

PO BOX 970 COLUMBUS, OH 43216 Phone: 800-809-2172

Broker Info

Matt Estes Phone: 800-809-2172 Ext: 431 Email: mestes@bbilogistics.com

BBI Carrier Confirmation

<mark>LOAD#</mark> 271404

Date: 08/30/2024 Equipment: Van Length: Temperature: Weight: 40,000 Commodity: Dry Goods (Food) Pallets/Cases: 19

Carrier Information

ZIGI FREIGHT INC dba ROYAL3 INCMC Number: 00944686Driver: David G6850 W 63RD STREETDispatch: RobertPhone: (954) 839-7617CHICAGO, IL 60638Phone: (630) 566-1697 |(630) 485-7370Email: robert.j@royal3inc.com**Special Instructions: ***DRIVER IS ALLOWED ON THE DOCK AT ALL ALDI RECEIVERS; PRIOR TO UNLOADING, DRIVERMUST VERIFY WITH LUMPER THAT THERE WILL NOT BE AN ADDITIONAL RESTACK FEE AT THE RECEIVER; IF THEREWILL BE A RESTACK, IT IS DRIVER'S JOB TO TAKE PICTURES OF THE PRODUCT; WITH NO PICTURES OF PRODUCT,RESTACK FEE WILL NOT BE REIMBURSED******CARRIER MUST VERIFY AND ADHERE TO EQUIPMENT AND TEMP REQUIREMENTS FROM SUPPLIER; PLEASE HAVE

DRIVER DOUBLE CHECK THAT TEMPERATURE ON RATE CONFIRMATION MATCHES TEMPERATURE ON BOL; IT IS THE DRIVER AND CARRIER'S RESPONSIBILITY TO VERIFY THAT ALL PO'S PROVIDED ON RATE CONFIRMATION ARE LOADED ONTO THE TRAILER AND MATCH THE BOLs PROVIDED BY THE SHIPPER. DRIVER MUST CONFIRM LOADING PATTERN ALLOWS FOR PALLETS ON SECOND/THIRD STOP (IF APPLICABLE). DRIVER IS RESPONSIBLE FOR CONFIRMING PROPER LOADING. IF DRIVER IS NOT ALLOWED TO SUPERVISE LOADING, SHIPPER LOAD AND COUNT "SLC" SHOULD BE WRITTEN ON THE BILLS AND SIGNED BY SHIPPER***

Pickups

Order	Date/Time	Location Details	Pickup Information
1	08/30/2024 - 12:00 PM-	Industrial Aid / 4417 Oleatha Avenue Saint Louis, MO 63116	PU# 85420601; 85423519 - driver must ensure both po's are loaded
		PO#s : 7501391135; 7501391161	

Drops

Order	Date/Time	Location Details	Delivery Information
		Aldi - HAI / (863) 353-4919	
1	09/01/2024 - 11:00 PM-	2651 FL-17	use PO # to check in - 531769999251319
		Haines City, FL 33844	
		PO#s : 7501391135; 7501391161	

Pay Items						
Description	Notes	Quantity	Rate	Amount		
Flat Rate	•	1	\$2,700.00	\$2,700.00		
Total				\$2,700.00		

Please send all POD's and Invoices to Invoices@bbilogistics.com to process payment

All unloading receipts must be submitted with the carrier's original invoice in order to be reimbursed.

Driver Name

Driver Cell Phone #

ovanovic

Print Name

Signature

Robert

Date





BILL TO: BBI LOGISTICS LLC 80 E RICH ST STE 200 COLUMBUS , OH 43215 INVOICE DATE: 09/02/2024 INVOICE #: 271404 TERMS: NET 30 DUE DATE: 10/02/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
08/30/2024		14117 Old 7th Avenue, Saint Louis, MO 63136 - 2490 sand Hill rd, Haines City, FL 33844, USA			
		Freight Income	1	\$2,700.00	\$2,700.00

TOTAL

\$2,700.00

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

Date:-08/30/2024 BILL OF I							F LADIN	IG	Page 1 of 1			
SHIP FROM							Bill	of Lading Number:				
	Name: Company Industrial Aid Address: Industrial Aid							854	20601			
City/S	Address: 4417 Oleatha Ave City/St/Zip: St. Louis MO 63116						Shipm	ent Number: 532	17462			
SID#:	2410)					FC	DB:		ase Order:		
Name:		ALD	SHIT			atvic	n#:	19 C. 19	1	ER NAME: Royal	3 Inc	
Addres	s:	HAIN	US H	NY 1	7 5					er Number: 140'324 or Number: 718	D	
City/St CID#:	t/Zip: 2000	USA				•••				Jumber (s): 1545119		
	IRD PAR			P CH	APCES	1 19 17		B:	SCAC: Pro Nu	mber:		
Name: Address				C Citt				NOB	Freigh	t Charge Terms: (freight marked prepaid	charges are	
City/St										d Collect 3r	d Party	
										Master Bill of Lading:	with attached	
SPECIAL Alterna										x) underlying Bills of La		
									BROWNB	DARD PALLETS OUT	IN	
									AIR BAG		3	
CUSTO	MER ORD	DER	# PKGS	WE	CU: IGHT	PAL	LET/		INFORMA	Additional Shipper Info		
N	UMBER					SI (Circ	LIP		Deliver	5-Digit 4-Digit PC Destination Type	5-Digit Dept.	
750	1391135	5	1540	220	56 LB	It)	N	By		DFUE		
						Y Y	N N					
GRAN	D TOTAL	L	1540	220	056	CAN	RRITE	R INFO	RMATION	5	Care and and	
HU	HU TYPE	PK OT		·•	WEIGH		.Μ X)	Commodit	ies remutring 5	ITY DESCRIPTION pecial or additional care or attention in be so marked and packaged as to ensure safe	MMFC CLASS	
QTY	1175	~-				_	-		transpor See Sect	tation with ordinary care. tion 2(e) of NMTC Item 360 2 RBO Grn/UltSnr		
.7	PL	980	cs	5 14	4036 I	LB			T	12 121		
4	PL	560	CS	80	021 LE	3	GF	QD 473m	1/1602	reaction: Tampering / Ochr	4	
11			40	100	22056		1		Trailer Ins	Pest / Cleanimess	1 Charman and the start	
									Check for Appt Time			
									1112 Late	Not Scheduled	12:100	
									Whee Sig Gate Pas	s Yes No time in the	me Out Cong U	
									Driver Si	gnaturo		
									COD Am	ount: \$		
Where the rate is writing the agree								n	Fee Te		epaid:	
The agreed or th shipper to be not	hipper to be not exceeding Customer check acceptable:											
NOTE Liabil	NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 - U.S.C. 14706(c)(1)(A) The carrier shall not make delivery of this shipment of the carrier shall not make delivery of this shipment of the carrier shall not make delivery of this shipment of the carrier shall not make delivery of this shipment of the carrier shall not make delivery of this shipment of the carrier shall not make delivery of this shipment and all other lawful								y of this shipment			
RECEIVED, subject to individually determined rates or contracts that have been spiced without payment of freight and all other language of the spice							other lawful					
to the shipper, on request, and to all applicable state and rederal regulations.							DATE					
SHIPPER SIG This is to certif are properly class	y that the ab	ove mate	rials	Trail	<u>er</u> By				hipper	ipper Carrier acknowledges receipt of packages and require protein Carrier certifies emergency reponse information was made will be and/or carrier bas the DOT emergency response guide		
are properly classified, packaged, marked and labelled and are in proper condition or transportation according to the collicable regulations of the DOT.				By By By			By said to	0	book or equivalent documentation in the Property described above is received in a noted.			
1/ 1	pplicable regulations of the DOT. $1 1 5 30 34 \Box$				By		1 And	8/30/04				
Kout 1	ath nester						-					



- 30/2024	BILL OF	LADING Page 1 of 1				
SH	IP FROM	Bill of Lading Number:				
wame: Company	Industrial Aid					
Augress. 4417 01	oatha Ave	85423519				
City/St/Zip: St. Lou SID#: 2410	FOB:	Shipment Number: 53220253				
		Purchase Order:				
	HIP TO	CARRIER NAME: Royal 3 Inc Trailer Number: H0.3240				
2651 US	HWY 17 S CITY FL 33844	Tractor Number: 71.8				
City/St/Zip: USA		Seal Number(s): 1545779				
CID#: 20009288	FOB:	SCAC: Pro Number:				
THIRD PARTY FREI Name:	GHT CHARGES BILL TO:	Freight Charge Terms: (freight charges are				
Address:	-	unless marked prepaid Prepaid Collect 3rd Party				
City/St/Zip:						
SPECIAL INSTRUCTIONS:		Master Bill of Lading: with attached (checkbox) underlying Bills of Lading				
Alternate PO#:750139116		SHIPPED ON 8 CHEP PALLETS - NO EXCHANGE				
		BROWNBOARD PALLETS OUTIN AIR BAGS VOID FILLERS				
	CUSTOMER ORDER					
000-00-00-00-00-00-00-00-00-00-00-00-00	KGS WEIGHT PALLET/	Additional Shipper Info				
NUMBER	SLIP (Circle By	Deliver 5-Digit 4-Digit PO 5-Digit Date Destination Type Dept.				
7501391161	L120 16041 LB Y N	Date Destination Type Dept. 2410 DFUE				
/	Y N					
GRAND TOTAL 1	Y N 120 16041					
HU HU PKG	PKG WEIGHT H.M	COMMODITY DESCRIPTION NMFC CLASS				
QTY TYPE QTY	TVPE (Y) Connoditie	es requiring special or additional care or attention in storing must be so marked and packaged as to ensure safe transportation with ordinary care.				
.8 PL	GRD 473ml	See Section 2(e) of NMPC item 160 /16oz-12 RBO UltW/LC/Ul				
1120	CS 16041 LB					
8 1120	16041	GRAND TOTAL				
		Date 9/2/24				
		Product inspection: Tampering / Odars / A Damage / Spoilage / Commingling / Condition				
		Trailer Inspection: Pest / Cleanliness / Condition Check for COOL:				
		Appt Time				
		Gate Pass Yes No Time In Out				
		Driver Signature COD Amount: \$				
Where the rate is dependant on value, shippers a writing the agreed or the declared value of prop "The agreed or the declared value of the propert	re required to state specifically in erty as follows:	Fee Terms: Collect D Prepaid: D				
shipper to be not exceeding	,	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)						
Apon in writing between the carrier and shipper, on request, and to all applicable state and federal regulations.						
SHIPPER SIGNATURE (DATE	Trailer Freight Count					
are properly classified, packaged, marked	By By Ship					
for transportation according to the applicable regulations of the port.	By By By said to	available and/or carrier has the DOT empreney response guide. The book or equivalent documentation in the vehicle. Froperty described above is received in good order exampt as				
K-AP 83034		noted.				
all nester		hu				

and the second

CS CamScanner

1 in



(949) 481-0685

Aldi (ALDHAI), Haines City, FL

Tax Id	461734845
V	VO #
ALDHA1995	2809012024223409
Time	9/1/2024 10:34:00 PM
PO #	"7501391135
	7501391161"
Truck #	718
Trailer #	03240
Daar #	25
Client's Dept	Unloading (GRP)
Product	GM
Vendor	Refresco Beverages
	LIS Inc.
Carrier	Royal 3 INC
Bill To	Royal 3 INC
QTY < Case >	1
Activity	\$87.00
Work Order Char	a≠ \$87.00
Service Charge	www.unu
Tatal	\$8.0D
Payment	\$95.00
Authorization	Relay
Driver	8078209
	IVA

Driver's Signature

