



# INVOICE

**BILL TO:**

GREAT LAKES TRANSPORT SOLUTION LLC  
207 COMMERCE DRIVE SUITE 102  
AMHERST, NY 14228

**INVOICE DATE:** 12/23/2024**INVOICE #:** B70471**TERMS:** NET 30**DUE DATE:** 01/23/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
12/20/2024		1321 South Magnolia Drive, Wiggins, MS US 39577 - 150 Industrial Road, Leominster, MA US 01453			
		Freight Income	1	\$3,000.00	\$3,000.00

**TOTAL**

\$3,000.00

**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**

## Carrier Rate and Load Confirmation



GREAT LAKES TRANSPORT SOLUTION  
207 Commerce Drive Suite 102  
AMHERST, NY 14228  
Karen Johnston  
karen@greatlakestransport.com

**Load Number:** 758162

**Date:** 12/19/2024

**Equipment Type:** 53' Dry Van

**Customer PO #:** PU 541521

**Temperature Setting Minimum:**

**Carrier:** RIKI TRANSPORTATION INC

**Contact:** REBECCA PARKER, (p) 7083035150 (f)

**Distance (Miles):** 1,430.10

**IMPORTANT INSTRUCTIONS:**

**Temperature Setting Maximum:**

### Shipper Pickup (Stop 1)

BiOrigin-Wiggins MS  
1321 South Magnolia Drive  
Wiggins, MS US 39577  
**Expected Date:** 12/20/2024  
**Shipping/Receiving Hours:** 08:00-16:00  
**Appointment Required:** No  
**Appointment Time:**

**Pickup Instructions:** 7a-5p Mon-Fri FCFS Driver must check in with PU number for pickup

**Shipper References:**

**Pickup/Delivery Number:** PU 541521

### Consignee Delivery (Stop 2)

Seaman Paper  
150 Industrial Road  
Leominster, MA US 01453  
**Expected Date:** 12/23/2024  
**Shipping/Receiving Hours:** 07:00-15:00  
**Appointment Required:** Yes  
**Appointment Time:** 10:00

**Delivery Instructions:** 7a-3p Mon-Fri by apt

**Consignee References:**

**Pickup/Delivery Number:**

### Shipment Information

Handling Unit		Package			
Qty	Type	Qty	Type	Weight	Commodity Description
				43500 lbs	Paper Rolls

### Carrier Fees

Description	Cost
Net Freight Charges	USD 3,000.00
<b>Total Cost</b>	<b>USD 3,000.00</b>

### Fee Details

Item Description	Unit	Quantity	Unit Price	Total
Net Freight Charges	Fixed Cost	1.00	USD 3,000.00	USD 3,000.00
Fuel Surcharge	Fixed Cost	1.00	USD	USD

All invoices must include a signed delivery receipt (all pages) and can be emailed to: [POD@greatlakestransport.com](mailto:POD@greatlakestransport.com)  
or mailed to:

Great Lakes Transport Solution, LLC 207 Commerce Drive, Suite 102 Amherst, NY 14228

Loading Terms: Problems and delays must be reported immediately. Costs resulting from delays may be deducted from freight charges. Great Lakes Transport Solution LLC's **load confirmation number** must appear on carriers invoice. Payment is issued 30 days from receipt of carrier invoice and proof of delivery with no exceptions noted. Detention will not be paid out unless Great Lakes Transport & Dispatch are notified 30 minutes prior to detention occurring. **Legible Proof of delivery must be sent within 24 hours to POD@greatlakestransport.com and** can be mailed to Great Lakes Transport Solution LLC, 207 Commerce Drive, Suite 102, Amherst, NY 14228. When mailing POD/Invoice we still need a copy emailed within 48 hours.

**\*\*Double brokering without prior written authorization will result in forfeiture of payment**

**\*\*Mode of transportation cannot be changed without prior written authorization from Great Lakes Transport and will result in forfeiture of payment**

**\*\*GREAT LAKES TRANSPORT SOLUTIONS, LLC RESERVES THE RIGHT, AT ANYTIME, TO REQUEST ORIGINAL PROOF OF DELIVERY TO BE MAILED IN.**

*Luke Miche*

**BIORIGIN SPECIALTY PRODUCTS- WIGGINS**

1321 S MAGNOLIA DR, WIGGINS, MS 39577

Page - 1  
 Date - 12/20/2024  
 Carrier Number 413508  
 GREAT LAKES TRANSPORT SOLUTION

**STRAIGHT BILL OF LADING-SHORT FORM-ORIGINAL-NOT NEGOTIABLE**

RECEIVED, subject to the classifications and tariffs in effect on the date of issue of this Original Bill of Lading

The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise being understood throughout this contract as meaning any person or corporation in possession of the property under the contract, agrees to carry to its usual place of delivery at said destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the day hereof, if this is a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if there is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Sold To: SEAMAN PAPER  
 35 WILKINS ROAD  
 GARDNER MA 01440

Ship To: SEAMAN PAPER  
 WHSE LEOMINSTER  
 150 INDUSTRIAL BLVD  
 LEOMINSTER MA 01453

Sales Order 541521  
 BOL # 377160  
 Pick Slip Number 636672  
 Trailer I.D. 97037  
 Seal # 7349529  
 Auth. #  
 Grabs / Pallets 0

412580

414003

Item Number/Description	Shipped	UM	Quantity	UM	NMFC	NMFC Description
* 4050128 2B1300CW40BIO	44,697.00	LB	44,697.0000	LB		LB
13.00# White Oth FSC						

Cust PO PO667441 Sales Order -- 541521 Line-- 1.000 PPD FOB ORIGIN FREIGHT P

**P.O.D. REQUIRED FOR PAYMENT**

Quantity	UM	Sec Quantity	UM	Bundles	Rolls
44,697.0000	LB	44,697.0000	LB	35	35

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Driver Signature

- \* If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier or shipper weight."
- + Shipper's imprints in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

Note - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper not to be exceeding \_\_\_\_\_

**THIS SHIPMENT IS CORRECTLY DESCRIBED**

+ The fibre boxes used for this shipment conform to the specifications set forth in the box makers certificate thereon, and all other requirements of the Consolidated Freight Classification.

CORRECT WEIGHT IS 44,697 LB

Shipper

Per

Shipper, Per

Agent, Per

FREIGHT TERMS
FOB ORIGIN FREIGHT PREPAID

FREIGHT RATE

BiOrigin Specialty Products schedules loads by appointment. If you do not have an appointment, we will do our best to accommodate you; but, we cannot guarantee time slots without appointments.

\*These items are FSC Certified, FSC MIX CREDIT, SGSCH-COC-900165, Expiration December 16, 2029.

Subject to Section 7 of conditions of applicable bill of lading. If this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement.

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

Per \_\_\_\_\_  
 (Signature of Consignor)

If charges are to be prepaid, write or stamp here, "To Be Prepaid"

Received \$ \_\_\_\_\_  
 to apply in prepayment of charges on the property described hereon.

Agent or Cashier

Per \_\_\_\_\_  
 (The signature here acknowledges only the amount prepaid.)

C.O.D. Shipment

C.O.D. Amt. \_\_\_\_\_

Collection Fee \_\_\_\_\_

Total Charges \_\_\_\_\_

Loaded By: \_\_\_\_\_

Checked By: \_\_\_\_\_

12-23-2024