



Bill to:
PEPSI LOGISTICS COMPANY INC

Invoice Date: 12/18/2023
Invoice #: 2508384
Terms: NET 30
Due Date: 01/18/2024


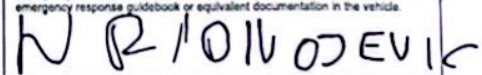
Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
12/17/2023		9101 Orly Rd, Indianapolis, IN, USA - 3800 North Division Street, Morris, IL, USA			
			1	\$600.00	\$600.00

TOTAL
\$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

SHIP FROM				Document Number: 33892651450  (402) 33892651450			
Name: 3389-QTG-INDIANAPOLIS SC Address: 9101 ORLY RD City/State/Zip: INDIANAPOLIS, IN 46241-9605				Appt: 12/17/23 8:00 AM Checkin: 12/17/23 9:15 AM Loaded: 12/17/23 11:34 AM Dispatch: 12/17/23 11:44 AM			
SID/BOL#: 67727602 FOB:							
SHIP TO				Carrier Name: PEPSI LOGISTICS CO INC MOS: T Trailer Number: LIVEW03263 Seal number(s): 4542587			
Name: COSTCO MW MORRIS DPT #267 Address: 3800 N DIVISION ST, UNIT B UNIT B City/State/Zip: MORRIS, IL 60450-9475 ID: C10008140 FOB:				SCAC: PLCB CAR MOVE: 67727602 Pro Number: LOAD SEQ:			
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge (freight charges are prepaid unless marked otherwise)			
Name: PEPSICO C/O CASS INFO. SERVICES Address: PO BOX 17608 City/State/Zip: ST LOUIS, MO 63178-7608				Prepaid _____ Collect _____ 3rd Party _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)			
SPECIAL INSTRUCTIONS: OTHERS-Del Appt 12-18-2023 05:30 CNF# 1652928833929071 877-4 02-2435							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT (LB)	Pallet/Slip (Circle One)		ADDITIONAL SHIPPER INFO	
002671204399		36	30086	Y	N	RAD-12/18/23 O-8352568679 S-1287630595	
				Y	N		
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL		36	30086				
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT (LB)	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY
QTY	TYPE	QTY	TYPE			See Section 2(e) of NMFC Item 360	NMFC #
36	CHEP Pallets	4680	CS - Case	30086		FOOD STUFFS	73227 60
36		4680		30086		GROSS WGT	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: <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.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature _____	
Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver				Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to <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. 	

DOOR: 322 MORRIS DRY
APP TIME: 5:30 12/18/23
IN TIME: 4:40 ARR TIME: 4:40
OUT TIME: 5:58
2671204399
21590-13
SEAL: BL/TRL:
RECVR: CONNIE TITUS


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APP TIME: 5:30 12/18/23
IN TIME: 4:40 ARR TIME: 4:40
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Name: COSTCO MW MORRIS DPT #267 Address: 3800 N DIVISION ST, UNIT B UNIT B City/State/Zip: MORRIS, IL 60450-9475 ID: C10008140 FOB:				SCAC: PLCB CAR MOVE: 67727602 Pro Number: LOAD SEQ:			
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SPECIAL INSTRUCTIONS: OTHERS-Del Appt 12-18-2023 05:30 CNF# 1652928833929071 877-4 02-2435 <div style="font-size: 2em; color: blue; text-align: center;">530-15 12/18 (322B)</div>							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT (LB)	Pallet/Slip (Circle One)		ADDITIONAL SHIPPER INFO	
002671204399		36	30086	Y	N	RAD-12/18/23 O 8352568679 S-1287630595	
				Y	N		
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL		36	30086				
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT (LB)	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. <small>See Section 2(e) of NMFC Item 360</small>	NMFC #
36	CHEP Pallets	4680	CS - Case	30086		FOOD STUFFS	73227 60
36		4680		30086		GROSS WGT	GRAND TOTAL
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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.	
						Signature _____ Shipper	
Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver				Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to <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. <div style="font-size: 1.5em; color: blue;">N R 101102 EVIK</div>	