



INVOICE

BILL TO:

GREATWIDE AMERICAN TRANS-FREIGHT
2150 CABOT BLVD WEST
LANGHORNE, PA 19047

INVOICE DATE: 05/15/2025**INVOICE #:** B90961**TERMS:** NET 30**DUE DATE:** 06/15/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
05/14/2025		399 Development Drive, Inwood, WV 25428 - 4250 S Fulton Pkwy, Atlanta, GA 30349, USA			
		Freight Income	1	\$1,300.00	\$1,300.00

TOTAL

\$1,300.00

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**

Greatwide American Trans-Freight, LLCOrder#: **G4191422****Rate Confirmation**

PLEASE CONTACT THE BOOKING AGENCY AT (615) 939-1826 IF YOU HAVE ANY QUESTIONS.
CONTACT THE BOOKING AGENCY IF YOUR DISPATCH INSTRUCTIONS DIFFER FROM THE BILL OF LADING.

EFFECTIVE DATE:	05/14/2025	CARRIER:	BRZ
EQUIPMENT:	53' Van	DRIVER:	
COMMODITY:	FREIGHT ALL KINDS (NON-HAZARDOUS)	DRIVER CELL:	
HAZMAT:	No	DRIVER EMAIL:	
UN NUMBER:		TRACTOR:	
DECLARED VALUE:		TRAILER:	
WEIGHT:	45000	CONTACT:	RADOSLAV KOVACEVIC
PIECES:	1	PHONE:	(708) 303-5150
BOL NUM:	JBE102085	EMAIL:	JOHN@RTBRZ.COM
PICKUP NUMBER:		TEMPERATURE:	-

PICK-UP DATE:

Name / Address

5/14/2025 10:00:00 AM

MARTINSBURG POSTPONEMENT

139 DEVELOPMENT DR

INWOOD, WV 25428

Contact:**Phone:****Instructions:**

PU# 905046457/00446009050464570

MACRO POINT REQUIRED. \$150 FINE FOR NON COMPLIANCE
CHECK IN AS EVANS/GREATWIDE**DELIVERY DATE:**

Name / Address

5/15/2025 12:30:00 PM

COSTCO

4250 S FULTON PKWY

COLLEGE PARK, GA 30349

Contact:**Phone:****Instructions:**To check on status of payment please go to <https://carrierportal.evansdelivery.com/>

Greatwide American Trans-Freight, LLCOrder#: **G4191422****Rate Confirmation**

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CONTACT THE BOOKING AGENCY IF YOUR DISPATCH INSTRUCTIONS DIFFER FROM THE BILL OF LADING.

Thank you for agreeing to handle this load for the price below. These charges are confirmed by you billing to us with the paperwork required below.

Unless both parties agree in writing, there will be no changes to the charges contained within this rate confirmation. Accessorials will not be paid until Greatwide American Trans-Freight, LLC is paid.

Carrier Linehaul Rate:	\$1,300.00	Miles:	629.9
All Combined Accessorials:	\$0.00		
Total Carrier Pay:	\$1,300.00		

Agreement:

Submit copy of this rate agreement, bill of lading with signed proof of delivery, and carrier invoice to Greatwide American Trans-Freight, LLC either via email to imaging@greatwide-tm.com or fax to 1-800-853-8836.

Carrier shall not sub-contract, broker or arrange for any third party transportation. We must be notified immediately of any problems such as delays, OS&D, detention, diversion, reconsignment or refusals. No payment will be made to carriers on detention, truck order not used, or damaged claims until Greatwide American Trans-Freight, LLC is paid. When Loading and/or unloading, any charges or service failure claims will be deducted from your freight bill.

Greatwide American Trans-Freight, LLC's customer refuses to pay Greatwide American Trans-Freight, LLC due to missing or illegible paperwork. If carrier provides paperwork more than 180 days after date of delivery, carrier will only be paid if the customer pays Greatwide American Trans-Freight, LLC.

Bill freight to: Greatwide American Trans-Freight, LLC **MC Number:** 340975
2150 Cabot Boulevard West
Langhorne PA 19047

Carrier must sign load confirmation and fax back to agency at:

GreatWide Agent:	ATNBWY	Carrier:	BRZ
Agency Contact:	Sean Kerr	Carrier Signature:	<u>John Djordjevic</u>
Agency Phone	(423) 800-5993	MC Number:	086875
Signature:	_____	Confirm Date:	05/14/2025
Confirm Date:	05/14/2025	Fax Number:	

To check on status of payment please go to <https://carrierportal.evansdelivery.com/>

Date: May 14, 2025 11:38 AM

BILL OF LADING

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SHIP FROM:

Name: U0MT MARTINSBURG
Address: 139 DEVELOPMENT DRIVECity/State/Zip: Inwood, WV 25428
SID#: 905046457FOB: ☒

SHIP TO:

Name: COSTCO 262 COLLEGE PARK
Address: 4250 S FULTON PARKWAYCity/State/Zip: COLLEGE PARK, GA 30349
CID#:FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

1230-4

Bill of Lading Number:



00446009050464570

CARRIER NAME: EDFF

Trailer number: W94939

Seal number(s): ~~2120034~~ 812 0050

SCAC: EDFF

Pro Number:



JBE102085

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:

Carrier must report any over, short, damaged or refused product at the time of delivery by emailing DET@Clorox.com.

MABD 05/15/2025

Stop 01:

DRIVER MUST SUPPLY BOLT CUTTER TO OPENTHE TRAILER.

00446009050464570

CUSTOMER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT (LB)	PALLET/SLIP	Additional Shipper Information
002620428357	1040	44200	Y	97230549
GRAND TOTAL	1040	44200		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT (LB)	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
20	CHEP	1040	CS	44200		Litter Animal	111655 03	22
				1100		Pallets (Freight, No Charge)		
20		1040		45300		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.

Signature

Shipper

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.
2025-05-14T04:00:00.000Z

Trailer Loaded: Freight Counted:

☒ By Shipper☒ By Shipper

By Driver

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.

Driver's Name

5/14/2025 11:41 AM

Driver LIC#

05/14/2025

Date

DOOR: 297 ATLANTA DRY 5/15/25
APP TIME: 12:30 ARR TIME: 11:55
IN TIME: 13:21 OUT TIME: 14:32
2620428357
25411-13

SEAL: BL/TRL:

RECVR: TERRI SHURN

002620428357 COMMENTS:
ORD 20 PLTS, RCVD 19
PER RICKEY JAMES..

PAGE 1 OF 1



00262051525123004

DOOR: 297 ATLANTA DRY 5/15/25
APP TIME: 12:30 ARR TIME: 11:55
IN TIME: 13:21 OUT TIME: 14:32
2620428357
25411-13

SEAL: BL/TRL:

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MAY 15 2025 17:49