



INVOICE

BILL TO:
DEGROOT LOGISTICS INC
3008 N LINCOLN AVE
CHICAGO, IL 60657

INVOICE DATE: 05/19/2025
INVOICE #: R91402
TERMS: NET 30
DUE DATE: 06/19/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
05/16/2025		400 Park Ave, Moody, AL, US 35004 - One Cheney Way, Riviera Beach, FL, US 33404			
		Freight Income	1	\$2,200.00	\$2,200.00

TOTAL
\$2,200.00

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



DeGroot Logistics
PO Box 577765
Chicago, IL 60657
Brad Jadwin
bradj@degrootlogistics.com

Load Number: 147745

Date: 05/16/2025

Equipment Type: Dry Van 53'

Freight Temp (Degrees F):

Carrier: ZIGI FREIGHT INC

Contact: Dispatch010523, (p) (f)

Load Number: 147745

Pickup #: See Instructions

Shipper Pickup (Stop 1)

RED DIAMOND, INC.
400 PARK AVE
Moody, AL US 35004

Expected Date: 05/16/2025

Shipping/Receiving Hours:

Appointment Required: Yes

Appointment Time: 14:00

Pickup Instructions: DRIVER MUST CHECK IN WITH ALL POs BELOW, AND CONFIRM PRODUCT WAS LOADED CORRECTLY 4511537057, 4511538257, 4511538824, 4511539281 Loaded in the nose 4511537060, 4511537640, 4511538826, 4511539283 Loaded in the tail Failure to do so may result in fines and delays at receiver.

Shipper References:

Pickup/Delivery Number:

Additional Instructions:

Shipment Information

Handling Unit		Package			
Qty	Type	Qty	Type	Weight	Commodity Description
				40000 lbs	Dry Goods

Consignee Delivery (Stop 2)

CHENEY BROTHERS | PORT SAINT LUCIE
1 CHENEY EXPRESS WAY
Port Saint Lucie, FL US 34987

Expected Date: 05/19/2025

Shipping/Receiving Hours:

Appointment Required: Yes

Appointment Time: 06:00

Delivery Instructions: \$250 late fee for missed delivery

Consignee References:

Pickup/Delivery Number: 5960023220

Additional Instructions:

Shipment Information

Handling Unit		Package			
Qty	Type	Qty	Type	Weight	Commodity Description
				40000 lbs	Dry Goods

Consignee Delivery (Stop 3)

Cheney Bros Riviera Beach
One Cheney Way
Riviera Beach, FL US 33404

Expected Date: 05/19/2025

Shipping/Receiving Hours:

Appointment Required: Yes

Appointment Time: 10:00

Delivery Instructions: \$250 late fee for missed delivery

Consignee References:

Pickup/Delivery Number: 1131529001

Additional Instructions:

Shipment Information

Handling Unit		Package			
Qty	Type	Qty	Type	Weight	Commodity Description

Carrier Fees

Description	Cost
Net Freight Charges	USD 2,200.00
Total Cost	USD 2,200.00

We offer 2 Day QuickPay at 1% - Sign into TriumphPay and change your 'Default Term and Payment' for DeGroot Logistics to the QuickPay option.

The carrier's acceptance of any shipment, or its receiving signature on the Bill of Lading, shall be conclusive evidence that the number of pieces shown on the Bill of Lading is correct and that the product is in good condition. Where the carrier receives a sealed container or is unable to witness loading, carrier shall note "Shipper Load and Count-SLC" and seal number on the Bill of Lading. Carrier's failure to do so will serve as conclusive evidence that the container or trailer had been live loaded with the Servicing Motor Carrier's driver present.

Please email all paperwork, invoices and signed BOL's, to **PAPERWORK@DEGROOTLOGISTICS.COM**

All accessorials must be submitted within 5 days of the delivery or they will not be approved.

We don't pay advances for lumper charges, include a receipt with your invoice and we'll reimburse.

For any payment questions, please contact our accounting department at 815-668-4037

Carrier Signature Asta Mijao Date _____

Date 5/14/2025 10:15:50AM

BILL OF LADING

Page 1 of 1

SHIP FROM:

Name: 01 - Red Diamond Distribution
Address: 400 Park Ave.

City/State/Zip: Moody, AL 35004

SID#: S1234410|693413_247

FOB: ☐

SHIP TO:

Name: Cheney Brothers, Inc./Riviera
Address: One Cheney Way

Location #:

City/State/Zip: Riviera Beach, FL 33404

CID#: 017945

Attention: Olson, Gerry .. 561-845-4700

FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: 01 - Red Diamond Distribution
Address: 400 Park Ave.

City/State/Zip: Moody, AL 35004

Attention: Shipping Department

Bill of Lading Number: 0400000000824185

Department: WFLRDA

Cost Center: 1000

CARRIER NAME: CUP

Trailer number: 5260114

Seal number(s): 0011044

SCAC: CUSP

Pro number:

Freight Charge Terms:
PPD

☐
(check box)

Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:

Master Bill of Lading Number: 0400000000824182

Required Delivery between
_____ to _____

Attn Carrier MUST make delivery appointment with consignee** or shipment will be refused

Any late/Missed appointment or Packingslips by the carrier will be liable for the fee charge back from consignee

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	C-E#PKGS	WEIGHT	PALLET/SKIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
4511537057	RIVERA DIVISION	5,225.23	Y N	
DATE REC'D:			Y N	
TOTAL CASES REC'D:			Y N	
EXCEPTIONS:			Y N	
REC'D BY: (PRINT)			Y N	
REC'D BY: (SIGN)			Y N	
GRAND TOTAL DRIVER: (SIGN)				

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodity requiring special or additional care or attention indicating or showing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of IMC, Item 300.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
9	Pallet(s)	269	Carton(s)	3,067.04		Coffee & Tea 60	072650-11	60
		300	Carton(s)	3,188.19		Coffee & Tea 60	072650-11	60
9								
9		569		6,669.13		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. § 14705(e)(1)(A) and (B).

RECEIVED, subject to individually determined rules or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rules, classifications and rates 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 classed, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

☐ By Shipper
☐ By Driver

Freight Counted:

☐ By Shipper
☐ By Driver/pallets sold to contain
☐ By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of property and material presented. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook in operating compartment in the vehicle.

Property classed above is checked (checked) or not checked as noted.

BILL OF LADING

Bill of Lading Number 04000000000824222

SHIP FROM:

City/State/Zip: Moody, AL 35004
SID#: S1234696|693517_247

FOB: ☐

Department: WFLRDA
CostCenter: 1000

Name: Cheney Brothers, Inc./Riviera
Address: One Cheney Way

CARRIER NAME *CUP 5260119*

Trailer number:

Seal number(s):

City/State/Zip: Riviera Beach, FL 33404
CID#: 013045

Location #:

SCAC: CUSP

Pro number:

CID#: 017945

FOR: ☐

Attention: Olson, Gerry .. 561-845-4700

THIRD PARTY FREIGHT CHARGES BILL TO:

THIRD PARTY FREIGHT CHARGES
 01 - Red Diamond Distribution
 400 Park Ave.

Freight Charge Terms:

PPD

☐
(check box)

Master Bill of Lading: with attached underlying Bills of Lading

City/State/Zip: *Moody, AL 35004*
Attention: *Shipping Department*

SPECIAL INSTRUCTIONS:

Master Bill of Lading Number: 04000000000824239

Required Delivery between
to

Attn Carrier MUST make delivery appointment with consignee** or shipment will be refused
 used appointment or Backlog/line by the carrier will be held liable for

Any late/Missed appointment or Packingslips by the carrier will be liable for the fee charge back from consignee

[illegible]

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 _____ loss or damage in this shipment may be paid."

COD Amount: \$

Free Terms: Collect: ☐ Prepaid: ☐
Customer check acceptable: ☐
See 49 U.S.C. § 14706(c)(1)(A)
Printer shall not make

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature _____

Signature _____

Shipper

SHIPPER SIGNATURE / DATE

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.

Trailer Loaded:

☐ By Shipper
☐ By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

Properly described above is received in good order, except as noted.

Date: 5/14/2025 10:40:52AM

BILL OF LADING

Page 1 of 1

SHIP FROM:

Name: 01 - Red Diamond Distribution
Address: 400 Park Ave.

City/State/Zip: Moody, AL 35004
SID#: S1234846|693636_247

FOB: ☐

SHIP TO:

Name: Cheney Brothers/Port St. Lucie
Address: 1 Cheney Express Way

Location #:

City/State/Zip: Port Saint Lucie, FL 34987
CID#: 1021597
Attention: Rivera, Moraima 05618454700

FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: 01 - Red Diamond Distribution
Address: 400 Park Ave.

City/State/Zip: Moody, AL 35004
Attention: Shipping Department

Bill of Lading Number: 04000000000824277

Department: WFLRDA
Cost Center: 1000

CARRIER NAME: CUP

Trailer number:

Seal number(s):

SCAC: CUSP
Pro number:

Freight Charge Terms:
PPD

☐
(check box)

Master Bill of Lading: with attached
underlying Bills of Lading

SPECIAL INSTRUCTIONS:

Master Bill of Lading Number: 04000000000824215

Required Delivery between
to

Attn Carrier MUST make delivery appointment with consignee** or shipment will be refused

Any late/Missed appointment or Packingslips by the carrier will be liable for the fee charge back from consignee

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
4511538826	10CB	96.30	Y	N	DATE REC'VD: 5/19/25
			Y	N	TOTAL CASES REC'VD: 10
			Y	N	EXCEPTIONS:
			Y	N	REC'VD BY: (PRINT) Mida Lagunense
			Y	N	REC'VD BY: (SIGN) me
			Y	N	DRIVER: (SIGN)
GRAND TOTAL	INSPECTED BY 10	96.30			

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 3(e) of NMFC Item 240</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet(s)	10	Carton(s)	96.30		Coffee & Tea 60	072680-11	60
1		10		133.40		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:

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.

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.

Properly described above is received in good order, except as noted.

Date 5/14/2025 10:40:28AM

BILL OF LADING

Page 1 of 1

SHIP FROM: Name: 01 - Red Diamond Distribution Address: 400 Park Ave. City/State/Zip: Moody, AL 35004 SID#: S1235023 693734_247		Bill of Lading Number: 04000000000824260 Department: WFLRDA Cost Center: 1000	
SHIP TO: Name: Cheney Brothers/Port St. Lucie Address: 1 Cheney Express Way City/State/Zip: Port Saint Lucie, FL 34987 CID#: 1021597 Attention: Rivera, Moraima 05618454700		CARRIER NAME: CUP Trailer number: 5260114 Seal number(s): 0011044 SCAC: CUSP Pro number:	
THIRD PARTY FREIGHT CHARGES BILL TO: Name: 01 - Red Diamond Distribution Address: 400 Park Ave. City/State/Zip: Moody, AL 35004 Attention: Shipping Department		Freight Charge Terms: PPD <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading	

SPECIAL INSTRUCTIONS: Required Delivery between _____ to _____

Master Bill of Lading Number: 04000000000824253

Attn Carrier MUST make delivery appointment with consignee** or shipment will be refused
 Any late/Missed appointment or Packingslips by the carrier will be liable for the fee charge back from consignee

CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SKIP (CIRCLE ONE)	DATE REC'D	PORT ST. LUCIE INFO
4511539283	CBI 95	1,706.55	Y	5-19-25	
			Y	N TOTAL CASES REC'D	95
			Y	N EXCEPTIONS	
			Y	N REC'D BY: (PRINT)	Miki Logunov
			Y	N REC'D BY: (SIGN)	
			Y	N DRIVER: (SIGN)	
GRAND TOTAL	INSPECTED BY: 95	1,706.55			

HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	NMFC #	CLASS
2	Pallet(s)	70	Carton(s)	1,503.60		072680-11	60
		25	Carton(s)	202.95		072680-11	60
2		95		1,743.65			
				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.

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. [Signature] 5-14	Trailer Loaded: <input 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	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. [Signature] Property described above is received in good order, except as noted.
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Date: 5/14/2025 10:16:59AM

BILL OF LADING

Page 1 of 1

SHIP FROM:		SHIP TO:		CARRIER NAME: CUP	
Name: 01 - Red Diamond Distribution		Name: Cheney Brothers, Inc./Rivers		Trailer number: 520114	
Address: 400 Park Ave.		Address: One Cheney Way		Seal number(s): 0011044	
City/State/Zip: Moody, AL 35004		City/State/Zip: Riviera Beach, FL 33404		SCAC: CUSP	
SID: S12345678901234567890		Location ID:		Pro number:	
FOB: <input type="checkbox"/>		FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: PPD	
Name: 01 - Red Diamond Distribution				<input type="checkbox"/> Under B/L of Lading: with attached underlying B/L of Lading	
Address: 400 Park Ave.					
City/State/Zip: Moody, AL 35004					
Attention: Shipping Department					

SPECIAL INSTRUCTIONS:

Master B/L of Lading Number: 0400000000824215

Required Delivery between _____ to _____

Attn Carrier MUST make delivery appointment with consignee** or shipment will be refused

Any late/Missed appointment or Packingslips by the carrier will be liable for the fee charge back from consignee

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET(S) LIP		ADDITIONAL SHIPPER INFO
4011536624	15	143.75	Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
DATE REC'D: 5/14/25					
TOTAL CASES REC'D: 1					
GRAND TOTAL EXCEPTIONS: 0					

HANDLING REC. PACKAGE (M) UNIT						COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	STY	CON	WEIGHT	TV			RMPC#	CLASS
1	Pallet(s)	15	334044L	143.75	15	Coffee & Tea (9)		072000-11	00
1		15		143.75		GRAND TOTAL			

We warrant that the actual weight or value, or both, of the contents of each commodity is within the agreed or declared weight or value of the property as follows:

This agreed or declared value of the property is specifically stated by the shipper to be true according to the following:

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(a)(1)(A) and (B).

RECEIVED: Subject to the following conditions, carrier shall deliver to consignee the goods shown on this bill of lading in the order and quantity, if applicable, unless otherwise indicated by the shipper, and shall be liable for the loss or damage to the goods in transit.

The carrier shall not be liable for delivery of this shipment without payment of freight and all other kind of charges.

Signature _____ Shipper

SHIPPER SIGNATURE / DATE

This is to certify that the above named contents are properly described, counted, weighed, packed, sealed, and are in proper condition for transit to the consignee in the reasonable expectation of the B/L.

Trailer Loaded

- ☐ By Shipper
☐ By Carrier

Trailer Counted

- ☐ By Shipper
☐ By Driver/Partner and to
consignee
☐ By Carrier/Partner

CARRIER SIGNATURE / PICKUP DATE

Carrier will not accept receipt of goods until goods are properly packed, sealed, and counted. Carrier will not accept receipt of goods until goods are properly packed, sealed, and counted. Carrier will not accept receipt of goods until goods are properly packed, sealed, and counted.

Produce is not to be stored in any place, except in a cool place.

Name: 01 - Red Diamond Distribution
Address: 400 Park Ave.

City/State/Zip: Moody, AL 35004
SID#: S1235022|693733 247

Name: *Cheney Brothers, Inc./Riviera*
Address: *One Cheney Way*

City/State/Zip: Riviera Beach, FL 33404

CID#: 017945

Attention: Olson, Gerry .. 561-845-4700

THIRD PARTY FREIGHT CHARGES
Name: 01 - Red Diamond Distribution
Address: 400 Park Ave.

City/State/Zip: *Moody, AL 35004*
Attention: *Shipping Department*

SPECIAL INSTRUCTIONS:

Master Bill of Lading Number: 04000000000824253

Bill of Lading Number 040000000000824246

Department: WFLRDA
CostCenter: 1000

CARRIER NAME *CUP*

Trailer number:

SCAC: CUSP

Pro number:

Freight Charge Terms:
PPD

☐
(check box)

Master Bill of Lading: with attached
underlying Bills of Lading

Required Delivery between
to

Attn Carrier MUST make delivery appointment with consignee** or shipment will be refused

Any late/Missed appointment or Packingslips by the carrier will be liable for the fee charge back from consignee

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
4511539281		82	914.71	Y	N	
RIVERA DIVISION				Y	N	
DATE REC'D: 5/17/25				Y	N	
TOTAL CASES REC'D:				Y	N	
EXCEPTIONS:				Y	N	
REC'D BY: (PRINT)				Y	N	
GRAND TOTAL BY: (SIGN)		82	914.71			
CARRIER INFORMATION						

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(e) of NMFC Item 360.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet(s)	82	Carton(s)	914.71		Coffee & Tea 60	072680-11	60
2		82		968.91		GRAND TOTAL		
						COD Amount: \$		

2 82

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 _____

COD Amount: \$

Fee Terms: Collect: ☐ Prepaid: ☐
Customer check acceptable: ☐

The carrier shall not make delivery of this shipment with freight and all other lawful charges.

Signature _____

Signature _____

Shipper

SHIPPER SIGNATURE / DATE

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.

Trailer Loaded:

☐ By Shipper
☐ By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE **Shipper**

Properly described above is received in good order, except as noted.

Date: 5/14/2025 10:41:02AM

BILL OF LADING

Bill of Lading Number: 04000000000824284

SHIP FROM:

Name: 01 - Red Diamond Distribution
Address: 400 Park Ave.

City/State/Zip: Moody, AL 35004

SID#: S1234554|693456_247

FOB: ☐

SHIP TO:

Name: Cheney Brothers/Port St. Lucie
Address: 1 Cheney Express Way

City/State/Zip: Port Saint Lucie, FL 34987

CID#: 1021597

Attention: Rivera, Moraima 05618454700

Location #:

FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: 01 - Red Diamond Distribution
Address: 400 Park Ave.

City/State/Zip: Moody, AL 35004
Attention: Shipping Department

Department: WFLRDA
Cost Center: 1000

CARRIER NAME: CUP

Trailer number:

Seal number(s):

SCAC: CUSP
Pro number:

Freight Charge Terms:
PPD

☐
(check box)

Master Bill of Lading: with attached
underlying Bills of Lading

Required Delivery between
_____ to _____

Attn Carrier MUST make delivery appointment with consignee** or shipment will be refused
Any late/Missed appointment or Packingslips by the carrier will be liable for the fee charge back from consignee

CUSTOMER ORDER INFORMATION

ADDITIONAL SHIPPER INFO

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	DATE REC'D	TOTAL CASES REC'D	EXCEPTIONS	REC'D BY: (PRINT)	REC'D BY: (SIGN)
4511537640	4	51.92	Y	5/14/25	4			
			Y					
			Y					
			Y					
			Y					
GRAND TOTAL	4	51.92						

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet(s)	4	Carton(s)	51.92		Coffee & Tea 60	072680-11	60
1		4		89.02		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.

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.