



## INVOICE

**BILL TO:**  
ZIPLINE LOGISTICS LLC  
2300 WEST 5TH AVE  
COLUMBUS, OH 43215

**INVOICE DATE:** 05/14/2025  
**INVOICE #:** R90640  
**TERMS:** NET 30  
**DUE DATE:** 06/14/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
05/12/2025		845 Paragon Way, Rock Hill, SC 29730, USA - 112 Bj Services Dr, Lafayette, LA 70507, USA			
		Freight Income	1	\$4,300.00	\$4,300.00

<b>TOTAL</b>
\$4,300.00

**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**

\*\*\*\* No Accessorials will be paid without Zipline's prior written authorization \*\*\*\*

\*\*\* Carrier must call Zipline when empty to acknowledge receipt of dispatch information  
@ (888) 469-4754\*\*\*

\*\*TONU will not be paid unless driver has called in and been dispatched by Zipline directly\*\*

\* Carrier must report any overages, shortages, damaged product and other irregularities  
immediately to Zipline\*

Delivery and pick up dates and times will not require Carrier to violate any safety regulations, including hours of service. At all times Carrier must ensure safe and legal operations.

Carrier shall notify Shipper or Receiver through Zipline of any anticipated delays in meeting the scheduled date or times indicated for this shipment. Any directions given by ZIPLINE or its Customers to Carrier, whether orally or in writing, are solely for informational purposes. Carrier is solely responsible for making all decisions relating to delivering every load. Carrier must operate their vehicle lawfully and safely over all roads, highways, bridges or routes. Carrier is solely responsible for all fines, penalties, and citations that may be assessed as a result of their delivering this load, including but not limited to any violation of any regulation, law or ordinance in operating their vehicle or regarding their trailer and its contents.

This Rate Confirmation is subject to the terms of Zipline's Broker-Carrier Agreement, constitutes an addendum to it, and is intended to emphasize, rather than limit it. This Rate Confirmation is inclusive of all charges. Carrier agrees that it reflects the entire amount due and that no other amount will be invoiced to Zipline. Carrier agrees to all terms in this Rate Confirmation through its electronic signature. Carrier's invoice must include all original paperwork, including an original Bill of Lading, delivery receipt, and this signed rate confirmation. All invoices must reference the Zipline's PRO # referenced above.

Carrier hereby restates all obligations under Zipline's Broker-Carrier Agreement and reaffirms its intent to be bound thereby.

**Zipline Logistics, LLC**

(888) 469-4754

[www.ziplinelogistics.com](http://www.ziplinelogistics.com)

1600 Dublin Road

Suite 1200

Columbus, OH 43215

FOR BILLING: PLEASE SEND PAPERWORK TO [INVOICES@ZIPLINELOGISTICS.COM](mailto:INVOICES@ZIPLINELOGISTICS.COM)

If there are any questions, please contact us at [accounting@ziplinelogistics.com](mailto:accounting@ziplinelogistics.com)

Order ID:  
0702461



Page 1  
Zipline Logistics, LLC  
1600 Dublin Road South Suite 1200  
Columbus, OH 43215  
Direct: (614) 884-0736  
General: (888) 469-4754

\*AFTER 5PM ET WEEKDAYS AND DURING ALL WEEKEND HOURS PLEASE EMAIL  
CarriersAfterhours@ziplinelogistics.com OR CALL 614-458-1145 FOR ISSUES\*

Carrier: ROYAL3 INC  
CHICAGO IL 60638  
Date: 05/12/25

Contact: Bill x 126  
Phone: (630) 485-7370  
Fax:

Driver:  
Phone:  
Email:

**\*\*FULL TRUCKLOAD SHIPMENT - REQUIRES EXCLUSIVE USE OF TRAILER, CANNOT MOVE WITH OTHER FREIGHT\*\***

Order:	0702461	Miles:	906.0	Commodity:	Non-Alcoholic Beverages
UN #:		Skid Count:	18	Temp:	-
Pick Up No.:	See C/R	Pieces:	2583	Weight:	41306.0
Delivery No.:	See C/R	Trailer:	Van (DAT)	Value:	100000.00

<b>PU 1</b>	Name:	NFI - Rock Hill	Date:	05/12/25 1300	-	05/12/25 1900
	Address:	845 Paragon Way				
	Address 2:		Phone:	(803) 675-4090		
	City/St/Zip:	ROCK HILL SC 29730	Driver Load:	No Driver Touch		
	Cust Ref #:	SI 80587310				
	Cust Ref #:	SI 80587339				
	Cust Ref #:	SI 80587368				
	Cust Ref #:	SI 80587418				

<b>SO 2</b>	Name:	Goldring Gulf Pensacola - FL	Date:	05/13/25 0500	-	05/13/25 1000
	Address:	8245 Opportunity Dr				
	Address 2:		Phone:	(850) 432-9883		
	City/St/Zip:	MILTON FL 32583	Driver Load:	No Driver Touch		
	Cust Ref #:	CG 27420289				
	Cust Ref #:	PO 80587418				

<b>SO 3</b>	Name:	Crescent Crown Distributing, LLC	Date:	05/14/25 0700	-	05/14/25 0700
	Address:	5900 Almonaster Ave				
	Address 2:		Phone:	(504) 240-5900		
	City/St/Zip:	NEW ORLEANS LA 70126	Driver Load:	No Driver Touch		
	Cust Ref #:	CG 27409002				

Order ID:  
0702461



Page 2  
Zipline Logistics, LLC  
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\*AFTER 5PM ET WEEKDAYS AND DURING ALL WEEKEND HOURS PLEASE EMAIL  
CarriersAfterhours@ziplinelogistics.com OR CALL 614-458-1145 FOR ISSUES\*

Carrier: ROYAL3 INC  
CHICAGO IL 60638  
Date: 05/12/25  
Cust Ref #: PO 80587368  
Contact: Bill x 126  
Phone: (630) 485-7370  
Fax:

Driver:  
Phone:  
Email:

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<b>SO 4</b>	Name: Crescent Crown Distributing LLC	<b>Date:</b>	<b>05/15/25 0700</b>	-	<b>05/15/25 0700</b>
	Address: 310 Gerald T Peltier Dr				
	Address 2:	Phone:	(985) 493-5600		
	City/St/Zip: THIBODAUX LA 70301	Driver Load:	No Driver Touch		
	Cust Ref #: CG 27474489				
	Cust Ref #: PO 80587339				

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<b>SO 5</b>	Name: Crescent Crown Distributing	<b>Date:</b>	<b>05/15/25 1100</b>	-	<b>05/15/25 1100</b>
	Address: 112 BJ Services Dr				
	Address 2:	Phone:	(337) 354-4000		
	City/St/Zip: LAFAYETTE LA 70507	Driver Load:	No Driver Touch		
	Cust Ref #: CG 27412770				
	Cust Ref #: PO 80587310				

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<b>Payment</b>	<b>Carrier Freight Pay:</b>	\$3,400.00
	<b>Stop Off Charge</b>	300.00
	<b>Additional Transit Day</b>	300.00
	<b>Macro Point Monitoring</b>	300.00
	<b>Total Carrier Pay:</b>	\$4,300.00

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## Instructions

NFI - Rock Hill - NFI policy is that every driver has to have a safety vest on to enter the yard. They are not supposed to provide them. Drivers will need to do a full check-in beyond the guard shack to be in a door/avoid being worked in or late.

NFI - Rock Hill - Loading Order:

80587418 - TAIL

80587368 - MIDDLE

80587339 - MIDDLE

80587310 - NOSE

Goldring Gulf Pensacola - FL - Be here between 5am and 10am and we will accommodate. After 11 am, you will have to make an appointment in Open Dock.

Crescent Crown Distributing, LLC - No trucks allowed through Almonaster entrance. All deliveries need to enter from south entrance via Terminal Road. Call 504-240-5454 for detailed directions.

**\*\*All invoices and supporting documentation are processed through HubTran. Please send documents to [invoices@ziplinelogistics.com](mailto:invoices@ziplinelogistics.com) for processing and payment.**

**Zipline leverages Trucker Tools and Macropoint for track and trace visibility. If you do not already utilize, please consider doing so to alliviate the need for manual callins, and access the many other resources that these services provide for drivers.**

**\*\*Late deliveries are subject to late fees\*\***

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**Please Sign:**

*Bill Carson*

**(X) Accept**

**( ) Decline**

**Driver Name:** Edwin

**Driver Cell:** (251) 355-9622

**Driver Email:** /

**Tractor #:** 708

**Trailer #:** H03259


**DRIVER LIC #:** P500-205-89-175-0

**TRUCK LIC #:** P1110718

**TRUCK VIN #:** 1M1AN4GY4NM025542

**TRAILER LIC #:** 500-3277


**TRAILER VIN #:** 5V8VC5323RM-409992

Date: 05/12/2025		BILL OF LADING		Page: 1	
Name: MCBC USA LLC Address: C/O NFI City/State: 845 Paragon Way Rock Hill SC 29730 SID#: 51 <input type="checkbox"/>		Bill of Lading Number: ORDER # 504201447 SHIPMENT # 80587310			
SHIP TO		CARRIER NAME:			
		Trailer number: H03259 Seal Number 1204093			
Name: CRESCENT CROWN DISTRIBUTING LLC Address: 112 BJ SERVICES RD City/State/Zip: AFAYETTE LA 70507 CID#: <input type="checkbox"/> FOB: <input type="checkbox"/>		SCAC: Pro.number:  (9012K)			
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 type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)			
SPECIAL INSTRUCTIONS:					
FEVER TREE USES CHEP PALLETS 100%. CARRIERS: NO PALLET EXCHANGE PERMITTED. NON-CHEP CUSTOMERS WILL BE BILLED FOR PALLETS # CHEP: _____ # GMA: _____ ATTN CARRIER: PLEASE REFERENCE FEVER TREE'S SID # FOR FREIGHT PAYMENT.					

CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT		PALLET/SLIP		ADDITIONAL SHIPPER INFO		
143967669		324	4859 lbs		(Y)	N	DELIVERY APPT 05/25 @ 07:00		
GRAND TOTAL		324	4859 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(b) of NMFC Item 200.</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
3	PAL	324	CAS	4859 lbs		Non-Alcoholic Beverages	60	FAK	
3		324		4859 lbs		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				Trailer Loaded: Freight Counted:		CARRIER SIGNATURE/PICKUP 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. .  <i>Marina Escandon</i> 5-12-25				<input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver		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.			
				<input type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver/pallets said to contain  <input type="checkbox"/> By Driver/Pieces					

Lafayette Date: 5-14-25  
Temp°  
Dock# 1  
eoStar#  
Receiver: R. Dwyer



<b>SHIP FROM</b>		Bill of Lading Number: <b>ORDER# 504201507</b> <b>SHIPMENT# 80587368</b>	
Name: <b>MCBC USA LLC</b> Address: <b>C/O NFI</b> City/State/Zip: <b>845 Paragon Way</b> <b>Rock Hill SC 29730</b>		CARRIER NAME: Trailer number: <b>H03259</b> Seal Number: <b>1204085</b>	
Name: <b>CRESCENT CROWN</b> Location #: _____ Address: <b>DISTRIBUTING LLC</b> <b>5900 ALMONASTER AVE</b> City/State/Zip: <b>NEW ORLEANS, LA 70126-7138</b> CID#: _____ FOB: <input type="checkbox"/>		SCAC: Pro number:  (9012K)	
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
Name: _____ Address: _____ City/State/Zip: _____		<b>SPECIAL INSTRUCTIONS:</b>	
FEVER TREE USES CHEP PALLETS 100%. CARRIERS: NO PALLET EXCHANGE PERMITTED. NON-CHEP CUSTOMERS WILL BE BILLED FOR PALLETS # CHEP: _____ # GMA: _____ ATTN CARRIER: PLEASE REFERENCE FEVER TREE'S SID # FOR FREIGHT PAYMENT.			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
143967666	1340	22539 lbs	(Y) N	DELIVERY APPT 05/25 @ 06:00
<b>GRAND TOTAL</b>	<b>1340</b>	<b>22539 lbs</b>		

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 5(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
12	PAL	1340	CAS	22539 lbs		Non-Alcoholic Beverages	60	FAK
12		1340		22539 lbs		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"/>
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**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;"><b>Shipper Signature</b></div>
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<b>SHIPPER SIGNATURE/DATE</b> 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-family: cursive; font-size: 1.2em;">Harmon Escandon</div> <div style="text-align: center;">5-12-25</div>	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE/PICKUP DATE</b> 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.
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251-355-9622  
Driver #

**New Orleans** Date: 5-14-25  
 Temp° 62°  
 Dock# 1  
 eoStar# \_\_\_\_\_  
 Receiver: [Signature]



Date: 05/12/2025		<b>BILL OF LADING</b>		Page: 1	
Name: <b>MCBC USA LLC</b> Address: <b>C/O NFI</b> City/State: <b>845 Paragon Way</b> SID#: <b>56</b> <b>Rock Hill SC 29730</b>			Bill of Lading Number: <b>ORDER# 504201478</b> <b>SHIPMENT# 80587339</b>		
SHIP TO Name: <b>CRESCENT CROWN</b> Location #: <b>LA 70301-4844</b> Address: <b>DISTRIBUTING LLC</b> <b>310 GERALD T PELTIER DR</b> City/State/Zip: <b>THIBODAUX</b> CID#:      FOB: <input type="checkbox"/>			CARRIER NAME: Trailer number: <b>H03259</b> Seal Number: <b>1204086</b> SCAC: Pro number:  (9012K)		
THIRD PARTY FREIGHT CHARGES BILL TO Name: Address: City/State/Zip:			Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
SPECIAL INSTRUCTIONS: FEVER TREE USES CHEP PALLETS 100%. CARRIERS: NO PALLET EXCHANGE PERMITTED. NON-CHEP CUSTOMERS WILL BE BILLED FOR PALLETS # CHEP: # GMA: # ATTN CARRIER: PLEASE REFERENCE FEVER TREE'S SID # FOR FREIGHT PAYMENT.					

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
143967668	308	4717 lbs	(Y) N	DELIVERY APPT 05/25 @ 06:00	
<b>GRAND TOTAL</b>	<b>308</b>	<b>4717 lbs</b>			

CARRIER INFORMATION					
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION	LTL ONLY
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)
3	PAL	308	CAS	4717 lbs	
3		308		4717 lbs	
				<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: "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"/>
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**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>
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<b>SHIPPER SIGNATURE/DATE</b> 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. <i>Karina Escandon</i> 5-12-25	Trailer Loaded:      Freight Counted: <input checked="" 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	<b>CARRIER SIGNATURE/PICKUP DATE</b> 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.
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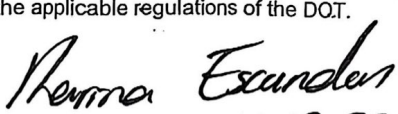
Thibodaux      Date: 5/14/25  
 Temp° \_\_\_\_\_  
 Dock# 2  
 coStar# \_\_\_\_\_  
 Receiver: Cody



## BILL OF LADING

Page: 1

SHIP FROM		SHIP TO	
Name:	MCBC USA LLC	Name:	GOLDRING GULF
Address:	C/O NFI	Address:	DISTRIBUTING LLC
City/State:	845 Paragon Way	City/State/Zip:	MILTON FL 32583-8728
SID#:	9	CID#:	
Bill of Lading Number: ORDER # 504201558		SHIPMENT # 80587418	
CARRIER NAME:		SCAC:	
Trailer number: H03259		Pro number:	
Seal Number: 1204088			
		(9012K)	
THIRD PARTY FREIGHT CHARGES BILL TO		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box) Lading	
SPECIAL INSTRUCTIONS:			
FEVER TREE USES CHEP PALLETS 100%. CARRIERS: NO PALLET EXCHANGE PERMITTED. NON-CHEP CUSTOMERS WILL BE BILLED FOR PALLETS #		SEARCH KING 3/13/25	
CHEP: # GMA: #			
ATTN CARRIER: PLEASE REFERENCE FEVER TREE'S SID # FOR FREIGHT PAYMENT.			

CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP				
143967629		611	8851 lbs	(Y)	N	DELIVERY APPT 05/25 @ 06:00		
GRAND TOTAL		611	8851 lbs					
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
5	PAL	611	CAS	8851 lbs		Non-Alcoholic Beverages	60	FAK
5		611		8851 lbs		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/DATE						CARRIER SIGNATURE/PICKUP 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.						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.		
 5-12-25						Property described above is received in good Order, except as noted.		