



Bill to:
GILTNER LOGISTIC SERVICES, INC
PO BOX 5129,
TWIN FALLS,
ID,
83303

Invoice Date: 07/22/2024
Invoice #: 1181552
Terms: NET 30
Due Date: 08/22/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
07/15/2024		385 CALLAWAY CHURCH RD, CHAMPLAIN NY 12979 - 2085 LUKKEN INDUSTRIAL DR WEST, LAGRANGE GA 30241			
			1	\$2,100.00	\$2,100.00

TOTAL
\$2,100.00

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



GILTNER LOGISTICS, INC.
DOCS@GILTNER.COM
PO BOX 5129
TWIN FALLS ID 83303

PRO # 1181552 Rate Confirmation

FROM	DATE	TIME
	FROM	TO
F R O M	DANIEL ANDERSON	07/12/24 08:53:22
	(208) 260-4930 (p) (208) 914-7181 (f)	
C A R R I E R	TO	ATT
	PHONE	FAX
C A R R I E R	BRZ	SHAWN
	(708) 303-5150	

PICK UP			
From Address	BEELINE LOGISTICS 65 ELM ST.	Phone/Contact	LUC GAGNON
City, State, Zip	CHAMPLAIN NY 12979	Ship Date/Time	07/15/24 @ 14:00
Hours	0700-1500	Appt Date/Time	07/15/24 @ 14:00
		Special Inst.	PU# CALL@ SHPR
		Special Inst.	

MC #	DOT #	TRUCK #	TRAILER #	DRIVER	DRIVER CELL	PU REF
86875	3119062	605	W99430	ANIS	(919) 798-2779	2950103
SIZE & TYPE		DESCRIPTION		PIECES	WEIGHT	MILES
53 'VAN		RETAIL		0	10518	950

FINAL DESTINATION			
Company Address	LAGRANGE GA GM CONSOL 385 CALLAWAY CHURCH RD	Phone Contact	(208) 324-7826
City, State, Zip	LAGRANGE GA 30241	Appt Date/Time	07/17/24 08:00 DELIVERY: 42911127
Hours	0800-0800	Ref #	9581079503

CHARGES		DISPATCH NOTES
LINE HAUL RATE	2100.00	* MUST DELIVER BY 07/17/24 * PU# DRIVER CALL @ SHIPPER! 53' DRY VAN REQUIRED - MACRO POINT TRACKING REQUIRED!!! -- CHECK IN AS PROGRESSIVE LOGISTICS -- DO NOT LOAD AMAZON TRAILERS!! WALMART WILL NOT UNLOAD OR RECEIVE ANY LOAD ON AN AMAZON TRAILER! -- PU SET FOR 7/15 14:00 -- DEL SET FOR 7/17 08:00
TOTAL RATE	\$ 2100.00	PLEASE CALL DISPATCH 208-324-7826 / PLEASE ALLOW 3 HOURS AT LOADING AND RECEIVER / MUST NOTIFY DISPATCH OF ANY DELAYS OR ISSUES AT TIME OF OCCURRENCE / WEIGHT IS APPROX / CHECK IN AS PROGRESSIVE LOGISTICS!

****AS OF 4/20/2020 CUSTOMER REQUIRES FACE COVERING OR MASK AT ALL LOCATIONS!!****
****MACROPOINT MUST BE ACCEPTED ON THIS SHIPMENT PRIOR TO LOADING, FAILURE TO ACCEPT MACROPOINT WILL RESULT IN A \$200 FINE AT TIME OF SETTLEMENT****
*****PLEASE ALLOW 4 HOURS FOR LOADING/UNLOADING*** CALL AFTER 2 HR DELAY &**

(Instructions Continue On Next Page)

Carrier Signature _____

Date _____ / _____ / _____
M D YYYY

Send Carrier Bills to the Address Above

PRO #

must appear on all Invoices

1181552



GILTNER LOGISTICS, INC.
DOCS@GILTNER.COM
PO BOX 5129
TWIN FALLS ID 83303

PRO # 1181552 Rate Confirmation

FROM	FROM	DATE	TIME
	DANIEL ANDERSON	07/12/24	08:53:22
	(208) 260-4930 (p) (208) 914-7181 (f)		
CARRIER	TO	ATT	
	BRZ	SHAWN	
	PHONE	FAX	
	(708) 303-5150		

REPORT TO DISPATCH 208-432-1059. MUST BE REPORTED AT TIME OF OCCURRENCE.
 IN ORDER TO BE ELIGIBLE FOR DETENTION: WE MUST HAVE A SIGNED BOL SIGNED BY THE SHIPPER WITH IN AND OUT TIMES. IF DETENTION OCCURRED AT THE RECEIVER DRIVER MUST OBTAIN THE TRAILER CONTROL RECORD AND SUBMIT WITH ALL PAPERWORK WITHIN 72 HOURS OF DELIVERY TO BE ELIGIBLE FOR DETENTION AT THE RECEIVER FOR WALMART

This confirmation governs the shipment/freight movement referenced above as of the date specified and hereby amends, is incorporated by reference, and becomes part of that certain BROKER/CARRIER agreement executed between BROKER and CARRIER. Carrier agrees to sign and return confirmation. Carrier shall be in agreement with rates listed on rate agreement and that any change in the rate agreement between BROKER and CARRIER must have subsequent rate agreement issued by BROKER and signed by CARRIER. Rates include all charges including fuel surcharge. A minimum charge of one hundred dollars shall apply to all missed appointments.

If this shipment is double brokered, the agreement is VOID.

ALL CARRIERS MOVING LIQUIDS

IF THE TEMPERATURE FALLS BELOW FREEZING, THE CARRIER MUST PROTECT THE LOAD FROM FREEZING, WHICH WOULD INCLUDE IDLING WHEN PARKED.

WALMART WILL NOT UNLOAD AMAZON TRAILERS. MAKE SURE YOU DO NOT BRING AN AMAZON TRAILER TO ANY WALMART RECEIVER

MASTER BILL OF LADING

Page 1 of 1

SHIP FROM
Name: Storex Industries
Address: 3 Lincoln Blvd
City/State/Zip: Rouses Point, NY 12979
SID#: invoice # _____ FOB: ☐

Master BoL Number: MBL000012859

BAR CODE SPACE

35116229

SHIP TO
Name: WALMART DC#4121
Address: Various Locations
City/State/Zip: 385 Callaway Church Road
La Grange, GA 30241
Phone _____ FOB: ☒

CARRIER NAME: PROGRESSIVE

Trailer number: 99430

Seal number(s): 56361138

Pro number: _____

BAR CODE SPACE

THIRD PARTY FREIGHT CHARGES BILL TO:
Address: _____
City/State/Zip: _____

Freight Charge Terms:

Prepaid _____ Collect ☒ 3rd Party ☐

☒ (check box) Master Bill of Lading: with attached underlying Bills of Lading

BILL(S) OF LADING:
BL001049910, BL001049911, BL001049912, BL001049913,
BL001049914, BL001049915

CUSTOMER ORDER INFORMATION

BILL OF LADING NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
BL001049910	15	4,053 Lbs	Y	N	15 Pallets
BL001049911	4	588 Lbs	Y	N	4 Pallets
BL001049912	14	2,520 Lbs	Y	N	14 Pallets
BL001049913	5	966 Lbs	Y	N	5 Pallets
BL001049914	3	1,134 Lbs	Y	N	3 Pallets
BL001049915	8	1,407 Lbs	Y	N	8 Pallets
GRAND TOTAL	49	10,668 Lbs	Total:		49 Pallets 1 singles 24 doubles

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	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 ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
49	plts	49	ctns	10,668		Plastic Binders	23500-04	70
0	plts	0	ctns	0		Plastic Storage Products	15600-04	150
49		49		10,668		GRAND TOTAL		

SPECIAL INSTRUCTIONS: DO NOT BREAK DOWN SHRINK WRAPPED PALLETS
LOAD#35116229

17560

ATTN CARRIERS:
2 COPIES OF INVOICE MUST BE
DELIVERED TO U.S. CUSTOMS
UPON ENTERING U.S.A.

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 ☒ Prepaid: _____

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.

Date: 7/15/24 7/8/2024

Designated appt: _____

Signature: _____

Trailer Loaded:

☒ By Shipper
☐ By Driver

Freight Counted:

☒ By Shipper
☐ By Driver/pallets said to contain
☐ 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.

Date: 7/15/24

Designated appt: _____

Arriv.: 11:30

Dep: 12:10

Name/Num: _____

Signature: _____

MASTER BILL OF LADING

42911127

Page 1 of 1

SHIP FROM

Name: Storex Industries
Address: 3 Lincoln Blvd
City/State/Zip: Rouses Point, NY 12974
SID#: invoice # _____ FOB: ☐

Master BoL Number: MBL000012859

SHIP TO

Name: WALMART DC#4121
Address: Various Locations
City/State/Zip: 385 Callaway Church Road
La Grange, GA 30241
Phone _____ FOB: ☒

CARRIER NAME: PROGRESSIVETrailer number: 99430Seal number(s): 5636/136

Pro number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

Address: _____
City/State/Zip: _____

Freight Charge Terms:

Prepaid _____ Collect ☒ 3rd Party ☐

BILL(S) OF LADING:

BL001049910, BL001049911, BL001049912, BL001049913,
BL001049914, BL001049915

(check box)

Master Bill of Lading: with attached
underlying Bills of Lading

CUSTOMER ORDER INFORMATION

BILL OF LADING NUMBER	# PKGS	WEIGHT	PALLET/SKIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
BL001049910	15	4,053 Lbs	Y	N	15 Pallets
BL001049911	4	588 Lbs	Y	N	4 Pallets
BL001049912	14	2,520 Lbs	Y	N	14 Pallets
BL001049913	5	966 Lbs	Y	N	5 Pallets
BL001049914	3	1,134 Lbs	Y	N	3 Pallets
BL001049915	8	1,407 Lbs	Y	N	8 Pallets
GRAND TOTAL	49	10,668 Lbs	Total: 49 Pallets		1 singles 24 doubles

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	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 ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLAS
49	plts	49	ctns	10,668		Plastic Binders	23500-04	70
0	plts	0	ctns	0		Plastic Storage Products	15600-04	150
49		49		10,668		GRAND TOTAL		

SPECIAL INSTRUCTIONS: DO NOT BREAK DOWN SHRINK WRAPPED PALLETS

LOAD#35116229

ATTN CARRIERS:

2 COPIES OF INVOICE MUST BE
DELIVERED TO U.S. CUSTOMS
UPON ENTERING U.S.A.

1756

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 ☒ Prepaid: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.

Date: 7/15/24 7/8/2024

Designated appt: _____

Signature: _____

Trailer Loaded:

☒ By Shipper
☐ By Driver

Freight Counted:

☒ By Shipper
☐ By Driver/pallets said to contain
☐ 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.

Date: 7/15/24

Designated appt: _____

Arriv: 11:30Dep: 12:10

Name/Non: _____

Signature: _____

BILL OF LADING

Page 1 of 1

SHIP FROM
 Name: Storex/ERA c/o Bee Line Warehouse Inc.
 Address: 3 Lincoln Blvd
 City/State/Zip: Rouses Point NY 12979 USA
 SID#: invoice # FOB: ☒

Bill of Lading Number: BL001049910
 Shipment Number: 35116229

*BL 001049910

SHIP TO
 Name: SAM'S DISTRIBUTION CENTE Location #: 8235
 Address: 2122 NORTH STEMMONS
 City/State/Zip: SANGER, TX 76266
 Tax ID _____ Phone () - FOB: ☐

CARRIER NAME: PROGRESSIVE

Trailer number: _____

Seal number(s): _____

Pro number: _____

BAR CODE SPACE

THIRD PARTY FREIGHT CHARGES BILL TO:
 Address: _____
 City/State/Zip: _____
 INVOICE(S): IV142300

Freight Charge Terms:

Prepaid ☐ Collect ☒ 3rd Party ☐

☐ Master Bill of Lading: with attached underlying Bills of Lading
 (check box)

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO	
9581079503	15	4,728 Lbs	<input checked="" type="radio"/> Y	<input type="radio"/> N	15 Pallets	ORE138756
GRAND TOTAL	15	4,728 Lbs	Total: 15 Pallets		Pallet positions	

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	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 ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
15	plts	15	ctns	3,381		Plastic Binders	23500-04	70
0	plts	0	ctns	1,347		Plastic Storage Products	156600-04	150
15		15		4,728		GRAND TOTAL		

SPECIAL INSTRUCTIONS: DO NOT BREAK DOWN SHRINK WRAPPED PALLETS

\$ 6901

ATTN CARRIERS:

2 COPIES OF INVOICE MUST BE
 DELIVERED TO U.S. CUSTOMS
 UPON ENTERING U.S.A.

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: ☒ Prepaid: ☐

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.

Appt date: _____

Appt time: _____

Signature: _____

Trailer Loaded:

☒ By Shipper
☐ By Driver

Freight Counted:

☒ By Shipper
☐ By Driver/pallets said to contain
☐ 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.

Pick up date: _____

Time in: _____ Time out: _____

Signature: _____

REV 2012/01/17 001

BILL OF LADING

Page 1 of 1

SHIP FROM
Name: Storex/ERA c/o Bee Line Warehouse Inc.
Address: 3 Lincoln Blvd
City/State/Zip: Rouses Point NY 12979 USA
SID#: invoice # FOB: ☒

Bill of Lading Number: BL001049911
Shipment Number: 35116229

*BL001049911

SHIP TO
Name: SAM'S DISTRIBUTION CENTE Location #: 8206
Address: 1911 CONTINENTAL BLVD.
City/State/Zip: CHARLOTTE, NC 28273
Tax ID Phone (704) 588-5240 FOB: ☐

CARRIER NAME: PROGRESSIVE

Trailer number:

Seal number(s):

Pro number:

BAR CODE SPACE

Address:
City/State/Zip:

INVOICE(S):
IV142301

Freight Charge Terms:

Prepaid ☐ Collect ☒ 3rd Party ☐

☐ Master Bill of Lading: with attached
(check box) underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SKIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
5736424212	4	768 Lbs	Y	N	4 Pallets ORE138759
GRAND TOTAL	4	768 Lbs	Total: 4 Pallets Pallet positions		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	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 ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	plts	4	ctns	0		Plastic Binders	23500-04	70
0	plts	0	ctns	768		Plastic Storage Products	156600-04	150
4		4		768		GRAND TOTAL		

SPECIAL INSTRUCTIONS: DO NOT BREAK DOWN SHRINK WRAPPED PALLETS

\$ 885

ATTN CARRIERS:

2 COPIES OF INVOICE MUST BE
DELIVERED TO U.S. CUSTOMS
UPON ENTERING U.S.A.

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: ☒ Prepaid: ☐

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.

Appt date: _____

Appt time: _____

Signature: _____

Trailer Loaded:

☒ By Shipper

☐ By Driver

Freight Counted:

☒ By Shipper

☐ By Driver/pallets said to contain

☐ 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.

Pick up date: _____

Time in: _____ Time out: _____

Signature: _____

rev. 2024/11/01

BILL OF LADING

Page 1 of 1

SHIP FROM

Name: Storex/ERA c/o Bee Line Warehouse Inc.
 Address: 3 Lincoln Blvd
 City/State/Zip: Rouses Point NY 12979 USA
 SID# invoice # FOB: ☒

Bill of Lading Number: BL001049912
 Shipment Number: 35116229

***BI 001049912**

SHIP TO

Name: SAMS DISTRIBUTION CENTER Location #: 4965
 Address: 2800 S COUNCIL RD
 City/State/Zip: OKLAHOMA CITY, OK 73128-9520
 Tax ID Phone () - FOB: ☐

CARRIER NAME: PROGRESSIVE
 Trailer number:
 Seal number(s):

Pro number:

BAR CODE SPACE

THIRD PARTY FREIGHT CHARGES BILL TO:

Address:
 City/State/Zip:

INVOICE(S): IV142302

Freight Charge Terms:
 Prepaid ☐ Collect ☒ 3rd Party ☐
☐ (check box) Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SKIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
6481294517	14	3,150 Lbs	Y	N	14 Pallets ORE138762
GRAND TOTAL	14	3,150 Lbs			Total: 14 Pallets Pallet positions

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	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 ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
14	plts	14	ctns	844		Plastic Binders	23500-04	70
0	plts	0	ctns	2,306		Plastic Storage Products	156600-04	150
14		14		3,150		GRAND TOTAL		

SPECIAL INSTRUCTIONS: DO NOT BREAK DOWN SHRINK WRAPPED PALLETS

\$ 3994

ATTN CARRIERS:
 2 COPIES OF INVOICE MUST BE
 DELIVERED TO U.S. CUSTOMS
 UPON ENTERING U.S.A.

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: ☒ Prepaid: ☐

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.

Appt date:

Appt time:

Signature:

Trailer Loaded:

☒ By Shipper
☐ By Driver

Freight Counted:

☒ By Shipper
☐ By Driver/pallets said to contain
☐ 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.

Pick up date:

Time in: Time out:

Signature:

REV 2024/11/001

BILL OF LADING

Page 1 of 1

SHIP FROM

Name: Storex/ERA c/o Bee Line Warehouse Inc.
 Address: 3 Lincoln Blvd
 City/State/Zip: Rouses Point NY 12979 USA
 SID#: invoice # FOB: ☒

Bill of Lading Number: BL001049913
 Shipment Number: 35116229

***BI 001049913**

SHIP TO

Name: SAM'S DISTRIBUTION CENTE Location #: 4889
 Address: 4002 IH 35 NORTH
 City/State/Zip: NEW BRAUNFELS, TX 78130
 Tax ID _____ Phone (830) 643-6600 FOB: ☐

CARRIER NAME: PROGRESSIVE
 Trailer number: _____
 Seal number(s): _____

Pro number: _____

BAR CODE SPACE

THIRD PARTY FREIGHT CHARGES BILL TO:

Address: _____
 City/State/Zip: _____
 INVOICE(S): IV142303

Freight Charge Terms:
 Prepaid ☐ Collect ☒ 3rd Party ☐

☐ (check box) Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO	
9881167378	5	1,191 Lbs	Y	N	5 Pallets	ORE138763
GRAND TOTAL	5	1,191 Lbs			Total: 5 Pallets Pallet positions	

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	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 ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
5	plts	5	ctns	422		Plastic Binders	23500-04	70
0	plts	0	ctns	769		Plastic Storage Products	156600-04	150
5		5		1,191		GRAND TOTAL		

SPECIAL INSTRUCTIONS: DO NOT BREAK DOWN SHRINK WRAPPED PALLETS

\$ 1554

ATTN CARRIERS:
 2 COPIES OF INVOICE MUST BE
 DELIVERED TO U.S. CUSTOMS
 UPON ENTERING U.S.A.

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: ☒ Prepaid: ☐

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.

Appt date: _____

Appt time: _____

Signature: _____

Trailer Loaded:

☒ By Shipper
☐ By Driver

Freight Counted:

☒ By Shipper
☐ By Driver/pallets said to contain
☐ 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.

Pick up date: _____

Time in: _____ Time out: _____

Signature: _____

rev. 20240117.001

BILL OF LADING

Page 1 of 1

SHIP FROM

Name: Storex/ERA c/o Bee Line Warehouse Inc.
 Address: 3 Lincoln Blvd
 City/State/Zip: Rouses Point NY 12979 USA
 SID#: invoice # FOB: ☒

Bill of Lading Number: BL001049914
 Shipment Number: 35116229

***BL001049914**

SHIP TO

Name: SAMS DISTRIBUTION CENTER Location #: 6055
 Address: 6055 QUALITY WAY
 City/State/Zip: PRINCE GEORGE, VA 23875-3038
 Tax ID _____ Phone () - _____ FOB: ☐

CARRIER NAME: PROGRESSIVE

Trailer number: _____
 Seal number(s): _____

Pro number: _____

BAR CODE SPACE

THIRD PARTY FREIGHT CHARGES BILL TO:

Address: _____
 City/State/Zip: _____

INVOICE(S):
IV142304

Freight Charge Terms:

Prepaid ☐ Collect ☒ 3rd Party ☐

☐ Master Bill of Lading: with attached
 (check box) underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SKIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
7930218179	3	1,269 Lbs	Y	N	3 Pallets ORE138766
GRAND TOTAL	3	1,269 Lbs			Total: 3 Pallets Pallet positions

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	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 ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	plts	3	ctns	1,269		Plastic Binders	23500-04	70
0	plts	0	ctns	0		Plastic Storage Products	156600-04	150
3		3		1,269		GRAND TOTAL		

SPECIAL INSTRUCTIONS: DO NOT BREAK DOWN SHRINK WRAPPED PALLETS

\$ 2007

ATTN CARRIERS:
 2 COPIES OF INVOICE MUST BE
 DELIVERED TO U.S. CUSTOMS
 UPON ENTERING U.S.A.

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: ☒ Prepaid: ☐

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

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Appt time: _____

Signature: _____

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☒ By Shipper
☐ By Driver

Freight Counted:

☒ By Shipper
☐ By Driver/pallets said to contain
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Signature: _____

REV. 20240117 001

BILL OF LADING

Page 1 of 1

SHIP FROM

Name: Storex/ERA c/o Bee Line Warehouse Inc.
 Address: 3 Lincoln Blvd
 City/State/Zip: Rouses Point NY 12979 USA
 SID#: invoice # FOB: ☒

Bill of Lading Number: BL001049915
 Shipment Number: 35116229

***BL 001049915**

SHIP TO

Name: SAM'S DISTRIBUTION CENTE Location #: 8231
 Address: 26 STAUFFER INDUSTRIAL PARK
 City/State/Zip: TAYLOR, PA 18517
 Tax ID _____ Phone (570) 562-2230 FOB: ☐

CARRIER NAME: PROGRESSIVE
 Trailer number: _____
 Seal number(s): _____

Pro number: _____

BAR CODE SPACE

THIRD PARTY FREIGHT CHARGES BILL TO:

Address: _____
 City/State/Zip: _____
 INVOICE(S): IV142305

Freight Charge Terms:
 Prepaid ☐ Collect ☒ 3rd Party ☐
☐ (check box) Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
3031752667	8	1,767 Lbs	Y	N	8 Pallets ORE138773
GRAND TOTAL	8	1,767 Lbs			Total: 8 Pallets Pallet positions

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	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 ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
8	plts	8	ctns	422		Plastic Binders	23500-04	70
0	plts	0	ctns	1,345		Plastic Storage Products	156600-04	150
8		8		1,767		GRAND TOTAL		

SPECIAL INSTRUCTIONS: DO NOT BREAK DOWN SHRINK WRAPPED PALLETS \$ 2218

ATTN CARRIERS:
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Customer check acceptable: ☐

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☒ By Shipper

☐ By Driver

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Pick up date: _____

Time in: _____ Time out: _____

Signature: _____

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Equip ID	99430	Status	QI
Equip Arrival	07/22/24 07:56	Temp1	
Carrier	PGLJ	Temp2	
Seal	56361138	Temp3	
Reseal		Fuel Lvl	
DoorZone	APPOINTMENT	Dept	SSTK
Del Date	07/22/24 09:00	Type	53

I have read and understand the posted copy of WalMart's
Appointment Drop Rules and Regulations

Driver Signature



1201112

DC 4121