

Pepsi Logistics Company, Inc.

PEPSI LOGISTICS COMPANY, INC.
INVOICE MUST BE PROCESSED AT
WWW.EPAYMANAGER.COM
PLANO TX 75024

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ALAN MCCALL
(972) 963-1111
(972) 767-4775 (f) (469) 111-1111 (c)
Alan.McCall@pepsico.com

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BRZ
(708) 303-5150 (p) Att: DR
MC # 86875 Truck # 812
DOT 3119062 Trailer # H0325
Driver AMILCAR Cell # (954) 393-3308

Size & Type: 53' VAN

Description: NAT BAKERY FIG BAR

Miles: 942

Pieces: 30

Weight: 39560

DECLARED VALUE \$99456.00

CHARGES		DISPATCH NOTES
LINE HAUL RATE	2300.00	'All truck seals must be intact UPON ARRIVAL OR THE LOAD WILL BE REJECTED. PLEASE HAVE DRIVERS ARRIVE 15MINUTES BEFORE APPOINTMENT TIME TO SIGN IN AND DOCK. DRIVERS ARRIVING MORE THAN 30 minutes late may be asked to Reschedule' PU# SON24013658
TOTAL RATE	2300.00	

TYPE	REFERENCE #	TYPE	REFERENCE #	TYPE	REFERENCE #
Cust Ref	8236213	Ref #	1750816401	Ref #	1750816401
Pick 1	1750816401	Stop 1	1750816401		

PICK 1

NATURES BAKERY LLC
8860 PERSHALL RD
HAZELWOOD MO 63042
Phone/Contact: (314) 374-6995 VENDOR CONTACT

Appointment 08/23/24 @ 12:30
Appt Notes: SEE INSTRUCTIONS
Pieces: 30
Weight: 37560
Ref # 1750816401

STOP 1

MONROE TOWNSHIP DRY
10 COSTCO DRIVE
MONROE TOWNSHIP NJ 08831
Phone/Contact: (732) 992-2070 COSTCO TRAFFIC

Appointment 08/26/24 @ 10:00
Appt Notes: SET FIRM
Pieces: 30
Weight: 37560
Ref # 1750816401

****CARRIER MUST TRACK VIA 4KITES OR MACROPOINT OR \$75 FEE WILL APPLY****
ALL LOADS MUST BE ON 53' STANDARD VAN W/ SWING DOORS **LATE FEE WILL APPLY FOR MISSED DEL APPT **PLCI TO MANAGE ALL APPTS- DO NOT CONTACT SHIPPER OR RCVR. ACCESSRSLs MUST BE REQ WITHIN 48 HOURS OF DELIVERY.**
****CARRIER MUST TRACK VIA 4KITES OR MACROPOINT OR \$75 FEE WILL APPLY****

If the shipment has multiple PO's all BOL's for those PO's must be provided with invoice for billing. Any additional charges/accessorials must be req'd with proof/paperwork within 48hrs of delivery.

ALL LOADS MUST BE ON 53' STANDARD VAN W/ SWING DOORS unless otherwise specified.

In the event product refused at the depot, PLCI must be notified immediately and carrier will ONLY proceed once PLCI has approved course of action

PLCI will not be able to compensate charges for actions carrier has taken that have not been approved by PLCI first

**** PLEASE CONFIRM YOU ARE RECEIVING THIS FROM A PEPSICO EMAIL ADDRESS****

(Rate Confirmation Details on Next Page)

Carrier Signature _____

Date _____ / _____ / _____
M D

Doc ID: 2624062109305113
Send Carrier Bills to the Address Above
Sertifi Electronic Signature

PRO #2749128

must appear on all Invoices

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BRZ
(708) 303-5150 (p) Att: DR

MC #	86875	Truck #	812
DOT	3119062	Trailer #	H0325
Driver	AMILCAR	Cell #	(954) 393-3308

Contact PLCI at 888-752-4669. Our track and trace team can be reached at PBCTNT@pepsico.com. For after hours email please contact SPAPepsiLogisticsAfterhours@pepsico.com. For escalations contact PBCPLCIOpsDirector@pepsico.com.

** PLEASE CONFIRM YOU ARE RECEIVING THIS FROM A PEPSICO EMAIL ADDRESS**

This is a confirmation of a rate agreement between Pepsi Logistics Company, Inc and the Carrier listed above. The Carrier agrees to transport this shipment for the amount of the Total Rate (US \$) described in this document. The Carrier may not trans-load, consolidate, broker or change transport mode without written consent from PLCI under any circumstance. The shipment must stay sealed for the entire duration of transit. Upon final delivery of this shipment, Carrier agrees to provide PLCI, through our EPAY Manager payment system, a signed BOL along with any supporting accessorial receipts or signed documentation. PLCI must be notified within 24 hours of any accessorial occurrence and provided with signed documentation from the facility where occurrence took place in order for the carrier to receive compensation approval. If appropriate signed documentation is not uploaded to Epay manager, the amount of the accessorial will be deducted from the payment. Carrier must notify PLCI of any issues that would prevent on-time delivery immediately. Sending paper work to the broker will not result in payment. Paper work must be uploaded into Epay Manager.

Intermodal

If carrier picks up damaged equipment and does not notify PLCI in writing of the damage, it will be considered to have occurred while in the carriers possession and the carrier will be held liable for the cost of repairs. If out-gating equipment from the railroad, any damage must be notated on the J1. PLCI must be notified at the time of the occurrence of detention and provide signed documentation on the customer bill of lading where occurrence took place in order for the carrier to receive compensation. PLCI does not approve detention at the rail. All accessories and back-up documentation must be sent to PLCI within two business days after completion of the shipment or load will be released for payment and any cost corrections will be denied.

7701 Legacy Dr. Plano TX 75024.

** PLEASE CONFIRM YOU ARE RECEIVING THIS FROM A PEPSICO EMAIL ADDRESS**

Carrier Signature _____

Date _____ / _____ / _____
M D



***** IMPORTANT PICKUP / DELIVERY INFORMATION *****

Contact PLCI at 888-752-4669 during business hours or after hours for any questions. Our afterhours email is SPApepsiLogisticsAfterhours@pepsico.com

For escalations contact PBCPLCIOpsDirector@pepsico.com and Justin.Potes@pepsico.com

E-Signed : 08/21/2024 09:51 AM CDT
John Djordjevic
dispatch@rtbrz.com
IP: 148.72.165.2
Sertifi Electronic Signature
DocID: 20240821095055113



INVOICE

BILL TO:
PEPSI LOGISTICS COMPANY INC
7701 LEGACY DRIVE
PLANO, TX 75024

INVOICE DATE: 08/26/2024
INVOICE #: 8675
TERMS: NET 30
DUE DATE: 09/26/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
08/23/2024		8860 Pehle Ave, Hazelwood MO 63042 - 10 Costco Drive, Monroe Township NJ 08831			
		Freight Income	1	\$2,300.00	\$2,300.00

TOTAL
\$2,300.00

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

BILL OF LADING

SHIP FROM

Name: **MISSOURI NATURE'S BAKERY**
Contact: (314)330-2389

Address: 8860 PERSHALL RD.
City/State/Zip: HAZELWOOD, MO 63042
SID#:

FOB: ☐

Bill of Lading Number: 1750816401/SON24013658

NO. OF NATURE'S BAKERY LOAD BARS - ☒
DRIVER'S OWN LOAD BARS - ☒

SHIP TO

Name: **COSTCO MONROE TWP DRY** Location #: _____Address: **10 COSTCO DRIVE**

City/State/Zip: **MONROE TOWNSHIP, NJ 08831**
D175APT2@COSTCO.COM
CID#:

FOB: _____

CARRIER NAME:

Trailer number: **H63256**Seal number(s): **4765718**

SCAC:

Pro number:

BAR CODE SPACE

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

ESSENTIAL ITEMS

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/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
COSTCO - PROD #: 1501600650			<input checked="" type="radio"/> Y <input type="radio"/> N	
1750816401 - 30 PLTS	6,720	39,750	<input checked="" type="radio"/> Y <input type="radio"/> N	Peco Pallets
			<input checked="" type="radio"/> Y <input type="radio"/> N	
GRAND TOTAL	6,720	39,750		

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. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYP E				NMFC #	CLASS
30	PLTS	6,720	CS	39,750		FIG BARS 7840 CASES		70
30		6,720		39,750		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: ☐ 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.

Signature _____

Shipper

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.

Brettley R
8/23/24

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.

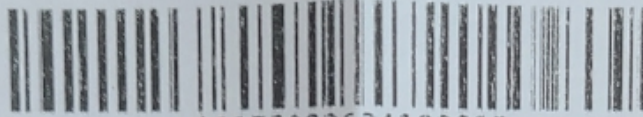
Property described above is received in good order, except as noted.

Amber 8/23/24

MONROE TOWNSHIP DR
DOOR: 437
APP TIME: 10:00 ARR TIME: 8:07
IN TIME: 9:46 OUT TIME: 10:45
1750816401
31916-20
SEAL: BL/TRL:

RECVR: GLENIS TORRES

PAGE 1 OF 1

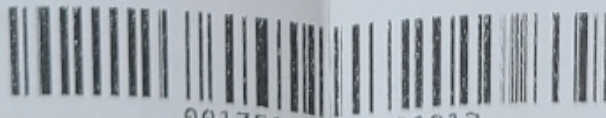


00175082624100012

MONROE TOWNSHIP DR
DOOR: 437
APP TIME: 10:00 ARR TIME: 8:07
IN TIME: 9:46 OUT TIME: 10:45
1750816401
31916-20
SEAL: BL/TRL:

RECVR: GLENIS TORRES

PAGE 1 OF 1



00175082624100012

BILL OF LADING

SHIP FROM		Bill of Lading Number: 1750816401/SON24013658 NO. OF NATURE'S BAKERY LOAD BARS - <input checked="" type="checkbox"/> DRIVER'S OWN LOAD BARS - <input checked="" type="checkbox"/>	
Name: MISSOURI NATURE'S BAKERY Contact: (314)330-2389 Address: 8860 PERSHALL RD. City/State/Zip: HAZELWOOD, MO 63042 SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: Trailer number: <i>H63256</i> Seal number(s): <i>4765718</i> SCAC: Pro number:	
Name: COSTCO MONROE TWP DRY Location #: _____ Address: 10 COSTCO DRIVE City/State/Zip: MONROE TOWNSHIP, NJ 08831 D175APT2@COSTCO.COM CID#: _____ FOB: _____		BAR CODE SPACE	
Name: _____ Address: _____ City/State/Zip: _____ SPECIAL INSTRUCTIONS:			
THIRD PARTY FREIGHT CHARGES BILL TO:			
ESSENTIAL ITEMS			
CUSTOMER ORDER INFORMATION			
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)
COSTCO - PROD #: 1501600650			Y N
1750816401 - 30 PLTS	6,720	39,750	Y N
			Y N
GRAND TOTAL	6,720	39,750	
CARRIER INFORMATION			
HANDLING UNIT	PACKAGE	WEIGHT	COMMODITY DESCRIPTION
QTY TYPE	QTY TYP E	H.M. (X)	LTL ONLY
30 PLTS	6,720 CS	39,750	FIG BARS 7840 CASES
			NMFC # CLASS
			70
RECEIVING STAMP SPACE			
30	6,720	39,750	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.			
SHIPPER SIGNATURE / DATE <small>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.</small> <i>Butterfly</i> 8/23/24		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Signature _____ Shipper CARRIER SIGNATURE / PICKUP DATE <small>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.</small> <i>Amber</i> 8/23/24	