



Bill to:
MOLO SOLUTIONS, LLC
120 N RACINE STE 230,
Chicago,
IL,
60290

Invoice Date: 06/24/2024
Invoice #: Route # 2001530521
Terms: NET 30
Due Date: 07/24/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/21/2024		3601 SKOKIE HWY, SUITE F, NORTH CHICAGO, IL 60064 - 63399 Hwy 51 North, Roseland, LA 70456			
			1	\$1,600.00	\$1,600.00

TOTAL
\$1,600.00

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

MoLo Solutions, LLC
Attn: Purch Trans A/P
PO Box 10048
Fort Smith, AR 72917-0048



MoLo
An *ArcBest* Truckload Service

Send tracking updates by email:
tracking@shipmolo.com
Call or Text:
+1 (847) 306-3557

Contact your MoLo rep, Will Dixon
Email: will.dixon@shipmolo.com
Phone: +18479257976
Questions? Call MoLo at: +1 (847) 306-3557

Rate Confirmation

Route # 2001530521

Mode: Truck
Size: FTL
Route Type: OTR
Distance: 888 Miles
of Stops: 2

Origin

NORTH CHICAGO, IL 60064

Destination

Roseland, LA 70456

Date: 6/21/2024

Equipment: Van 53

Expected Min Temp:

Expected Max Temp:

Temp Setting:

Carrier: Riki Transportation Inc.

MC#: 086875

DOT#: 3119062

Contact: CONOR SMITH

Phone: +17083035150

Email: CONOR@RTBRZ.COM

Total Rate: \$1,600.00 USD

Notes:

Route Refs:

Vendor Refs:

If this is a Temperature Controlled Shipment Please Follow These Guidelines:

Run all reefers on continuous unless specific written instructions are given to do otherwise. Run reefer at the temperature on BOL. If no temperature on BOL, please call +1 (847) 306-3557 for instructions.

Stop 1 – Pick Up

EMCO CHEMICAL PACKAGING
3601 SKOKIE HWY, SUITE F,
NORTH CHICAGO, IL 60064

Date/Time: 6/21/2024 12:00 - 17:00

Scheduling: Open

Loading Type: Live

Pallet Count:

Special Reqs: electronicTracking

BOL #: LD4909349 PU #: SN2519450 Cust Ref #: 440633031 PO #: P18735 Cust Ref #: SO20216 Cust Ref #: SC0286007 PO #: SN2519450 Work: No Touch	
Pick Up Instructions: ALL ACCESSORIAL CHARGES NOT PRE-LISTED ON THE BOL MUST BE PRE-APPROVED. FOR DETENTION TO BE PAID IN AND OUT TIMES MUST BE ON THE POD AND SIGNED FOR AND A 30 MIN CALL AHEAD MUST BE PROVIDED PRIOR TO DETENTION BEGINNING.	
Facility Notes:	

Commodity Details													
Handling Unit		Pieces		Hazmat	Description	Dimensions	OD	Temp Control	Temp Setting	Pre-Cool To	Min° Temp	Max° Temp	Weight
Qty	Type	Qty	Type										
960	Carton	0		No	1 SF16 CTN 24/CTN Sea Foam Motor Treatment		No	No					25,056 lbs
Additional Details Load On: Pallet													
Total HU: 960				Total Pcs: 0			Total Cmdty: 1			Total Wgt: 25056 lbs			

Stop 2 – Delivery	
Smitty's Supply Inc 63399 Hwy 51 North, Roseland, LA 70456 Date/Time: 6/24/2024 09:00 Scheduling: Appointment Loading Type: Live Pallet Count: 0 BOL #: LD4909349 PU #: SN2519450 Cust Ref #: 440633031 PO #: P18735 Cust Ref #: SO20216 Cust Ref #: SC0286007	Special Reqs: electronicTracking

PO #: SN2519450	
Work: No Touch	
Delivery Instructions: ALL ACCESSORIAL CHARGES NOT PRE-LISTED ON THE BOL MUST BE PRE-APPROVED.	
FOR DETENTION TO BE PAID IN AND OUT TIMES MUST BE ON THE POD AND SIGNED FOR AND A 30 MIN CALL AHEAD MUST BE PROVIDED PRIOR TO DETENTION BEGINNING.	
Facility Notes:	

Commodity Details													
Handling Unit		Pieces		Hazmat	Description	Dimensions	OD	Temp Control	Temp Setting	Pre-Cool To	Min° Temp	Max° Temp	Weight
Qty	Type	Qty	Type										
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Additional Details Load On: Pallet													
Total HU: 960				Total Pcs: 0			Total Cmdty: 1			Total Wgt: 25056 lbs			

Carrier Cost Date: 06/21/2024 12:45 CST				
Cost Type	Currency	Cost Per	Units	Total Cost
Flat Rate	USD	\$1,600.00	1	\$1,600.00
Total Cost				\$1,600.00

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.

Signed in/out times and all accessorial or lump sum receipts must be submitted within 24 hours or they will not be reimbursed. SEAL MUST BE INTACT AT DELIVERY, DRIVER MUST RESEAL TRAILER AFTER EACH STOP OR LOAD MAY BE REJECTED.

Unless MoLo Solutions provides written notice that this term does not apply to this shipment,

Carrier's motor vehicle equipment shall be dedicated to Broker's exclusive use while transporting the freight tendered pursuant to MoLo Solutions's Broker Carrier Agreement and this Load Confirmation. Carrier's violation of this requirement shall result in Carrier's forfeiting its right to be paid for the transportation services contemplated by this Load Confirmation as liquidated damages, and may result in a claim

Pursuant to MoLo Solutions' Broker Carrier Agreement, Carrier will provide an amount of cargo insurance coverage sufficient to cover the loss or damage of any commodities and cargo carried. Carrier's cargo insurance policy must not exclude from coverage any commodities or cargo carried on this order. If Carrier's cargo insurance policy contains a schedule of covered vehicles, Carrier will not transport any cargo on this shipment using a vehicle that is not listed as a scheduled vehicle on Carrier's cargo insurance policy. Trailer must be clean, dry and odor free. Food grade trailer is required for all food shipments and Carrier must be in full compliance with the Food Safety Modernization Act (FSMA) if applicable. Driver must make sure trailer is sealed and document seal number. Carrier agrees that in transportation the shipment described above, it will comply with all U.S. DOT regulations applicable to its operations while transporting said shipment, including but not limited to, drivers' hours of service.

Signed POD, invoice and all accessorial receipts must be submitted for payment.

MoLo does not require you to mail in physical copies of your paperwork as long as you email a complete and legible copy.

Payment Information

For Standard Pay (30 days from receipt of invoice):

Please send invoices to: carrierinvoices@shipmolo.com

MoLo Solutions, LLC

Attn: Purch Trans A/P

PO Box 10048

Fort Smith, AR 72917-0048

Signed POD, invoice and all accessorial receipts must be submitted for payment.

For Quick Pay 3% fee (2-4 business days from receipt of invoice):

MoLo Solutions, LLC

Attn: Purch Trans A/P

PO Box 10048

Fort Smith, AR 72917-0048

Signed POD, invoice and all accessorial receipts must be submitted for payment.

If invoices are sent to an email address other than quickpay@shipmolo.com, they will still be processed for QuickPay but payment may be delayed.

Contact Us:

Phone: +1 (847)306-3557

Please use the following guidelines to avoid delays in processing your invoice:

1. The subject line of your email as well as your invoice should contain the MoLo Load Number as printed on the Rate Confirmation you received for the load.
2. Please make sure your paperwork is complete and legible
3. We do NOT accept OneDrive links at this time. Please send your invoice as an email attachment.

Please call your representative listed above or +1 (847) 306-3557 for all questions.

Please sign and return to MoLo

NOTE TO SHIPPER FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

PAGE 1 of 1

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE



PO BOX 10048
FORT SMITH, AR 72917-0048
(800) 610-5544
www.arcb.com

AFTER PRINTING,
PLACE PRO LABEL HERE

SHIPPER RETAINS THIS COPY

LD4909349

Shipper's Bill of Lading No.

P18735

Consignee's Reference / PO No.

06/21/2024

Bill of Lading Date

SHIP FROM

Shipper Name
SEAFOAM SALES
C/O EMCO CHEMICAL PACKAGING
Origin Street Address
3601 SKOKIE HWY. STE. F
Origin City
North Chicago State **IL** Zip Code **60064**
Phone Number(s)
847-689-2200

SHIP TO

For Collect On Delivery shipments, the letters "COD" must appear before consignee's name or as otherwise provided in item 430, Sec. 1.
Consignee Name
SMITTY'S SUPPLY INC.
Destination Street Address
63399 HWY 51 NORTH
Destination City
ROSELAND State **LA** Zip Code **70456**
☐ Check box, if delivery appointment required. Consignee telephone *

BILL CHARGES TO

Name
SEAFOAM SALES
C/O AESI
Street Address
PO Box 10048
City
Fort Smith State **AR** Zip Code **72917**
Phone Number(s)
479-434-9090 Attn: **Brad Rotert**

C.O.D.

☐ Collect On Delivery \$ To be paid by —
Shipper ☐ Consignee ☐
Remit to
Street Address
City
State Zip Code
Signed *Carrier must collect cash, money order, bank cashier's check, or bank-certified check unless shipper signs here to accept company check.*

Freight charges are PREPAID
unless marked collect
CHECK BOX IF COLLECT ☐

FOR FREIGHT COLLECT SHIPMENTS - If this shipment is to be delivered to the consignee, without recourse to the consignor, the consignor shall sign the following statement:
The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges:

HDLG UNITS NO./TYPE	PACKAGES NO./TYPE	* HM	Kind of Package, Description or Articles, Special Marks and Exceptions (subject to correction)	WEIGHT/ LBS (Subj. to Correction)	CLASS/RATE REF. (For Info. Only)	CUBE (Optional)
960	CTN		SF16 SEA FOAM MOTOR TREATMENT NMFC 155250-02 ADDITIONAL REFERENCE INFORMATION CUSTOMER REFERENCE #: SO20216 PO #: P18735 SALES ORDER #: SC0286007 SPECIAL INFORMATION MUST DELIVER BETWEEN 06/26/2024 - 07/01/2024 CASE COUNT REQUIRED AT CHECK IN FOR OSD CLAIMS <i>Seal # 8361776</i>	25,056.00	65	

TOTAL HANDLING PIECES: **24 PALLETS** INDIVIDUAL PIECES: **960 CARTONS** WEIGHT: **25,056.00 LBS** CUBE:

* Mark "X" to designate Hazardous Materials as defined in DOT regulations.

Temperature Requirements: Above _____ Temp Below _____ Temp Initials _____

Unless provided otherwise in tariff ARC-111 Series, ArcBest, carriers and service providers' aggregate liability for cargo loss of or damage to this shipment shall be limited to the lesser of: (1) the actual value of the goods lost or damaged; (2) the lowest released value provided in the 5TB NMFC 100 Series (only applicable to less-than-truckload); (3) \$0.50 (\$0.10 for any item other than new) per pound per lost or damaged package; (4) any general statutory or regulatory domestic or international cargo liability limitation; or (5) \$10,000.00 per trailer. Optional excess liability coverage at an additional expense is available when requested but must have been included in the price quote and noted in the body of this bill of lading or in the body of the bill of lading if published pricing is applicable to the shipment. Excess liability coverage may be requested by calling prior to shipment pickup or per the instructions stated in tariff ARC-111 Series which is available on request to ArcBest or at www.arcb.com. Shipper understands that there is an additional charge for excess liability coverage and that entering a Customs declared value on this bill of lading is NOT a request for excess liability coverage. The parties acknowledge and agree that liability is limited in consideration of a lower rate than would otherwise be applicable. ArcBest, carriers and service providers shall not be liable for indirect, incidental, consequential, special, punitive, multiple or any other indirect costs, fees, charges or delays of any kind arising from cargo claims filed hereunder or any other acts or omission of either ArcBest, carriers or service providers, whether or not foreseeable or disclosed.

ArcBest performs and/or arranges transportation services under this bill of lading as a licensed Freight Forwarder and independent contractor to you. Carriers and service providers performing services for you under this bill of lading are non-agent independent contractors to both ArcBest and you. Cargo has been received in apparent good order, except as noted (contents and packaging condition of contents unknown), marked, consigned, and destined as shown above, which ArcBest agrees to arrange for you to be carried to destination by a carrier and/or provide other requested or necessary services through service providers. The property described above shall be subject to all conditions not prohibited by law which are consistent with the terms and conditions in this bill of lading and tariff ARC-111 Series, and all such documents are incorporated herein by reference and are agreed to and accepted by shipper, consignee and third party payor, and their agents and assigns.

Every service to be arranged and performed hereunder shall be subject to the price, rules, terms and conditions contained in the applicable price quote provided in writing by ArcBest to the payor of the freight charges and referenced above by specific and unique price quote or other applicable number which document is incorporated herein by reference. This bill of lading and shipments hereunder will be governed by U.S. federal laws and regulations. Venue shall be in a state or federal court located in Sebastian County, State of Arkansas.

If a motor carrier, freight forwarder, broker or other transportation service provider accepts this shipment from anyone other than ArcBest, it agrees to seek payment of its charges exclusively from the entity that dispatched it and expressly waives any other collection rights or remedies otherwise available to it, including any right to seek payment of the transportation charges from the consignor, consignee, third party payor or ArcBest.

Notify if problem en route or delivery (for informational purposes only):

Brad Rotert **479-434-9090**
Name Tel. No. Fax No.

NOTE (1) 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 (2) Liability Limitation for cargo loss or damage on this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A)(B). NOTE (3) 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 Sec. (2) of NMFC item 360.

SHIPPER

AUTHORIZED SIGNATURE (REQUIRED)

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 U.S. Department of Transportation. By signature on this bill of lading, the shipper authorizes consent to the Transportation Security Administration (TSA) to screen the shipment when transportation requires movement via an air carrier.

TRAILER NUMBER	SHIPPER LOAD & COUNT (SLC) <input type="checkbox"/>
CARRIER MOLLO	
PER <i>Jorge Castro</i>	DATE 06/21/24
Driver signature only acknowledges receipt of freight.	

8361776

STOFFELON

DOT-C2



DOT-C2



LIST ENCLOSED

SMITTY'S SUPPLY INC.
63399 HWY 51 NORTH
ROSELAND, LA 70666
USA

ORDER NUMBER
286007
SC0286007
SMITTY'S SUPPLY INC.
63399 HWY 51 NORTH
ROSELAND, LA 70666
USA

ANCRA

Seafoam
MOTOR
TREATMENT

ITEM #8F16

1 PINTS

QTY 2 CANS



239172

ANCRAL

22 of 24

TENNESSEE
U769072
SEMI

NOTE TO SHIPPER FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

PAGE 1 of 1

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

PO BOX 10048
FORT SMITH, AR 72917-0048
ArcBest
(800) 610-5544
www.arcbest.com

AFTER PRINTING,
PLACE PRO LABEL HERE
SHIPPER RETAINS THIS COPY

LD4909349
Shipper's Bill of Lading No.
P18735
Consignee's Reference / PO No.
06/21/2024
Bill of Lading Date

SHIP FROM ▼		SHIP TO ▼	
Shipper Name SEAFOAM SALES		Consignee Name SMITTY'S SUPPLY INC.	
Origin Street Address C/O EMCOCHEMICAL PACKAGING		Destination Street Address 63399 HWY 51 NORTH	
Origin City North Chicago		Destination City ROSELAND	
State IL		State LA	
Zip Code 60064		Zip Code 70456	
Phone Number(s) 847-689-2200		Consignee Telephone C.O.D. ▼	
BILL CHARGES TO ▼		To be paid by Shipper <input checked="" type="checkbox"/> Consignee <input type="checkbox"/>	
Name SEAFOAM SALES		Collect On Delivery \$	
C/O AESI		Remit to	
Street Address PO Box 10048		Street Address	
City Fort Smith		City	
State AR		State	
Zip Code 72917		Zip Code	
Phone Number(s) 479-434-9090		City	
Special Instructions Attn: Brad Rotert		Signed Carrier must collect cash, money order bank cashier's check, or bank certified check unless shipper signs here to accept company check.	

FOR FREIGHT COLLECT SHIPMENTS - If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement:
I hereby warrant that the goods described herein are in conformity with the bill of lading and all other lawful charges.

Freight charges are PREPAID unless marked collect
CHECK BOX IF COLLECT

960	CTN	960	CTN	960	CTN
SFT16 SEAFOAM MOTOR TREATMENT NMFC 155250-02 (subject to correction) ADDITIONAL REFERENCE INFORMATION CUSTOMER REFERENCE #: SO20216 SALES ORDER #: SC0286007 SPECIAL INFORMATION FOR CARRIER INVESTIGATION REQUIRED 06/26/2024 - 07/01/2024 CASE COUNT REQUIRED AT CHECK IN FOR OSD CLAIMS					

Signature: *Brad Rotert*

Signature: *James Castro*

Signature: *James Castro*

Signature: *James Castro*

Signature: *James Castro*

Signature: *James Castro*

Signature: *James Castro*

Signature: *James Castro*

Signature: *James Castro*

Signature: *James Castro*

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