



Bill to:
Trans-Link
,
,
,

Invoice Date: 03/20/2024
Invoice #: 137982
Terms: NET 30
Due Date: 04/20/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
03/18/2024		1700 Ritter Highway, Carlisle, PA 17013 - 21999 W HWY 54, Goddard, KS 67052			
			1	\$2,100.00	\$2,100.00
		lumper	1	\$268.00	\$268.00
		lumper	1	\$-1.00	\$-1.00

TOTAL
\$2,367.00

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

**DRIVER MUST
CALL
FOR DISPATCH**

800-446-4811

Trans-Link, LLC
875 Oaklawn Ave, Suite 306
Cranston, R.I. 02920
800-446-4811

All amounts in US Dollars

**CONFIRMATION MUST
BE SIGNED & RETURNED
BEFORE DRIVER CAN
BE DISPATCHED
THANKS!**

Fax: 401-463-6729

Date: 03/18/2024

Equipment:

V/R

Commodity:

Rate Confirmation

Load Number: 137982

Carrier: **ZIGI FREIGHT INC DBA ROYAL3 INC**
6850 W 63 Rd st
CHICAGO, IL 6063

Phone: **(630) 485-7370**
Fax:
Contact:

MCC: **944686**
Cargo Ins.: **100000.00**
Liab Ins.: **1000000.00**

LOAD CONFIRMATION AND PAYMENT AGREEMENT --- PLEASE SIGN AND RETURN ASAP

Shipper **NORTHEAST DC**
1700 RITNER HIGHWAY

CARLISLE , PA 17013

Phone: **(717) 240-2019**
Contact: **KIM/JEREMY**

Sched: **03/18/2024 01:00 PM**
PU# 172526498
Wt/Lbs. 33008
PO#: 16194

Receiver **KROGER CO (THE)**
21999 W HWY 54

GODDARD , KS 67052

Phone: **(316) 794-4300**
Contact:

Sched: **03/20/2024 06:15 AM**

Wt/Lbs. 33007
PO#: 16194

Description	Qty	Price	Extended
Flat Rate			2100.00
Total (USD)			\$2100.00 (USD)

1. Please call Trans-Link for pick up and delivery information.
 2. Carrier must count all pallets, cartons or pieces, or mark bill of lading Shipper's Load and Count/ "SLC" if not allowed to verify. Failure to confirm count may result in shortages being deducted from freight invoice.
 3. Carrier must call in with transit updates each day in route
 4. Carrier must report any delays in transit immediately to Trans-Link dispatch (open 24 hours)
 5. Carrier must report any damage, shortage, or overage immediately upon delivery.
 6. Commodities that are exempt under 49 U.S.C. 13506 (A) (6) shall be subject to any claim being deducted from Carrier's invoice. The rate named herein is all inclusive and no other charges is permitted without written addendum to this confirmation.
- Carrier is solely responsible to determine if it can accept the shipment under the terms above and Trans-Links Broker Carrier Contract, and upon acceptance warrants that it is fully able to perform the requested service in compliance with all Federal, State, and Local Statutes, Regulations and Ordinances.

Please Fax a Copy of Your Cargo/Liability Insurance Please Fax a Copy of Your Operating Authority and W-9

Breanna Burnham

Trans-Link, LLC

X

Joey Cimbaljevic
Authorized Carrier

1 of 1

Capstone Logistics

30 TECHNOLOGY PKWY SOUTH SUITE 200
PEACHTREE CORNERS, GA 30092
770-414-1929
FED ID# 45-3087555

09:17:35 March 20, 2024

Receipt #: 62ee754d-9d0b-45cf-8bb6-8fe7f7378242
Location: KROGER GODDARD KS
Work Date: 2024-03-20
Bill Code: RWESCOD40244
Carrier: ROYAL
Dock: KROGER WEST
Door: 39
Purchase Orders Vendor
16194 BAY VALLEY FOODS

Total Initial Pallets: 59.00
Total Finished Pallets: 60
Total Case Count: 2190
Trailer Number: 94930
Tractor Number:
BOL:
Comments:
Canned Comments:
Unloaders: 3



Add Fee
PO: 16194

Restack \$44.00
Total Add Charges: \$44.00
Base Charge: 214.00
Convenience Fee: 10.00
Total Cost: 268.00

Payments: Amount
CapstonePay- \$268.00
32972801
Total Payments \$268.00

webhooks.capstonelogistics.com

BILL OF LADING

SHIP FROM				Delivery Number: 85737274	
Name: Bay Valley Foods LLC					
Address: 1700 Ritner Highway					
City/State/Zip: Carlisle, PA 17013-9348					
Country: US				Shipment: 172526498	
Country: US					
SHIP TO				Carrier name : Trans-Link LLC	
Name: Dillon 036 - Goddard				SCAC: TLKY	
Address: 21999 W Hwy 54				Broker name :	
City/State/Zip: Goddard, KS 67052-9202				Trailer Number : w94930	
Country: US				Seal Number(s): 16296357	
FOB: X					
THIRD PARTY FREIGHT CHARGES				Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:				<div style="text-align: center;">KROGER RECEIVING STAMP Prepaid <u>3/20/24</u> Collect <u>3/20/24</u> DATE <u>3/20/24</u> TOTAL # OF CASES ON BOLY <u>2190</u> PAR Number : <u>02</u> TOTAL CASES RECVD # <u>2190</u> OVER/SHORT CASES # <u>02</u></div>	
Address:					
City/State/Zip:					
Country:					
Pro Number:					
SPECIAL INSTRUCTIONS				RECEIVER PRINTED NAME <u>Doyle</u>	
Print <u>Sidney</u>				Schedule via One Network or call for appointment: 855-864-8444	
DL# <u>M251786863360</u>				Perishable - Keep from Freezing November 1st - March 31st	
State <u>Florida</u>				RECEIVER SIGNATURE <u>[Signature]</u>	
CUSTOMER ORDER INFORMATION				WITNESS SIGNATURE	
CUSTOMER ORDER NUMBER				ALL CORRECTIONS ON BOL MUST BE INITIALED AND DATED BY RECEIVER	
16194				ADDITIONAL SHIPPER INFO	
Order# - 6981958					
CARRIER INFORMATION					
COMMODITY DESCRIPTION				LTL ONLY	
QTY	TYPE	NET WEIGHT (in Lbs)	H.M. (x)	NMFC#	CLASS
1,470	CS	22,192.590		73260-06	
720	CS	10,815.120		73260-06	
2,190	Gross Weight	37,207.710			
PALLET COUNT					
Total Pallets: 60				CHEP: 60	
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper. The terms of this Bill of Lading, including the rates established as described in the preceding sentence, are the entire agreement between shipper and carrier, superseding all prior and contemporaneous representations, tariffs, negotiations, understandings and agreements on the subject of the carriage of the property described above. The property described above is received from the shipper in apparent good order, except as noted (if packaged, contents and condition of contents of package unknown). Carrier (including any person in possession of such property under this contract) agrees to carry such property to the usual place of delivery at the destination indicated above. If on the carrier's route, and otherwise to deliver it to another carrier on the route to said destination.					
Carrier Signature/Date: <u>Mouk 3-18-24</u>				COD Amount: \$	
Tand: 1428				Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>	
Carrier: Report OS&D through your dispatch				Customer check acceptable: <input type="checkbox"/>	
Customer: Report OS&D to 800-772-6757 or OSD (if from outside US) within 18 hours of receipt				The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.	
Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver				Shipper Signature/Date: <u>[Signature]</u> <u>3-18-24</u>	
Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces					