



## INVOICE

**BILL TO:**

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

**INVOICE DATE:** 03/26/2025**INVOICE #:** B83098**TERMS:** NET 30**DUE DATE:** 04/26/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
03/25/2025		1321 South Magnolia Drive, Wiggins, MS US 39577 - 3400 Bagcraft Boulevard, Baxter Springs, KS US 66713			
		Freight Income	1	\$1,350.00	\$1,350.00

**TOTAL**

\$1,350.00

**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  
Alan Newton  
+1 7167543055 (phone)  
alan@greatlakestransport.com

**Load Number:** 766943

**Date:** 03/25/2025

**Equipment Type:** 53' Dry Van

**Customer PO #:** PU 542863

**Temperature Setting Minimum:**

**Carrier:** RIKI TRANSPORTATION INC

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

**Distance (Miles):** 671.27

**IMPORTANT INSTRUCTIONS:**

**Temperature Setting Maximum:**

### Shipper Pickup (Stop 1)

BiOrigin-Wiggins MS  
1321 South Magnolia Drive  
Wiggins, MS US 39577  
**Expected Date:** 03/25/2025  
**Shipping/Receiving Hours:** 08:00-17:00  
**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 542863

### Consignee Delivery (Stop 2)

Bagcraft Packaging / Novolex - Baxter Springs KS  
3400 Bagcraft Boulevard  
Baxter Springs, KS US 66713  
**Expected Date:** 03/26/2025  
**Shipping/Receiving Hours:** 08:00-16:01  
**Appointment Required:** Yes  
**Appointment Time:** 11:00

**Delivery Instructions:**

**Consignee References:**

**Pickup/Delivery Number:**

### Shipment Information

Handling Unit		Package			
Qty	Type	Qty	Type	Weight	Commodity Description
				43000 lbs	paper

### Carrier Fees

Description	Cost
Net Freight Charges	USD 1,350.00
<b>Total Cost</b>	<b>USD 1,350.00</b>

### Fee Details

Item Description	Unit	Quantity	Unit Price	Total
Net Freight Charges	Fixed Cost	1.00	USD 1,350.00	USD 1,350.00
Fuel Surcharge	Fixed Cost	1.00	USD	USD

Live tracking is mandatory for all shipments. Failure to comply may result in a \$75.00 fine.

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](mailto: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.**

**BIORIGIN SPECIALTY PRODUCTS- WIGGINS**

1321 S MAGNOLIA DR, WIGGINS, MS 39577

Page - 1  
 Date - 03/25/2025  
 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: BAGCRAFT  
 3900 W. 43RD STREET  
 ATTN: ACCOUNTS PAYABLE  
 CHICAGO IL 60632

Ship To: BAGCRAFT-KS  
 3400 BAGCRAFT BLVD.  
 BAXTER SPRINGS KS 66713

Sales Order 542863

BOL # 379956

Pick Slip Number 640054

Trailer ID W97036

Seal # 8402557

Auth. #

Grabs / Pallets 0

234467

234665

Item Number/Description	Shipped	UM	Quantity	UM	NMFC	NMFC Description	
4015402	39,435.00	LB	8,047.9592	MS			LB
801146							
14.7# White Laminating MG	Cust PO 02-527900				Sales Order -- 542863	Line-- 1.000	PPD FOB ORIGIN FREIGHT P

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

Quantity	UM	Sec Quantity	UM	Bundles	Rolls
39,435.0000	LB	8,047.9592	MS	24	24

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**

CORRECT WEIGHT IS 39,435 LB

+ 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.

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 accomodate you; but, we cannot guarantee time slots without appointments.

3-26-25

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: