



Meiborg Bros  
3814 11th Street  
Rockford, IL 61109  
815-398-1111 8153981112

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Load Confirmation

0460978

<b>Carrier:</b>	ROYAL3 INC CHICAGO	IL 60638	<b>MC: 944686</b>	<b>Contact:</b>	Ian Miller
<b>Date:</b>	08/30/2024			<b>Phone:</b>	630-485-7370
				<b>Fax:</b>	

<b>Order</b>	<b>Order:</b>	0460978	<b>Commodity:</b>	Freight of All Kinds
	<b>Miles:</b>	1900.0	<b>Weight:</b>	43225.7
	<b>Temp:</b>		<b>Trailer:</b>	Van (DAT)
	<b>BOL:</b>	889334099	<b>Reference:</b>	889334099

<b>PU 1</b>	<b>Name:</b>	CLOROX	<b>Date:</b>	08/31/2024 1500
	<b>Address:</b>	705 N Lincoln St SPRING HILL KS 66083		08/31/2024 1500
	<b>Phone:</b>	913-592-4344	<b>Contact:</b>	Main
			<b>Driver Load:</b>	No driver loading or unload
	<b>Reference number:</b>	BM 00446008893340997		
	<b>Reference number:</b>	KK 1822787123543671		
	<b>Reference number:</b>	PO 001710821181		
	<b>Reference number:</b>	PO 0034595268		

<b>SO 2</b>	<b>Name:</b>	Costco Wholesale Depot	<b>Date:</b>	09/04/2024 1130
	<b>Address:</b>	4000A 142nd Ave E SUMNER WA 98390		09/04/2024 1130
	<b>Phone:</b>	253-826-6500	<b>Contact:</b>	Main
			<b>Driver Load:</b>	No driver loading or unload
	<b>Reference number:</b>	PO 001710821181		
	<b>Reference number:</b>	PO 0034595268		

<b>Payment</b>	<b>Carrier Freight Pay:</b>	\$3,900.00
	<b>Logs-On time pick up/Del-Carri</b>	100.00
	<b>TRUCKERTOOLS TRACKING</b>	200.00
	<b>Total Carrier Pay:</b>	\$4,200.00



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**Carrier Instructions and Requirements: This form must be completed and returned before driver can be loaded.**

CLOROX - TOTAL DISTANCE = 1897 MI

CLOROX - TOTAL FLOOR SPACE UNITS = 19

CLOROX - LD VOL = 772.882

CLOROX - Any full truckload pickup appointment request submitted 9/15 or beyond should us

CLOROX - e Transplace dock scheduling in carrier portal (for scheduling/rescheduling)

CLOROX - MUST have Meiborg trailer will NOT allow MW trailers to be dropped.

Costco Wholesale Depot - DELIVERY CONFIRMATION NUMBER: 1822787123543671; APPT #:

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**Please Sign:** *Robert Jovanovic*

(X) Accept

( ) Decline

Attention: Nate Martin  
779-210-3864  
logistics@meiborginc.com

Driver Name: Jorge Branden Rivera

Driver Cell: 352-209-8042

Driver Email: Robert@6305661697

Tractor #: 723

Trailer #: H03258





Acknowledgment and acceptance of RATE CONFIRMATION with a manual signature or e-signature is required within 20 minutes of tender. Failure to comply may result in the carrier's removal from this load.

This rate is contingent upon successful and on-time completion of all load requirements as orally stipulated or written on this Addendum.

- The rate may be reduced if the Carrier fails to complete electronic tracking terms and conditions. Including those not accepted, blocked, or interrupted during transit. **Charges itemized on rate confirmation**
- The rate may be reduced if the load is picked up or delivered after the initially scheduled time and date. **Charges itemized on rate confirmation**

All real or potential delays should be reported in real-time to avoid additional disruptions.

**If you have any problems or issues after regular business hours or on the weekends, please call 815-398-1111. Email [logistics@meiborginc.com](mailto:logistics@meiborginc.com) with the order number from your rate confirmation for expedited responses.**

Carrier acknowledges that failure to complete any terms and conditions on this shipment may jeopardize or result in losing future business opportunities with Meiborg Inc. and/or canceling the Agreement.

#### **Accessorial Charges**

Accessorial charges (including but not limited to labor, detention, or layover charges) must be authorized and approved before or during the occurrence. Meiborg Inc. will not reimburse any non-prior-approved accessorial charges. The Carrier shall ensure the bill of lading is noted when handling is required or when detention occurs, that a lump sum receipt is provided when a lump sum is hired, and that both are included as supporting documents with the Carrier's invoice.

Lump sum receipts must be submitted to [logistics@meiborginc.com](mailto:logistics@meiborginc.com) with a copy of the signed BOL within 24 hours of delivery for reimbursement if paid for by the carrier, or the lump sum amount will be deducted if paid by Meiborg Inc.

#### **Detention**

All carrier detention requests must be communicated one hour before the occurrence.

The first two hours are unbillable; any additional time will be billed at \$50 per hour and capped at \$250.

A signed BOL with a shipper or receiver representative signature must be submitted within 24 hours with in and out times notated on the POD.

#### **OS&D**

All overage, shortage, and damage must be reported immediately at the time of occurrence and noted on the bill of lading.

**Payment Information - IMPORTANT PLEASE READ AS EMAIL HAS CHANGED**

30 days from receipt of invoice:

Please send invoices and supporting documentation as a PDF to: [Invoicing@meiborginc.com](mailto:Invoicing@meiborginc.com)

The signed BOL, invoice, and all accessorial receipts must be submitted for payment within 48 hours of the final occurrence or as otherwise noted. POD's received after 48 hours of the delivery occurrence are subject to a \$100 deduction.

**Please use the following guidelines to avoid delays in processing your invoice:**

1. The subject line of your email and your invoice should contain the Meiborg Inc. load number as printed on the Rate Confirmation you received for the load.
2. Please make sure your paperwork is complete and legible.
3. For **payment status** questions, please email [logisticspaymentrequests@meiborginc.com](mailto:logisticspaymentrequests@meiborginc.com).

**Factoring Companies ONLY:** To submit a new or updated NOA, please use email [logisticspaymentrequests@meiborginc.com](mailto:logisticspaymentrequests@meiborginc.com).

**Meiborg Logistics  
Rockford, IL 61109  
(815) 398-1111**



## INVOICE

**BILL TO:**  
MEIBORG LOGISTICS LLC  
3814 11TH ST  
ROCKFORD, IL 61109

**INVOICE DATE:** 09/04/2024  
**INVOICE #:** 0460978  
**TERMS:** NET 30  
**DUE DATE:** 10/04/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
08/31/2024		705 N Lincoln St SPRING HILL KS 66083 - 4000A 142nd Ave E SUMNER WA 98390			
		Freight Income	1	\$4,200.00	\$4,200.00

TOTAL
\$4,200.00

### 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: 08/31/2024

## BILL OF LADING

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## SHIP FROM

Name: THE CLOROX SALES CO  
Address: PO BOX 347 / 705 N LINCOLN  
City/State/Zip: SPRING HILL, KS, 66083  
SID #: 889334099

FOB: ☒

## SHIP TO

Location #:  
Name: COSTCO 171 SUMNER WA  
Address: 4000-B 142ND AVE EAST  
City/State/Zip: SUMNER, WA, 98390  
CID #:

FOB: ☐

## BILL TO:

Name: Clorox Freight Payables  
Address 1: C/O TRANSPLACE  
Address 2: PO BOX 425  
City/State/Zip: LOWELL, AR 72745

Bill of Lading Number:  
00446008893340997

CARRIER NAME: MEIBORG BROS INC  
Trailer number: H03285  
Seal number(s): 00033650

SCAC: MEBR  
Pro number: 0460978



Freight Charge Terms: (Freight charges are prepaid unless marked otherwise)

Prepaid: ☒ Collect: ☐ 3rd. Party: ☐

☐ Master Bill of Lading: with attached underlying Bills of Lading

## SPECIAL INSTRUCTIONS:

MABD: 09/04/2024

RAD: 09/04/2024

Carrier must report any over, short, damaged or refused product at time of delivery by sending email to DET@Clorox.com  
Delivery Appointment: 09/04/2024; 11:30

PALLET EXCHANGE REQUIRED SHIP ON GMA RATED PALLETS OR MAY BE REFUSED CALL CUST SERV IF  
CAN'T DELIVER ON SCHEDULED ARRIVAL DATE CFA-206/351-9516

In 2:50 pm  
Out 6 pm

1130 ES  
253

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALL/SLIP	ADDITIONAL SHIPPER INFO Destination PO Type Department #
001710821181	988	41,990	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	14
GRAND TOTAL	988	41990		

## CARRIER INFORMATION

HANDLING UNIT	PACKAGE	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY
QTY TYPE	QTY TYPE				NMFC # CLASS
19 CH	988 CS	41,990 1,235		Litter Animal in bags, boxes Pallets	111655 03 55 150390SUB4 70
19	988	43225		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. The amount of declared value of the property is specifically stated by the shipper to be not exceeding

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(1)(A) and (B)

RECEIVED: Subject to the Transportation Contract or rate agreement in effect between Shipper and Contract Carrier, the Contract Carrier being understood through this Bill of Lading as meaning the motor carrier, forwarder, broker or other intermediary that has obligated itself to transport the freight from origin to destination, on the date of issue of this Bill of Lading, the property described below in apparent good order and condition, except as noted. This bill is a receipt for goods; it is not itself a contract or carriage. It is subject to the terms and conditions of the Transportation Contract or rate agreement, and no other document. The Contract Carrier agrees to this for itself and its subcontractors, agents and assigns. The weights are certified by the Shipper to be true and accurate.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

H. Diamond  
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.

HD 08/31/2024

## 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.

# BILL OF LADING

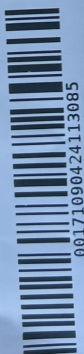
**Date:** 08/31/2024 **SHIP FROM**  
**Name:** THE CLOROX SALES CO  
**Address:** PO BOX 514 / 705 N LINCOLN  
**City/State/Zip:** SPRING HILL, KS, 66083  
**SID #:** 889334099 **SHIP TO**  
**Name:** COSTCO 171 SUMNER WA  
**Address:** 1000 SUMNER UNIT  
**Location #:**

**Bill of Lading Number:**  
0046008893340997  
**CARRIER NAME:** MEIBORG BROS INC  
**Trailer number:** H03285  
**Seal number(s):** 00033650  
**SCAC:** MEBR  
**Pro number:** 0460978

**Freight Charge Terms:** (Freight charges are prepaid unless marked otherwise)  
**Prepaid:** ☒ Collect: ☐ 3rd. Party: ☐  
**Master Bill of Lading:** with attached underlying Bills of Lading ☐

**DOOR:** 253 **SUMMER DRY**  
**APP TIME:** 11:30 **ARR TIME:** 10:22  
**IN TIME:** 10:22 **OUT TIME:** 11:22  
**SEAL:** 1710821181  
**BL/TRL:** 41341-04  
**RECVR:** MARK HOUSER

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00171090424113085

1130 253

**DOOR:** 253 **SUMMER DRY**  
**APP TIME:** 11:30 **ARR TIME:** 10:22  
**IN TIME:** 10:22 **OUT TIME:** 11:22  
**SEAL:** 1710821181  
**BL/TRL:** 41341-04  
**RECVR:** MARK HOUSER

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00171090424113085

SHIP ORDER INFORMATION		ADDITIONAL SHIPPER INFO	
WEIGHT	PALL/SLIP	Destination	PO Type Department #
41,990	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		14

SHIP INFORMATION		LTL ONLY	
COMMODITY DESCRIPTION		NMFC #	CLASS
Litter Animal in bags, boxes Pallets		111655 03 55	15039050B4 70

## GRAND TOTAL

**COD Amount:** \$ **Prepaid:** ☐  
**Fee Terms:** Collect: ☐ Prepaid: ☐  
**Customer check acceptable:** ☐

**This shipment may be applicable.** See 49 U.S.C. 14706<sup>(1)</sup>(A) and (B). The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

**H. Diamond**  
Shipper Signature

**CARRIER SIGNATURE/PICKUP DATE**  
Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available to the carrier and the DOT emergency response guidebook equivalent documentation in the vehicle.

**Freight Counted:**  
☒ By Shipper  
☐ By Driver/Pallets  
☐ said to contain  
☐ By Driver/Pieces

**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 in accordance with the applicable regulations of the DOT.

**HD 08/31/2024**