



INVOICE

BILL TO:

SCOTLYNN USA DIVISION INC
9597 GULF RESEARCH LANE
FORT MYERS, FL 33912

INVOICE DATE: 01/10/2025**INVOICE #:** B72091**TERMS:** NET 30**DUE DATE:** 02/10/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
01/08/2025		30800 W 207th St, Edgerton, KS 66021 - 4824 S 10th St, Milwaukee, WI 53221			
		Freight Income	1	\$1,650.00	\$1,650.00

TOTAL

\$1,650.00

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

**Scotlynn USA Division**

9597 Gulf Research Lane
Fort Myers, FL 33912
Ph: 888-263-1888
Fax: 239-433-3372
www.scotlynn.com

Operations Contact

Jarrett Pearson
teamhp@scotlynn.com
ph: 239-207-3091 x 3091
cell:
fax: 239-207-3094

Billing Contact

9597 Gulf Research Lane
Fort Myers, FL 33912
ph: 800-263-9117 x 2541
fax: 239-603-8407
email: usa-accounting@scotlynn.com

Carrier:	BRZ		Contact:	Luke
	BURBANK	IL 60459	Phone:	708-852-5556
Date:	01/08/2025		Fax:	

Commodity:	Dry Grocery		Trailer:	Van or Reefer (DAT)
Temp:	to	Run Continuous: Y		

Stop Details

PU	1	Name:	Hostess Distribution Center	Arrive Between:	01/08/2025 0800
		Address:	30800 W 207th St	And:	01/08/2025 0900
			EDGERTON KS 66021	Contact:	Main
				Phone:	913-308-1100
				Pallets: IN:	OUT:
				Cases:	
				Weight:	
Ref:	PU MILWAUKEE - 42913514	Pcs:	1199	Weight:	13091.0
Ref:	PU WAUKESHA - 42931483	Pcs:	501	Weight:	5348.0
		Desc:			

Stop Details

SO	2	Name:	1100 Marlin Ct	Arrive Between:	01/09/2025 0600
		Address:	1100 Marlin Ct	And:	01/09/2025 0800
			WAUKESHA WI 53186	Contact:	
				Phone:	
				Pallets: IN:	OUT:
				Cases:	
				Weight:	
Ref:	PO 0010377	Pcs:	501	Weight:	5348.0
		Desc:			

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Carrier: BRZ
 BURBANK
Date: 01/08/2025

IL 60459

Contact: Luke
Phone: 708-852-5556
Fax:

Stop Details

SO 3 **Name:** 4824 S 10th St
Address: 4824 S 10th St
 MILWAUKEE WI 53221

Arrive Between: 01/09/2025 1000
And: 01/09/2025 1200

Contact:
Phone:
Pallets: IN: **OUT:**
Cases:
Weight:

Ref: PO APD120924

Pcs: 1199 **Weight:** 13091.0 **Desc:**

Carrier Freight Pay: \$1,650.00
Total Carrier Pay: \$1,650.00

Comments

Hostess Distribution Center - THEJOROH: *****WALMART LOADS ARE NEVER TO DELIVER EARLY EVER IF YOU DO SO THERE WILL BE A \$1500 FINE*****

****ALL PAPERWORK MUST BE EMAILED BY END OF DAY ON DELIVERY DATE****

LUMPER RECEIPTS NEED TO BE SUBMITTED TO usa-accounting@scotlynn.com WITHIN 72 HOURS OF DELIVERY DATE OR THEY MAY NOT BE REIMBURSED

Hostess Distribution Center - THEJOROH: *****WALMART LOADS ARE NEVER TO DELIVER EARLY EVER IF YOU DO SO THERE WILL BE A \$1500 FINE*****

*****IF YOUR DRIVER IS FOR WHATEVER REASON, UNABLE TO MAKE ON TIME DELIVERY (BREAKDOWN, DRIVER IS SICK, OUT OF HOURS, ETC.) YOU MUST GIVE US PERMISSION TO REPOWER THE TRAILER*****

-DETENTION WILL START 4 HOURS AFTER APPOINTMENT TIME AT \$20/HR OR UNTIL LAYOVER OR \$160 IS HIT.

-LOCATION UPDATES ARE TO BE PROVIDED BY 0900AM AND 1600 EST

-DRIVERS ARE REQUIRED TO SECURE FREIGHT WITH A MINIMUM OF 2 LOAD LOCKS AND/OR STRAPS AT THE BACK OF THE TRAILER AFTER THE AIRBAG IS IN PLACE.

-LOADING AND UNLOADING UPDATES ARE DUE WITHIN 2 HOURS OF LOADING/UNLOADING


-LUMPER RECEIPTS NEED TO BE SUBMITTED WITHIN 72 HOURS OF DELIVERY DATE OR THEY MAY NOT BE REIMBURSED

- IF THERE IS A BREAKDOWN OR A DRIVER ISSUE(FAMILY ISSUE, DRIVER SICK, NOT ENOUGH HOURS) CARRIER MUST ALLOW SCOTLYNN TO REPOWER THE TRAILER OR CROSS DOCK IN ORDER TO MAKE ON TIME DELIVERY

BILL OF LADING

Trailer Closed: 01/08/2025 09:33:48 PM CST

SHIP FROM
Name: J.M. SMUCKER & SUBSIDIARIES
Address: HOSTESS BRAND
30800 W. 207th Street
City/State/Zip: Edgerton, KS 66021

Bill of Lading Number: 184863314

(402) 184863314

SHIP TO
Name: TOTAL FOODS, INC.
Address: 1100 MARLIN COURT
City/State/Zip: WAUKESHA, WI 53186

Carrier Name: SUSD - SCOTLYNN USA DIVISION
Equipment: H03249
Seal number(s): CG-647715

CID: 184863314

SCAC: SUSD
Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
Name: J.M. Smucker Co Co Cass Information Sys
Address: P.O. Box 182038
City/State/Zip: Columbus, OH 43218-2038

SPECIAL INSTRUCTIONS: Master BOL: 184863314

CUSTOMER ORDER INFORMATION				Pallets/Slips (Circle One)		REG DELIVERY		ADDITIONAL SHIPPER INFO		JMS ORD NUM
CUSTOMER PO NUMBER	# CASES	NET WEIGHT (LB)	NET WEIGHT (LB)	Y	N	Y	N			
0010377	284	2918.05	2918.05	Y	N	Y	N			42931483
	0	0.00	0.00	Y	N					
	0	0.00	0.00	Y	N					
	0	0.00	0.00	Y	N					
	0	0.00	0.00	Y	N					
GRAND TOTAL	284	2918.05	2918.05							

CARRIER INFORMATION				COMMODITY DESCRIPTION		LTL ONLY	
HANDLING UNIT	PACKAGE	QTY	TYPE	WEIGHT (LB)	H.M. (X)	NMFC #	CLASS
SEE ATTACHED SUPPLEMENT PAGE							
10	284			2983.053			
GRAND TOTAL				2983.053			

Where the rate is dependent on weight, shippers are required to state specifically in writing the agreed or estimated value of the property as follows:
The agreed or estimated value of the property is specifically stated by the shipper to be not exceeding _____ per _____.

NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(e)(1)(A) and (B).
RECEIVED: subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and the shipper, if applicable, otherwise the carrier's published 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
This is a copy of the above named property and is not to be used for any other purpose. The carrier is not responsible for the proper condition of the property at the time of shipment. The shipper is responsible for the proper condition of the property at the time of shipment. The shipper is responsible for the proper condition of the property at the time of shipment. The shipper is responsible for the proper condition of the property at the time of shipment.

Trailer Loaded: ☒ By Shipper ☐ By Driver
Freight Counted: ☒ By Shipper ☐ By Driver/Pallets said to contain ☐ By Driver/Plates

SHIPPER SIGNATURE
Carrier acknowledges receipt of packages and materials and certifies that the carrier has the DOT emergency response information on file and available to the carrier. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

SHIPPER SIGNATURE
The J.M. Smucker Company
CARRIER SIGNATURE/PICKUP DATE
XG Signon 8/25
8:00am Had to wait because not scheduled today
12pm was supposed to be 1-7-24 at 8:00am

BILL OF LADING

Name: JIM SMUCKER & SUBSIDIARIES
Address: HOSTESS BRAND
30800 W. 207th Street
City/State/Zip: Edgerton, KS 66021

SHIP FROM

Bill of Lading Number: 184863314

(402) 184863314

Name: A PLUS DISTRIBUTING LLC
Address: 4824 S 10TH ST
City/State/Zip: MILWAUKEE, WI 53221-2412

SHIP TO

Carrier Name: SUSD - SCOTLYNN USA DIVISION
Equipment: H03249
Seal number(s): CG-647997

SCAC: SUSD
Pro Number:

CID: 184863314

THIRD PARTY FREIGHT CHARGES BILL TO:

1/9/25

SPECIAL INSTRUCTIONS:

CUSTOMER ORDER INFORMATION				
CUSTOMER PO NUMBER	# CASES	NET WEIGHT(LB)	Pallet/Slip (Circle One)	ADDITIONAL SHIPPER INFO
APD120924	1005	10966.23	Y	REG DELIVERY 01/08/2025
0010377	284	2918.05	Y	01/08/2025
	0	0.00	Y	42931483
	0	0.00	Y	
	0	0.00	Y	
GRAND TOTAL	1289	13884.28		

CARRIER INFORMATION				
HANDLING UNIT	PACKAGE	WEIGHT (LB)	H.M. (X)	COMMODITY DESCRIPTION
QTY	TYPE	QTY	TYPE	
SEE ATTACHED SUPPLEMENT PAGE				
30		1289		
		13949.283		
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 or commodity being shipped.

*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.

NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(g)(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.

SHIPPER SIGNATURE/DATE: _____

Trailer Loaded: ☒ By Shipper ☐ By Driver

Freight Counted: ☒ By Shipper ☐ By Driver/Pieces

SHIPPER SIGNATURE: _____

CARRIER SIGNATURE/PICKUP DATE: _____

SHIPPER SIGNATURE: _____

Dispatched Time: _____

1/8/25