



## INVOICE

**BILL TO:**  
GILTNER LOGISTICS INC  
834 FALLS AVE SUITE 1220  
TWIN FALLS, ID 83301

**INVOICE DATE:** 01/31/2025  
**INVOICE #:** R75037  
**TERMS:** NET 30  
**DUE DATE:** 03/03/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
01/28/2025		505 Pennsylvania Blvd, Feasterville, PA 19053 - 1245 S. Inca St, Denver, CO 80223			
		Freight Income	1	\$4,400.00	\$4,400.00

<b>TOTAL</b>
\$4,400.00

### 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**



GILTNER LOGISTICS, INC.  
DOCS@GILTNER.COM  
PO BOX 5129  
TWIN FALLS ID 83303

PRO # 1264045

Rate Confirmation

01/28/25 13:05:23 (EST)

F  
R  
O  
M  
BRET HESTER  
(208) 260-4930  
(208) 968-7684 (f)  
bhester@giltner.com

C  
A  
R  
R  
I  
E  
R  
ROYAL3 INC  
(630) 485-7370 (p) Att: DEVRA  
(630) 485-6980 (f)  
MC # 944686 Truck # 711  
DOT 2828543 Trailer # W94944  
Driver GILBERTO Cell # (407) 541-9916

Size & Type: 53' VAN  
Pieces: 286

Description: BUILDING MATERIALS  
Weight: 20000

Miles: 2092

CHARGES		DISPATCH NOTES
LINE HAUL RATE	4400.00	MUST CALL 208-260-4930 FOR PU# / 53' DRY VAN /REQUIRED TO HAVE STRAPS AND LOAD LOCKS / CALL FOR DISPATCH (208) 260-4930 /REQUIRED TO HAVE STRAPS AND LOAD LOCKS/ CHECK IN AS GILTNER AT SHIPPER / HIGH VIS CLOTHING SAFETY VEST & CLOSED TOE SHOES ARE REQUIRED ON ALL PROPERTIES /REQUIRES 2 STRAPS OR 2-LOAD LOCKS / *** IMPORTANT: CHECK IN AS GILTNER/
TOTAL RATE	4400.00	

#### PICK 1

C02-FEASTERVILLE-EEP  
805 PENNSYLVANIA BLVD  
FEASTERVILLE TR PA 19053  
Hours : 1000-2000  
Phone/Contact: (208) 260-4930 SHIPPING  
175 MILE(S) TO FIRST STOP

Appointment 01/28/25 @ 12:30  
Appt Notes: CALL FOR PU# @SHPR  
Seal # 630-435-7370

#### STOP 1

ERIE MATERIALS INC  
33 PHELPS STREET  
PORT DICKINSON NY 13901  
Hours : 0730-1530  
Phone/Contact: (208) 260-4930  
160 MILE(S) TO NEXT STOP  
FCFS M-F 0730-1530  
\*\*NO WEEKEND DELIVERY\*\*

Appointment 01/29/25 @ fcfs  
Appt Notes: FCFS M-F 0730-1530  
Ref # 1ST STOP  
Ref # FCFS 0730-1530

#### STOP 2

B&L WHOLESALE  
70 HARTFORD STREET  
ROCHESTER NY 14605  
Hours : 0800-1400  
69 MILE(S) TO NEXT STOP  
FCFS M-F 0730-1530  
\*\*NO WEEKEND DELIVERY\*\*

Appointment 01/29/25 @ fcfs  
Appt Notes: FCFS M-F 0800-1400  
Ref # 2ND STOP  
Ref # FCFS 0730-1530

#### STOP 3

B&L WHOLESALE  
1 BUD MIL DRIVE  
BUFFALO NY 14206

Appt Notes: FCFS M-F 0800-1600

(Rate Confirmation Details on Next Page)

Carrier Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D

Doc ID: 26250128120516582  
Sertifi Electronic Signature

Send Carrier Bills to the Address Above

PRO #1264045

must appear on all Invoices



GILTNER LOGISTICS, INC.  
DOCS@GILTNER.COM  
PO BOX 5129  
TWIN FALLS ID 83303

PRO # 1264045

Rate Confirmation

01/28/25 13:05:23 (EST)

F  
R  
O  
M  
BRETT HESTER  
(208) 260-4930  
(208) 968-7684 (f)  
bhester@giltner.com

C  
A  
R  
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R  
ROYAL3 INC  
(630) 485-7370 (p) Att: DEVRA  
(630) 485-6980 (f)  
MC # 944686 Truck # 711  
DOT 2828543 Trailer # W94944  
Driver GILBERTO Cell # (407) 541-9916

Hours : 0800-1600  
163 MILE(S) TO NEXT STOP  
FCFS M-F 0730-1530  
\*\*NO WEEKEND DELIVERY\*\*

STOP 4

SOULT WHOLESALE  
311 SCHOFIELD STREET  
CURWENSVILLE PA 16833  
Hours : 0730-1530  
Phone/Contact: (208) 260-4930  
1518 MILE(S) TO NEXT STOP  
FCFS M-F 0730-1530  
\*\*NO WEEKEND DELIVERY\*\*

Appt Notes: FCFS M-F 0730-1530

STOP 5

SCHAFER AND COMPANY  
1245 S. INCA ST  
DENVER CO 80223  
Hours : 0730-1530  
Phone/Contact: (208) 260-4930 RECEIVING  
FINAL STOP  
FCFS M-F 0730-1530  
\*\*NO WEEKEND DELIVERY\*\*

Appt Notes: FCFS 0730-1530 M-F  
Seal # 630-435-7370  
Ref # FINAL STOP  
Ref # FCFS 0730-1530

**\*MACROPOINT MUST BE ACCEPTED PRIOR TO LOADING, FAILURE TO ACCEPT MACROPOINT WILL RESULT IN A \$200 FINE AT TIME OF SETTLEMENT.**

**\*LOAD BARS SECURELY PLACED BEFORE LEAVING SHIPPER.**

**\*LEGIBLE PODS FOR EACH STOP MUST BE SUBMITTED TO DOCS@GILTNER.COM WITHIN 24 HOURS AFTER DELIVERY.**

**\*MASTER BOL IS NOT SUFFICIENT FOR PAYMENT; WE MUST HAVE A SIGNED POD FOR EACH STOP TO PROCESS PAYMENT.**

**\*IF STOPS ARE REMOVED A DEDUCTION OF \$50.00 PER STOP WILL BE APPLIED AT TIME OF SETTLEMENT.**

**\*PODS & INVOICES RECEIVED 60 DAYS AFTER SHIPDATE WILL NOT BE PAID.\*\***

*This confirmation governs the shipment/freight movement referenced above as of the date specified and hereby amends, is incorporated by reference, and become part of that certain BROKER-CARRIER agreement executed between BROKER and CARRIER. Carrier agrees to sign and return confirmation by fax. Carrier shall be in agreement with rates listed on rate agreement and that any change in the rate agreement between BROKER and CARRIER must have subsequent rate agreement issued by BROKER and signed by CARRIER. Rates include all charges including fuel surcharge. A minimum charge of one hundred dollars shall apply to all missed appointments. No detention will be paid at PU or DEL without 'IN AND OUT TIMES' marked on the bills by SHIPPER or CONSIGNEE and prior approval by BROKER. If this shipment is double brokered, the agreement is VOID. 'PLEASE*

(Rate Confirmation Details on Next Page)

Carrier Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D



GILTNER LOGISTICS, INC.  
DOCS@GILTNER.COM  
PO BOX 5129  
TWIN FALLS ID 83303

PRO # 1264045

Rate Confirmation

01/28/25 13:05:23 (EST)

F  
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BRETT HESTER  
(208) 260-4930  
(208) 968-7684 (f)  
bhester@giltner.com

C  
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ROYAL3 INC  
(630) 485-7370 (p) Att: DEVRA  
(630) 485-6980 (f)  
MC # 944686 Truck # 711  
DOT 2828543 Trailer # W94944  
Driver GILBERTO Cell # (407) 541-9916

**FAX SIGNED CONFIRMATION TO FAX NUMBER LISTED IN UPPER RIGHT HAND CORNER OF THE PAGE\*\***

*This confirmation governs the shipment/freight movement referenced above as of the date specified & hereby amends, is incorporated by reference, & becomes part of that certain BROKER-CARRIER agreement executed between BROKER and CARRIER. Carrier agrees to sign and return confirmation via fax. Carrier shall be in agreement with rates listed on rate agreement and any change in the rate agreement between BROKER & CARRIER must have subsequent rate agreement issued by BROKER & signed by CARRIER. Rates include all charges including fuel surcharge. A minimum charge of one hundred dollars shall apply to all missed appts. No detention will be paid at PU or DEL without IN AND OUT TIMES marked on the bills by SHIPPER or CONSIGNEE and prior approval by BROKER. If this shipment is double brokered, the agreement is VOID. Carrier is responsible for compliance with CA Air Resources Board if operating in CA. Carrier will indemnify BROKER for any fines received for not complying. \*\*PLEASE EMAIL OR FAX SIGNED RATE CONFIRMATION TO EMAIL OR FAX ON UPPER RIGHT HAND CORNER LISTED ON RATE CONFIRMATION\*\* \*\*\*ALL INVOICES MUST BE EMAILED TO DOCS@GILTNER.COM FOR PROMPT PAYMENT\*\**

Carrier Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D

Doc ID: 26250128126576582  
Send Carrier Bills to the Address Above  
Sertifi Electronic Signature

PRO #1264045

must appear on all Invoices



E-Signed : 01/28/2025 12:06 PM CST

*Devorah Jones*

dispatch@royal3inc.com  
IP: 207.244.66.100

Sertifi Electronic Signature

DocID: 20250128120506982

Date: 1/28/2025

## Bill of Lading

Page 1 of 5

<b>SHIP FROM</b>		Bill of Lading Number: 3086108	
Name:	C02-FEASTERVILLE-EEP		
Address:	805 PENNSYLVANIA BLVD FEASTERVILLE, PA 19053		
City/State/Zip:	SID# <input type="checkbox"/> FOB		
<b>SHIP TO</b>		Carrier Name:	GILTNER
Name:	SCHAFER AND CO	Trailer Number:	Delivery#
Address:	1245 S. INCA ST DENVER, CO 80223	Seal Number(s):	Shipment# E4244933
City/State/Zip:	CID# <input type="checkbox"/> FOB	SCAC:	PGLJ
<b>Freight Charges Bill to</b>		PRO NUMBER:	
Name:	FOR PREPAID: SHIPMENTS ONLY - SEND	Contact:	Load#
Address:	OMNIMAX C/O AFS, LLC P.O. BOX 18170	Freight Charge Terms: <input checked="" type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> Third Party	
City/State/Zip:	SHREVEPORT, LA 71138 US	<input checked="" type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	

## SPECIAL INSTRUCTIONS:

Underlying BOL Numbers: Stop# 20: 4910369; Stop# 30: 4910366; Stop# 40: 4910368; Stop# 60: 4910367 Multiple Stop Load CARRIER INVOICE  
 MUST CONTAIN BILL OF LADING NUMBER AND TRUCK NUMBER FOR PAYMENT. Miles : 2862  
 5818079 - Please call Berger at 1-800-523-8852  
 5862874 - Please call Berger at 1-800-523-8852  
 5882446 - Please call Berger at 1-800-523-8852  
 5882492 - Please call Berger at 1-800-523-8852-Customer Reference:

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (Circle One)	ADDITIONAL SHIPPER INFORMATION		
PO	SO						
EB0000816655	5862874	28	60	Y	N		
0007441099	5882446	117	2885	Y	N		
0007441101	5882492	102	2740	Y	N		
34112	5818079	37	893	Y	N		
GRAND TOTAL		284	6578				

CARRIER INFORMATION						LTL ONLY	
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	
6	PLT	284		6578		EAVE TROUGHS, ROOF GUTTERS, END CAPS, END PIECES	
						FITTINGS	
6		284		6578		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 as follows:

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

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(c)(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

## SHIPPER SIGNATURE / DATE

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 U.S. DOT.

## Trailer Loaded

☒ By Shipper☐ By Driver

## Freight Counted

☒ By Shipper☐ By Driver / pallets☐ By Driver/pkgs



## CARRIER SIGNATURE / PICKUP DATE

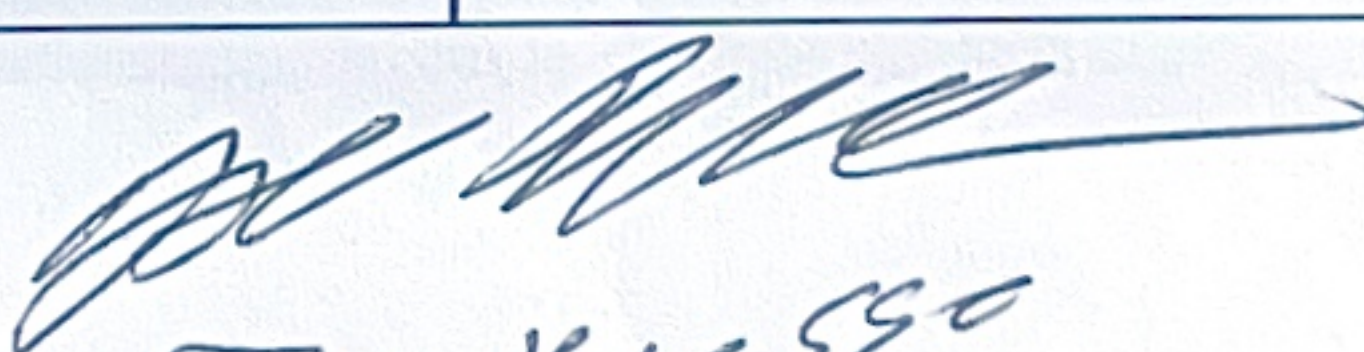
Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

*[Signature]* 01/28/25  
BR



1

Date: 1/28/2025		Bill of Lading			Page 2 of 5	
SHIP FROM				Bill of Lading Number: 4910369 		
Name: C02-FAESTERVILLE-EEP Address: 805 PENNSYLVANIA BLVD City/State/Zip: FEASTERVILLE, PA 19053 SID# <span style="float: right;"><input type="checkbox"/> FOB</span>						
SHIP TO				Carrier Name: GILTNER Trailer Number: <span style="float: right;">Delivery#</span> Seal Number(s): Shipment# E4244933		
Name: ERIE MATERIALS - BINGHAMTON Address: 33 PHELPS STREET City/State/Zip: PORT DICKINSON, NY 13901 CID# <span style="float: right;"><input type="checkbox"/> FOB</span>						
Freight Charges Bill to				SCAC: PGLJ PRO NUMBER: BR  <span style="float: right;">Stop# 20</span>		
Name: FOR PREPAID: SHIPMENTS ONLY - SEND Address: OMNIMAX C/O AFS, LLC City/State/Zip: P.O. BOX 18170 SHREVEPORT, LA 71138 US						
SPECIAL INSTRUCTIONS:				Contact: <span style="float: right;">Load#</span> Freight Charge Terms: <input checked="" type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> Third Party <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading		
Master BOL#: 3086108 Stop# 20 CARRIER INVOICE MUST CONTAIN BILL OF LADING NUMBER AND TRUCK NUMBER FOR PAYMENT. Miles : 2862 5862874 - Please call Berger at 1-800-523-8852-Customer Reference:						
CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (Circle One)	ADDITIONAL SHIPPER INFORMATION	
PO	SO					
EB0000816655	5862874	28	60	Y N		
				Y N		
GRAND TOTAL		28	60			
CARRIER INFORMATION						
HANDLING UNIT		PACKAGE		WEIGHT	H.M (X)	LTL ONLY
QTY	TYPE	QTY	TYPE			NMFC# CLASS
2	PLT	28		60		37020 85
2		28		60		
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 as follows:				COD Amount: _____		
*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.				Fee Terms: <input type="checkbox"/> Collect <input type="checkbox"/> Prepaid <input type="checkbox"/> 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) 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 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 U.S. DOT.				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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. Carrier certifies that the property described above has been received in full and in good condition, except as noted. Carrier is solely responsible for confirming the accuracy of the property described above and assumes all liability for any shortages, loss, or damage after acceptance. The refusal or failure of the carrier to verify does not relieve its liability.		
Trailer Loaded <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver / pallets said to contain <input type="checkbox"/> By Driver/pkgs						

  
 Joe Russo  
 1/29/25



Date: 1/28/2025

## Bill of Lading

Page 3 of 5

## SHIP FROM

Name: C02-FEASTERVILLE-EEP  
Address: 805 PENNSYLVANIA BLVD  
City/State/Zip: FEASTERVILLE, PA 19053  
SID# ☐ FOB

Bill of Lading Number: 4910366



## SHIP TO

Name: B&L WHOLESALE SUPPLY - ROCHESTER  
Address: 70 HARTFORD STREET  
City/State/Zip: ROCHESTER, NY 14605  
CID# ☐ FOB

Carrier Name: GILTNER

Trailer Number:

Delivery#

Seal Number(s): Shipment# E4244933

SCAC: PGLJ

PRO NUMBER: BR

Stop# 30



Freight Charges Bill to  
Name: FOR PREPAID: SHIPMENTS ONLY - SEND  
Address: OMNIMAX C/O AFS, LLC  
P.O. BOX 18170  
City/State/Zip: SHREVEPORT, LA 71138 US

## SPECIAL INSTRUCTIONS:

Master BOL#: 3086108 Stop# 30 CARRIER INVOICE MUST CONTAIN BILL OF LADING NUMBER AND TRUCK NUMBER FOR PAYMENT. Miles : 2862  
5882446 - Please call Berger at 1-800-523-8852-Customer Reference:

Contact:

Load#

Freight Charge Terms: ☒ Prepaid ☐ Collect ☐ Third Party☐ Master Bill of Lading: with attached underlying Bills of Lading

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (Circle One)		ADDITIONAL SHIPPER INFORMATION
PO	SO			Y	N	
0007441099	5882446	117	2885	Y	N	
GRAND TOTAL		117	2885			

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC#	CLASS
2	PLT	117		2885		EAVE TROUGHS, ROOF GUTTERS, END CAPS, END PIECES	37020	85
						FITTINGS		
2		117		2885		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 as follows:

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

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(c)(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

## SHIPPER SIGNATURE / DATE

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 U.S. DOT.

*[Signature]*  
1/29

## Trailer Loaded

☒ By Shipper☐ By Driver

## Freight Counted



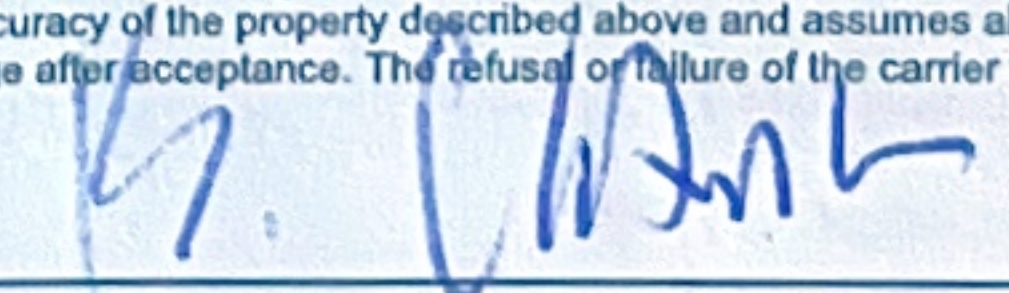
☒ By Shipper☐ By Driver / pallets  
said to contain☐ By Driver/pkg

## 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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. Carrier certifies that the property described above has been received in full and in good condition, except as noted. Carrier is solely responsible for confirming the accuracy of the property described above and assumes all liability for any shortages, loss, or damage after acceptance. The refusal or failure of the carrier to verify does not relieve its liability.





3

Date: 1/28/2025				Bill of Lading				Page 4 of 5			
<b>SHIP FROM</b>				Bill of Lading Number: 4910368							
Name: C02-FEASTERVILLE-EEP											
Address: 805 PENNSYLVANIA BLVD											
City/State/Zip: FEASTERVILLE, PA 19053											
SID# <input type="checkbox"/> FOB											
<b>SHIP TO</b>				Carrier Name: GILTNER							
Name: B&L WHOLESALE SUPPLY - BUFFALO				Trailer Number: Delivery#							
Address: 1 BUD MIL DRIVE				Seal Number(s): Shipment# E4244933							
City/State/Zip: BUFFALO, NY 14206				SCAC: PGLJ							
CID# <input type="checkbox"/> FOB				PRO NUMBER: BR							
<b>Freight Charges Bill to</b>											
Name: FOR PREPAID: SHIPMENTS ONLY - SEND				Stop# 40							
Address: OMNIMAX C/O AFS, LLC				BR							
City/State/Zip: SHREVEPORT, LA 71138 US				Load#							
<b>SPECIAL INSTRUCTIONS:</b>				Contact:							
Master BOL#: 3086108 Stop# 40 CARRIER INVOICE MUST CONTAIN BILL OF LADING NUMBER AND TRUCK NUMBER FOR PAYMENT. Miles : 2862				Freight Charge Terms: <input checked="" type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> Third Party							
5882492 - Please call Berger at 1-800-523-8852-Customer Reference:				<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading							
<b>CUSTOMER ORDER INFORMATION</b>											
CUSTOMER ORDER NUMBER				# PKGS		WEIGHT		PALLET/SLIP (Circle One)		ADDITIONAL SHIPPER INFORMATION	
PO		SO									
0007441101		5882492		102		2740		Y N			
								Y N			
<b>GRAND TOTAL</b>				102		2740					
<b>CARRIER INFORMATION</b>											
HANDLING UNIT		PACKAGE		WEIGHT		H.M (X)		COMMODITY DESCRIPTION		LTL ONLY	
QTY TYPE		QTY TYPE						Commodities requiring special or additional care or attention in handling or stowing must be marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360		NMFC# CLASS	
1 PLT		102		2740				EAVE TROUGHS, ROOF GUTTERS, END CAPS, END PIECES		37020 85	
								FITTINGS			
1		102		2740				<b>GRAND TOTAL</b>			
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:								COD Amount: _____			
*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.								Fee Terms: <input type="checkbox"/> Collect <input type="checkbox"/> Prepaid			
								<input type="checkbox"/> Customer check acceptable			
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B).</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 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 U.S. DOT.								Shipper Signature			
<b>Trailer Loaded</b>				<b>Freight Counted</b>				<b>CARRIER SIGNATURE / PICKUP DATE</b>			
<input checked="" type="checkbox"/> By Shipper				<input checked="" type="checkbox"/> By Shipper							
<input type="checkbox"/> By Driver				<input type="checkbox"/> By Driver / pallets said to contain							
				<input type="checkbox"/> By Driver/pkgs							

1124 125



Date: 1/28/2025		Bill of Lading		Page 5 of 5				
<b>SHIP FROM</b>			<b>Bill of Lading Number: 4910367</b> 					
Name: C02-FEASTERVILLE-EEP Address: 805 PENNSYLVANIA BLVD FEASTERVILLE, PA 19053 City/State/Zip: _____ SID# _____ <input type="checkbox"/> FOB								
<b>SHIP TO</b>			<b>Carrier Name: GILTNER</b> Trailer Number: _____ Delivery# _____ Seal Number(s): Shipment# E4244933 <b>SCAC: PGLJ</b> <b>PRO NUMBER: BR</b>  <b>Stop# 60</b> Contact: _____ Load# _____					
Name: SCHAFFER AND CO Address: 1245 S. INCA ST DENVER, CO 80223 City/State/Zip: _____ CID# _____ <input type="checkbox"/> FOB								
<b>Freight Charges Bill to</b>			<b>Freight Charge Terms:</b> <input checked="" type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> Third Party <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading					
Name: FOR PREPAID: SHIPMENTS ONLY - SEND Address: OMNIMAX C/O AFS, LLC P.O. BOX 18170 City/State/Zip: SHREVEPORT, LA 71138 US								
<b>SPECIAL INSTRUCTIONS:</b>  Master BOL#: 3086108 Stop# 60 Final Unloading Point CARRIER INVOICE MUST CONTAIN BILL OF LADING NUMBER AND TRUCK NUMBER FOR PAYMENT. Miles : 2862 5818079 - Please call Berger at 1-800-523-8852-Customer Reference:								
<b>CUSTOMER ORDER INFORMATION</b>								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (Circle One)	ADDITIONAL SHIPPER INFORMATION			
PO	SO							
34112	5818079	37	893	Y N				
				Y N				
<b>GRAND TOTAL</b>		37	893					
<b>CARRIER INFORMATION</b>								
HANDLING UNIT		PACKAGE		WEIGHT	H.M (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing must be marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC#	CLASS
1	PLT	37		893		EAVE TROUGHS, ROOF GUTTERS, END CAPS, END PIECES	37020	85
						FITTINGS		
1		37		893		<b>GRAND TOTAL</b>		
<small>Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:            *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.</small>						<b>COD Amount:</b> _____ <b>Fee Terms:</b> <input type="checkbox"/> Collect <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer check acceptable		
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B).</b>								
<small>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.</small>						<small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small> _____ Shipper Signature		
<b>SHIPPER SIGNATURE / DATE</b> <small>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 U.S. DOT.</small>			<b>Trailer Loaded</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<b>Freight Counted</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver / pallets said to contain <input type="checkbox"/> By Driver/pkgs		<b>CARRIER SIGNATURE / PICKUP DATE</b> <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.</small>	

*Joe Andrale*      *Schaffer*  
 01/31/25