



INVOICE

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

INVOICE DATE: 05/01/2025
INVOICE #: R88786
TERMS: NET 30
DUE DATE: 06/01/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
04/30/2025		470 ST Johns Church Rd., CAMP HILL, PA 17011 - 875 East St, TEWKSBURY, MA 01876			
		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



Rate Confirmation 1132387



1132387

Scotlynn USA Division

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

Operations Contact

Christopher Dixon
cdixon@scotlynn.com
ph: 239-207-3101 x
cell:
fax:

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: ROYAL3 INC
CHICAGO
Date: 04/30/2025

IL 60638

Contact: Aaron
Phone: 630-566-0562
Fax:

Commodity: Dry Grocery
Temp: to

Run Continuous: N

Trailer: 53 Ft Van - Dry

Stop Details

PU 1 Name: ACH Foods C/O Jaobson Companies Arrive Between: 04/30/2025 12:00PM
Address: 470 ST Johns Church Rd. And:
CAMP HILL PA 17011 Contact:
Phone:
Ref: PO 262592 Pcs: Weight: Desc:
Ref: PU 81582247 Pcs: Weight: 42589.0 Desc:
Ref: SO 0001334694 Pcs: Weight: Desc:

Stop Details

SO 2 Name: Demoulas Super Markets Warehouse Arrive Between: 05/01/2025 08:00AM
Address: 875 East St And:
TEWKSBURY MA 01876 Contact: appts - Belinda
Phone: 978-640-8365
Ref: PO 262592 Pcs: Weight: 42589.0 Desc:

Rate Approval Signature: _____

Carrier Freight Pay: \$1,100.00
Total Carrier Pay: \$1,100.00



Comments

ACH Foods C/O Jacobson Companies - ACHFCOTN: Lumper receipts must be submitted within 72 hours of completing the load. Failure to submit lumper receipts will result in carrier not being reimbursed for lumpers paid.
ACH Foods C/O Jacobson Companies - ACHFCOTN: Driver must obtain and send copies of ALL paperwork, seals, and of product once loaded + secured to TeamYost@scotlynn.com OR (317) 847-0895 **before** leaving the shipper. If shipper or BOL temperature requirement is different from rate confirmation, carrier must get confirmation in writing from broker to confirm what temp to run the load at. Failure to do so could result in full liability for any resulting temperature abuse claims. Carrier may be responsible for O/S/D if photos are not sent in to Scotlynn Dispatch before leaving shipper.

Reefer must be pre-cooled PRIOR to arriving to shipper, and reefer temperature reported at least twice daily to Scotlynn Dispatch. All reefer units must be downloadable, failure to use a downloadable reefer could result in full liability for any claims due to temperature abuse.

All loads must be sealed and seal number reported to Dispatch before leaving shipper. Failure to seal a load could result in liability for any O/S/D claim.

Detention starts 3 hours after appointment at \$50/hour up to \$250 per day. Layover is \$250 per 24hrs. NO detention will be awarded if Scotlynn Dispatch isn't notified of delays at the 2-hour mark in writing, or if IN/OUT times are not marked on the BOLs. No detention is awarded for missed or rescheduled appointments. Carrier is not eligible for detention at first-come first-serve facilities. Detention/layover will not be applied at in-transit stops if the delay does not impact final delivery.

Additional stops added after load is confirmed are \$75 + same dollar-per-mile as original load. When stops are removed after load is confirmed it is minus \$75 per stop - same dollar-per-mile

Checking in late to an appointment without written notification may result in denying any detention claims.

Any Overages/Shortages/Damages *MUST* be reported to Broker in writing immediately with photos of product and BOL marking the O/S/D. Failure to do so could result in FULL LIABILITY on the carrier for any claims.

ACH Foods C/O Jacobson Companies - ACHFCOTN: ALL OF THE FOLLOWING IS NOT TOLERATED:

** CALLING THE SHIPPER OR RECEIVER WITHOUT PERMISSION

** DELIVERING EARLY WITHOUT PERMISSION

*** ANY COMPLAINTS FROM SHIPPER OR RECEIVER ABOUT YOUR DRIVER

**** DISRESPECT TOWARDS ANY AND ALL SCOTLYNN STAFF

**ADVANCED NOTICE IS REQUIRED FOR EARLY CHECK IN AT SHIPPER OR RECEIVER

FCFS and WORK IN appointments are NOT ELIGIBLE FOR DETENTION.

DETENTION AND TONU'S MUST BE REQUESTED VIA EMAIL WITHIN 24 HOURS OF DELIVERY TO CDIXON@SCOTLYNN.COM - MUST INCLUDE CHECK IN + CHECK OUT TIMES/ PODs / FACILITY WHERE YOU ARE REQUESTING FROM

DETENTION REEFER: WILL START 5 HOURS AFTER APPOINTMENT TIME AT A RATE OF \$25/HR UNTIL LAYOVER OF \$250 IS HIT.

DETENTION DRY: WILL START 4 HOURS AFTER APPOINTMENT TIME AT A RATE OF \$20/HR UNTIL LAYOVER OF \$200 IS HIT.

*** PROPER NOTIFICATION IS NEEDED IF YOUR DRIVER IS GOING TO BE LATE *** PODS MUST BE SUBMITTED WITHIN 3 BUSINESS HOURS (EASTERN TIME), FAILURE TO DO SO FORFITS ALL DETENTION AND LAYOVER

**REDELIVERY OR CHANGE IN ADDRESSES WILL BE PAID AT THE LESSER OF EITHER THE PRORATED MILEAGE OR \$2/ MILE, NO EXCEPTIONS

NOTE: DETENTION REQUESTS WILL ONLY BE RECIEVED DURING MONDAY-FRIDAYS 0800-1700est. REQUESTS SENT ON WEEKENDS OR AFTER HOURS WILL NOT BE RECIEVED OR PROCESSED. -CUSTOMER may reject request if time at shipper does NOT affect on time delivery. If the driver is late or a work-in at shipper which causes driver to miss delivery appointment, you will not be eligible for compensation at reciever. This is to the disccression of the customer.

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.

Notify Scotlynn immediately of potential Late Pickup/Delivery

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: _____

Date: 04/30/2025

BILL OF LADING

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SHIP FROM

Name: ACH FOOD COMPANIES
Address: C/O GXO LOGISTICS
470 ST JOHNS RD
City/State/Zip: CAMP HILL PA 17011
SID#: 81582247

FOB: ☐

Bill of Lading Number: 01340000815822479



01340000815822479

SHIP TO

Name: DEMOULAS SUPER MARKETS Loc#: _____
Address: 875 EAST ST
City/State/Zip: TEWKSBURY MA 01876-1469
CID#: _____

FOB: ☐

CARRIER NAME: SCOTLYNN USA DIVISION I

Trailer number: 5260112

Seal number(s): 045740

SCAC: SUSD

Pro Number: 0



MAY 1 10:01

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
Address: _____
City/State/Zip: _____

(9012K) SUSD0

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid ☒ Collect _____ 3rd Party _____☐ Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:

CONTACT JIM @ 7819354659 FOR APPTMT
The TLC (traceability lot code) is located on the Packing - List attached.

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CHECK ONE)	ADDITIONAL SHIPPER INFO
262592	828	40994.28	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	CHEPS Qty 23 Wgt 1,610
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	
GRAND TOTAL	828	40994.28 LBS		

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 so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC from 2000</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
	PAL	828	CAS	40994.28		FOOD OIL		
23	PAL			1610.00			73238	65
23		828		42604.28 LBS				

GRAND TOTAL

Where the rate is dependent of 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).

Susan Emig

APR 30 2025

Shipper Signature

SHIPPER SIGNATURE / DATE

This is to certify that the herein named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. An "X" in the column under H.M. denotes hazardous material.

Trailer Loaded:

☒ By Shipper
☐ By Driver

Freight Counted:

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

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 DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

Lumper Receipt

DATE: 5/1/28 AMOUNT: 175.00

TRUCK# _____ TRAILER# _____

CASE COUNT: _____ TRIP# _____

FACILITY: Demoulas / Market Basket

LOCATION: Tewksbury, MA

LUMPER NAME: Zachary Cloutier

SIGNATURE: 