



INVOICE

BILL TO:
OTR TRANSPORTATION LLC
222 N LA SALLE, SUITE 1650
CHICAGO, IL 60601

INVOICE DATE: 05/07/2025
INVOICE #: B89713
TERMS: NET 30
DUE DATE: 06/07/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
05/06/2025		250 Radar Rd, Northampton, PA 18067 - 22 Holt Dr Ste 107, Stony Point, NY 10980			
		Freight Income	1	\$1,400.00	\$1,400.00

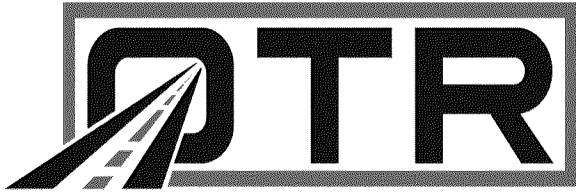
TOTAL
\$1,400.00

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



OTR TRANSPORTATION LLC
222 N LA SALLE ST
SUITE 1650
CHICAGO IL 60601

PRO # 379378

Rate Confirmation

05/06/25 08:49:49 (EST)

F
R
O
M

BRIAN KERN
(855) 978-7041 (p)
(847) 881-0294 (f)
brian.kern@loadotr.com

C
A
R
R
I
E
R

RIKI TRANSPORTATION INC
(708) 303-5150 (p) Att: SHAWN
(708) 303-5150 (f)
MC # 86875 Truck # 851
DOT 3119062 Trailer # W94930
Driver LUIS Cell # (813) 410-5375

Size & Type: 53' VAN
Pieces: 0

Description: PET SUPPLIES
Weight: 30065

Miles:

CHARGES		DISPATCH NOTES
LINE HAUL RATE	1400.00	driver assist. liftgate needed for ALL DELIVERIES.
TOTAL RATE	1400.00	

PICK 1

PA1
250 RADAR RD
NORTHAMPTON PA 18067
Hours : 1400
Phone/Contact: NO NAME

Appointment 05/06/25 @ 14:00
Appt Notes: CONF
Pieces: 0
Weight: 0
Seal # 7088525536
Ref # SHI000013850
Ref # 01
Ref # 04000000003809189
Ref # PA1_A_YORK1_05052025
Ref # PA1_A_YORK1_05052025
Ref # PA1_A_YORK1_05052025

STOP 1

100004162
501 COLUMBIA TPKE ST
RENSSELAER NY 12144
Hours : 0800-1800
liftgate needed

Appointment 05/06/25 @ fcfs
Appt Notes: FCFS
Pieces: 0
Weight: 0
Ref # SHI000013850
Ref # 02
Ref # PA1_A_YORK1_05052025
Ref # TO001403535
Ref # NONE - CONTACT SHIPP

STOP 2

100004032
720 HOOSICK RD
TROY NY 12180
Hours : 0800-1800
liftgate needed

Appointment 05/06/25 @ fcfs
Pieces: 0
Weight: 0
Ref # SHI000013850
Ref # 03
Ref # PA1_A_YORK1_05052025
Ref # TO001403522

(Rate Confirmation Details on Next Page)

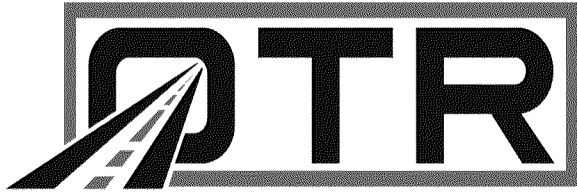
Carrier Signature _____

Date _____ / _____ / _____
M D

Send Carrier Bills to the Address Above

PRO # 379378

must appear on all Invoices



OTR TRANSPORTATION LLC
222 N LA SALLE ST
SUITE 1650
CHICAGO IL 60601

PRO # 379378

Rate Confirmation

05/06/25 08:49:49 (EST)

F
R
O
M

C
A
R
R
I
E
R

BRIAN KERN
(855) 978-7041 (p)
(847) 881-0294 (f)
brian.kern@loadotr.com

RIKI TRANSPORTATION INC
(708) 303-5150 (p) Att: SHAWN
(708) 303-5150 (f)
MC # 86875 Truck # 851
DOT 3119062 Trailer # W94930
Driver LUIS Cell # (813) 410-5375

Ref # NONE - CONTACT SHIPP

STOP 3

100009076
10 GLENRIDGE ROAD SU
GLENVILLE NY 12302
Hours : 0800-1800
liftgate needed

Appointment 05/07/25 @ fcfs
Pieces: 0
Weight: 0
Ref # SHI000013850
Ref # 04
Ref # PA1_A_YORK1_05052025
Ref # TO001403524
Ref # NONE - CONTACT SHIPP

STOP 4

100009034
738 ROUTE 9
FISHKILL NY 12524
Hours : 0800-1800
liftgate needed

Appointment 05/07/25 @ fcfs
Pieces: 0
Weight: 0
Ref # SHI000013850
Ref # 05
Ref # PA1_A_YORK1_05052025
Ref # TO001403521
Ref # NONE - CONTACT SHIPP

STOP 5

100004175
22 HOLT DR STE 107
STONY POINT NY 10980
Hours : 0800-1800
Phone/Contact: NO NAME
liftgate needed

Appointment 05/07/25 @ fcfs
Appt Notes: FCFS
Pieces: 0
Weight: 0
Seal # 7088525536
Ref # TO001403536
Ref # 06
Ref # PA1_A_YORK1_05052025
Ref # TO001403536
Ref # NONE - CONTACT SHIPP

**** PLEASE EMAIL ALL INVOICES TO INVOICES@LOADOTR.COM - WE PREFER EMAIL!! ****
SEAL MUST BE APPLIED WITH THE SEAL NUMBER NOTED ON THE BILL OF LADING PRIOR TO LEAVING SHIPPER. IN THE EVENT A SHIPMENT WAS SEALED AT ORIGIN ARRIVES TO THE CONSIGNEE WITH A TAMPERED SEAL OR WITHOUT THE SEAL IN TACT THE CARRIER WILL BE LIABLE FOR ANY SHORTAGE OR DAMAGE CLAIMS. PRODUCT MAY HAVE NO SALVAGE VALUE AT THE SOLE DISCRETION OF THE SHIPPER.
LOAD SHALL NOT BE DOUBLE BROKERED. IF DOUBLE-BROKERED, CARRIER AGREES TO ALL

(Rate Confirmation Details on Next Page)

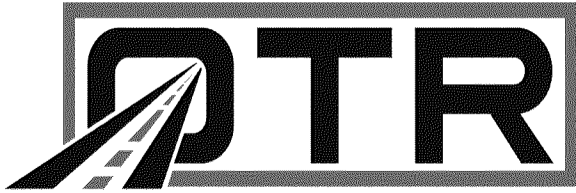
Carrier Signature _____

Date _____ / _____ / _____
M D

Send Carrier Bills to the Address Above

PRO # 379378

must appear on all Invoices



OTR TRANSPORTATION LLC
222 N LA SALLE ST
SUITE 1650
CHICAGO IL 60601

PRO # 379378

Rate Confirmation

05/06/25 08:49:49 (EST)

F
R
O
M

C
A
R
R
I
E
R

BRIAN KERN
(855) 978-7041 (p)
(847) 881-0294 (f)
brian.kern@loadotr.com

RIKI TRANSPORTATION INC
(708) 303-5150 (p) Att: SHAWN
(708) 303-5150 (f)
MC # 86875 Truck # 851
DOT 3119062 Trailer # W94930
Driver LUIS Cell # (813) 410-5375

LIABILITY WITH NO EXCLUSIONS. CARRIERS MOTOR VEHICLE EQUIPMENT IS DEDICATED TO BROKERS EXCLUSIVE USE WHILE TRANSPORTING TENDERED FREIGHT. VIOLATION OF EITHER WILL RESULT IN CARRIER'S FORFEITING ITS RIGHT TO BE PAID FOR THE TRANSPORTATION SERVICES, NOT AS PENALTY, BUT AS LIQUIDATED DAMAGES.

ALL ACCESSORIAL CHARGES MUST BE AUTHORIZED, APPROVED, & REPORTED AT THE TIME OF OCCURRENCE. ALL ACCESSORIAL CHARGES MUST BE APPROVED AND BILLED WITH RECEIPT & POD WITHIN 48HRS OR THEY WILL NOT BE PAID.

RATE IS CONTINGENT UPON SUCCESSFUL AND ON-TIME COMPLETION OF ALL LOAD TERMS. RATE IS SUBJECT TO REDUCTION IF LOAD PICKS UP OR DELIVERS AFTER THE TIMES STATED ON THIS CONFIRMATION.

CARRIER CONFIRMS CURRENT AND VALID INSURANCE COVERAGE WITHOUT EXCLUSIONS IN AMOUNTS NO LESS THAN ONE MILLION DOLLARS AUTO LIABILITY COVERAGE, ONE MILLION DOLLARS GENERAL LIABILITY COVERAGE, ONE HUNDRED THOUSAND CARGO COVERAGE. IF CARRIERS INSURANCE POLICY CONTAINS A SCHEDULE OF COVERED VEHICLES, CARRIER WILL ONLY TRANSPORT THIS SHIPMENT USING A VEHICLE LISTED ON THE VEHICLE SCHEDULE ON THEIR INSURANCE POLICY. CALLS MAY BE RECORDED BY OTR TRANSPORTION. CARRIER CERTIFIES THAT ALL EQUIPMENT FURNISHED IS IN COMPLIANCE WITH THE IN-USE REQUIREMENTS OF CALIFORNIA TRU REGULATIONS AND CALIFORNIA'S TRUCK AND BUS REGULATIONS IF SHIPMENT IS DISPATCHED ON CALIFORNIA HIGHWAYS

ALL TRAVEL DIRECTIONS GIVEN BY OTR ARE FOR INFORMATIONAL PURPOSES ONLY IT IS CARRIERS RESPONSIBILITY TO CONFIRM THAT IT IS LAWFUL TO OPERATE A VEHICLE OVER ANY HIGHWAY, ROAD, BRIDGE, OR ROUTE, AND TO ENSURE COMPLIANCE WITH US DEPARTMENT OF TRANSPORTATION HOURS OF SERVICE AND SAFETY REGULATIONS. CARRIER SHALL BE SOLELY RESPONSIBLE FOR ANY FINES, PENALTIES, OR CITATIONS OCCURRING AS A RESULT OF OPERATING A VEHICLE IN VIOLATION OF ANY REGULATIONS, LAWS, OR ORDINANCE.

NO ADDITIONAL CHARGES NOT LISTED ABOVE MAY BE ADDED BY THE CARRIER. ANY ADDITIONAL CHARGES MUST APPEAR ON A REVISED CONFIRMATION SHEET SIGNED BY THE BROKER.

BY MEANS OF EITHER ITS SIGNATURE ON CONFIRMATION OR ITS PROVISION OF SERVICE, CARRIER SHALL B E CONCLUSIVELY PRESUMED TO HAVE AGREED TO THE RATES AND CONDITIONS SET FORTH HERIN. CARRIER FURTHER REPRESENTS AND WARRANTS THAT SAID MUTUALLY AGREED UPON RATES ARE REASONABLE AND COMPENSATORY, THAT THE FREIGHT WOULD NOT HAVE BEEN TENDERED TO CARRIER AT HIGHER RATES, AND THAT NO SHIPMENTS HANDLED UNDER SUCH RATES WILL SUBSEQUENTLY BE SUBJECT TO A LATER CLAIM OF UNDERCHARGES

WE HAVE MOVED. OUR NEW ADDRESS IS
222 N LA SALLE ST SUITE 1650
CHICAGO, IL 60601
INVOICES@LOADOTR.COM

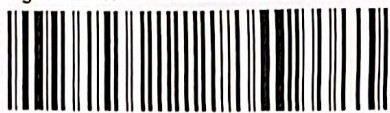
Carrier Signature _____

Date _____ / _____ / _____
M D

Send Carrier Bills to the Address Above

PRO # 379378

must appear on all Invoices

SHIP FROM		Bill of Lading Number: 04000000003809134	
Name: PA1 Address: 250 Radar Rd City/State/Zip: Northampton PA 18067 SID#: SHI000013850 FOB: <input type="checkbox"/>		 (402)04000000003809134	
SHIP TO		CARRIER NAME: OTR Transportation	
Name: 100004162 Address: 501 Columbia Tpke Ste 16 City/State/Zip: Rensselaer NY 12144 CID#: FOB: <input type="checkbox"/>		Trailer number: W94930 Seal Number: 0263733 SCAC: OTII Pro number: 379378	
THIRD PARTY FREIGHT CHARGES BILL TO		Stop 1	
Name: Pet Supplies Plus Address: 17410 College Parkway City/State/Zip: Livonia MI 48152			
SPECIAL INSTRUCTIONS: Dock Type: null <div style="font-size: 1.5em; margin-top: 10px;">High Low</div>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/>	
		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP	Additional Shipper Info			
		5 ctns	4510 lb	(Y) N	Pet Supplies			
GRAND TOTAL		5 ctns	4510 lb					
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 Item 340.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallets	5	ctns	4510 lb				95
3		5		4510 lb		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
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. <div style="text-align: right;">Shipper Signature</div>			
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 DOT. <div style="font-size: 1.2em; margin-top: 10px;">Kurt Gotten 5/6/25</div>				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/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. <div style="font-size: 1.2em; margin-top: 10px;">Property described above is received in good order, except as noted.</div>

SKG

5/7/25

Seal and Pallet Verification

Store # _____

Date: _____ Pallet Count: _____

Seal # _____ Still Intact? Y / N

Store Signature: _____

Driver Signature: _____

Arrive Time: _____ Depart Time: _____

Seal and Pallet Verification

Store # _____

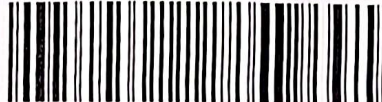
Date: _____ Pallet Count: _____

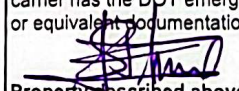
Seal # _____ Still Intact? Y / N

Store Signature: _____

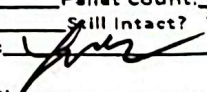
Driver Signature: _____

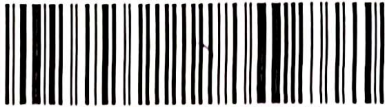
Arrive Time: _____ Depart Time: _____

SHIP FROM		Bill of Lading Number: 04000000003809165	
Name: PA1 Address: 250 Radar Rd City/State/Zip: Northampton PA 18067 SID#: SH1000013850 FOB: <input type="checkbox"/>		 (402)04000000003809165	
SHIP TO		CARRIER NAME: OTR Transportation	
Name: 100004032 Address: 720 Hoosick Rd City/State/Zip: Troy NY 12180 CID#: FOB: <input type="checkbox"/>		Trailer number: W94930 Seal Number: 0263732	
THIRD PARTY FREIGHT CHARGES BILL TO		SCAC: OTII	
Name: Pet Supplies Plus Address: 17410 College Parkway City/State/Zip: Livonia MI 48152		Pro number: 379378	
SPECIAL INSTRUCTIONS: Dock Type: null <div style="font-size: 2em; margin-top: 20px;">Dock</div>		<div style="font-size: 3em; margin: 0;">Stop 2</div>	
		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/>	
		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		Additional Shipper Info		
		5 ctns	6147 lb	(Y) N		Pet Supplies		
GRAND TOTAL		5 ctns	6147 lb					
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 7(a) of NMFC Item 360.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallets	5	ctns	6147 lb				45
4		5		6147 lb		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 <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
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. <div style="text-align: right;">Shipper Signature</div>		
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 DOT. <div style="font-size: 1.5em; margin-top: 20px;">Kory A. 5/1/25</div>				Trailer Loaded: Freight Counted: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </div> <div> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces </div> </div>		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. <div style="text-align: center; margin-top: 20px;">  Property described above is received in good order, except as noted. </div>		

Seal and Pallet Verification

Store # 4032
 Date: _____ Pallet Count: _____
 Seal # _____ Still Intact? Y / N
 Store Signature: 
 Driver Signature: _____
 Arrive Time: _____ Depart Time: _____


SHIP FROM		Bill of Lading Number: 04000000003809141  (402)04000000003809141	
Name: PA1 Address: 250 Radar Rd City/State/Zip: Northampton PA 18067 SID#: SHI000013850 FOB: <input type="checkbox"/>		CARRIER NAME: OTR Transportation Trailer number: W94930 Seal Number: 0263731 SCAC: OTII Pro number: 379378	
SHIP TO		Stop 3	
Name: 100009076 Address: 10 Glenridge Road Suite 3 City/State/Zip: Glenville NY 12302 CID#: FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO			
Name: Pet Supplies Plus Address: 17410 College Parkway City/State/Zip: Livonia MI 48152		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/>	
SPECIAL INSTRUCTIONS: Dock Type: null <div style="font-size: 1.5em; margin-left: 50px;">Dock</div>		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		Additional Shipper Info			
		9 ctns	8563 lb	(Y)	N	Pet Supplies			
GRAND TOTAL		9 ctns	8563 lb						
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE			NMFC #	CLASS		
5	Pallets	9	ctns	8563 lb					25
5		9		8563 lb		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
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 DOT. <div style="font-size: 1.2em; margin-top: 20px;">Kory Potter 5/16/25</div>				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/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. <div style="font-size: 1.2em; margin-top: 20px;">Muzak Maye</div> Property described above is received in good order, except as noted.	

Seal and Pallet Verification

Store # 00716
 Date: 5/17/25 Pallet Count: 5
 Seal # _____ Still Intact? Y / N
 Store Signature: _____


 Driver Signature: _____
 Arrive Time: _____ Depart Time: _____

SHIP FROM		Bill of Lading Number: 04000000003809158	
Name: PA1 Address: 250 Radar Rd City/State/Zip: Northampton PA 18067 SID#: SHI000013850 FOB: <input type="checkbox"/>		 (402)04000000003809158	
SHIP TO		CARRIER NAME: OTR Transportation	
Name: 100009034 Address: 738 Route 9 City/State/Zip: Fishkill NY 12524 CID#: FOB: <input type="checkbox"/>		Trailer number: W94930 Seal Number 0263730 SCAC: OTII Pro number: 379378	
THIRD PARTY FREIGHT CHARGES BILL TO		Stop 4	
Name: Pet Supplies Plus Address: 17410 College Parkway City/State/Zip: Livonia MI 48152			
SPECIAL INSTRUCTIONS: Dock Type: null <div style="font-size: 1.5em; margin-top: 10px;">Liftgk</div>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/>	
		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		Additional Shipper Info			
		6 ctns	5462 lb	(Y)	N	Pet Supplies			
GRAND TOTAL		6 ctns	5462 lb						
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(g) of NMFC item 360.</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
5	Pallets	6	ctns	5462 lb					
5		6		5462 lb		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
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. <div style="text-align: right;">Shipper Signature</div>			
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 DOT. <div style="font-size: 1.2em; margin-top: 20px;">Kory Astin 5/6/25</div>				Trailer Loaded: Freight Counted: <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/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. <div style="font-size: 1.2em; margin-top: 20px;">Property described above is received in good order, except as noted.</div>			

Seal and Pallet Verification

Store # 9034
 Date: 5/7/25 Pallet Count: _____
 Seal # Still Intact? Y / N
 Store Signature: *Redra Smith*
 Driver Signature: _____
 Arrive Time: _____ Depart Time: _____

SHIP FROM		Bill of Lading Number: 04000000003809172  (402)04000000003809172	
Name: PA1 Address: 250 Radar Rd City/State/Zip: Northampton PA 18067 SID#: SH1000013850 FOB: <input type="checkbox"/>		CARRIER NAME: OTR Transportation Trailer number: W94930 Seal Number: 0263729 SCAC: OTII Pro number: 379378 <div style="font-size: 2em; margin-top: 20px;">Stop S</div>	
SHIP TO			
Name: 100004175 Address: 22 Holt Dr Ste 107 City/State/Zip: Stony Point NY 10980 CID#: FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/>	
Name: Pet Supplies Plus Address: 17410 College Parkway City/State/Zip: Livonia MI 48152			
SPECIAL INSTRUCTIONS: Dock Type: null <div style="font-size: 1.5em; margin-top: 10px;">D.C.H</div>		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		Additional Shipper Info		
		5 ctns	3243 lb	(Y)	N	Pet Supplies		
GRAND TOTAL		5 ctns	3243 lb					
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 7(a) of NMFC Item 350.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallets	5	ctns	3243 lb				05
3		5		3243 lb		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
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. <div style="text-align: right;">Shipper Signature</div>		
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 DOT. <div style="font-size: 1.2em; margin-top: 20px;">Kerry Guter 5/6/25</div>				Trailer Loaded: Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> 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. <div style="font-size: 1.2em; margin-top: 20px;">Property described above is received in good order, except as noted</div>		

Char U 5/7/25