



BILL TO: SCOTLYNN USA DIVISION INC 9597 GULF RESEARCH LANE FORT MYERS, FL 33912 INVOICE DATE: 12/11/2024 INVOICE #: R68941 TERMS: NET 30 DUE DATE: 01/11/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
12/10/2024		8 Catamount DRV, Milton, VT 05468 - 1245 US-202, Winthrop, ME 04364, USA			
		Freight Income	1	\$1,100.00	\$1,100.00

TOTAL	
\$1,100.00	

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





1029759

Scotlynn USA I	Division	Oper	ations Contact		Billing Contact	
9597 Gulf Rese	arch Lane		iel Conboy		9597 Gulf Research L	ane
Fort Myers, FL	33912	scont	ooy@scotlynn.co	om	Fort Myers, FL 33912	
Ph: 888-263-18	88	ph:	239-204-5876	x	ph: 800-263-9117 x 2	541
Fax:239-433-33	72	cell:			fax: 239-603-8407	
www.scotlynn.o	com	fax:	239-204-5880	)	email: usa-accounting	g@scotlynn.com
Carrier:	ROYAL3 INC			Contact:	Kelly	
	CHICAGO	IL	60638	Phone:	630-405-7879	
Date:	12/10/2024			Fax:		
Commodity: Temp:	pasta sauce to	Run C	Continuous: N	Trailer:	Van or Reefer (DA	λ <b>Τ</b> )
Stop Details						
PU 1	Name: BOVE'S			۵rriva	e Between: 12/10/2024 08	300
		ount DR	V	,	And: 12/10/2024 15	
	MILTON		VT 05468		Contact:	
					Phone:	
Ref: PU 12365	386, 12365441, 1236	65331	Pcs: W	eight:	Desc:	
Stop Details						
SO 2	Name: Hannafo	ord Distril	oution Center	Arrive	e Between: 12/10/2024 20	000
	Address: 1245 US	6-202			And:	
	WINTH	ROP	ME 04364		Contact: Main	
					Phone: 207-377-2251	
Ref: CG Appoi	ntment ID: 01339462	29	Pcs: W	eight:	Desc:	
Rate Approval S	ignature: Kell	ly Au	anovic		Carrier Freight Pay: Total Carrier Pay:	\$1,100.00 \$1,100.00

Comments





## **Terms and Conditions**

Scotlynn Order number must appear on your Freight Bill.

Quick Pay is available on all orders at a rate of 3%, Proof of Delivery required.

Standard Payment Terms are Net 30 days from receipt of your Freight Bill and Proof of Delivery.

Late Pickup/Delivery without prior notification will result in fines.

Check Calls must be made to Scotlynn Operations Contact before 10am and again before 4pm EST each day the load is in

transit, including weekends and holidays. Failure to communicate may result in fines.

All additional expenses such as pallets and unloading fees require receipts in order to be reimbursed.

Loading/Unloading delays must be reported while truck is on site, and detention requests must be accompanied by dock in and out times noted on Bill of Lading.

Case and pallet count must match confirmation, any discrepancies must be reported at time of loading.

All temperature control loads must be run on continuous cycle only.

Each pallet of a temperature controlled shipment must be pulped at the time to loading to ensure temperature matches the Bill

of Lading. Temperature must be reported to Scotlynn at time of loading.

All trailers must be sealed with the seal number noted on the Bill of Lading.

Double Brokerage without written consent will result in non-payment.

All load claims will be assessed at the Bill of Lading, Invoice or Retail value whichever is greater.

For After Hours Dispatch call the toll-free number and follow the prompts.

Certificate of Insurance shall evidence that the following cargoes are not excluded: Fresh and/or frozen produce; fresh and/or frozen meat/seafood

Print Name:

Truck/Trailer: \_\_\_\_\_

Signature:

Driver/Cell:





	2/10/202	24		G for complete (	BILL O				Page	1
Name:	F	BOVES	SHIP	FROM			Bill of Lad	ing Number:		
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lame:		HANNA	FORD BR		ion #:	and the second se	Frailer num			
Address	s:	1245 US	RT. 202					er(s): 62008	735	
City/Sta	ate/Zip:	WINTRO	DP, ME 04	4364			SCAC:			
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