		
23		218.00		7856.47		GRAND TOTAL		

06/21/2024 13:20:03

BILL OF LADING

Page No. 1 of 1

SHIP FROM PLANO MOLDING 510 DUVICK AVE SANDWICH IL 60548 UNITED STATES FOB: <input checked="" type="checkbox"/>		Bill of Lading Number: 02863200109379914 Delivery Number: 8307980671				
SHIP TO ACADEMY CORPORATION 871192 1549 PRIMEWEST PKWY KATY TX 77449-5321 UNITED STATES FOB: <input checked="" type="checkbox"/>		CARRIER NAME: Trailer number: 244745 Seal number(s): 12646859 Customer Load: SLCY-004194 SCAC: Pro number: Load number:				
THIRD PARTY FREIGHT CHARGES BILL TO: Delivery Bill of Lading Number: SPECIAL INSTRUCTIONS:		Carrier Arrival Date and Time 06/21/2024 13:19:00	Carrier Back In Date and Time 06/21/2024 13:19:00	Actual Ship Time 13:19:00	Actual Ship Date 06/21/2024	
		Freight Charge Terms: PREPAID <input type="checkbox"/> (checkbox)		Collect <input checked="" type="checkbox"/>	3rd Party <input type="checkbox"/>	
		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading				
CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBERS		#PKGS	WEIGHT (LB)	CUBE	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
10585632		218.00	6821.470	2002.329	Y N	
GRAND TOTAL		218.00	6821.470	2002.329		
CARRIER INFORMATION						
HANDLING UNIT		PACKAGE	WEIGHT (LB)	H.M. (X)	COMMODITY DESCRIPTION Commodities requiring special or additional care or attention in handling marked and packaged as to ensure safe transportation with ordinary care.	LTL ONLY
QTY	TYPE	QTY	TYPE		See Supplement Page(s)	NMFC #
		00218		6821.470	Fishing Supplies	200
				6821.470	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 _____ per _____."				COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> 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: 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 response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.		