



INVOICE

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

INVOICE DATE: 05/19/2025
INVOICE #: R91585
TERMS: NET 30
DUE DATE: 06/19/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
05/16/2025		15301 Northlink Dr, Fort Worth, TX 76131 - 9400 Leavenworth Rd, Kansas City, KS 66109, USA			
		Freight Income	1	\$2,000.00	\$2,000.00

TOTAL
\$2,000.00

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

**Scotlynn USA Division**

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

Operations Contact

Eric Katz
 ekatz@scotlynn.com
 ph: 239-208-6109 x
 cell:
 fax: 239-308-0192

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: 05/16/2025

IL 60638

Contact: Kelly
Phone: 630-405-7879
Fax:

Commodity: pet food
Temp: to

Run Continuous: N

Trailer: Van (DAT)

Stop Details

PU 1 **Name:** PGL
Address: 15301 Northlink Dr
 FORT WORTH TX 76131

Arrive Between: 05/16/2025 0800
And: 05/16/2025 1600

Contact:
Phone:
Pallets: IN: **OUT:**
Cases:
Weight:

Stop Details

SO 2 **Name:** Amazon - FOE1
Address: 9700 Leavenworth Rd
 KANSAS CITY KS 66109

Arrive Between: 05/19/2025 0900
And:

Contact:
Phone:
Pallets: IN: **OUT:**
Cases:
Weight:


Carrier Freight Pay: \$2,000.00
Total Carrier Pay: \$2,000.00

Comments

Date: 5/16/2025

BILL OF LADING

Page 1

SHIP FROM Name: AFW2 Fort Worth Address: 15301 NORTHLINK DR. City/State/Zip: Fort Worth, TX 76131 FOB:		Bill of Lading 18473968  18473968
SHIP TO Name: Amazon.com Location #: Address: 9400 LEAVENWORTH RD City/State/Zip: KANSAS CITY, KS 66109-3665 FOB:		Carrier Steven's Global Logistics Equipment: W94927 Seal number(s): 60100970331 SCAC: SBGI Pro Number:
THIRD PARTY FREIGHT CHARGES BILL TO: Name: Amazon.com Address: 9400 LEAVENWORTH RD City/State/Zip: KANSAS CITY, KS 66109-3665		Freight Charge (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)
SPECIAL INSTRUCTIONS:		

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT (LB)	Pallet/Slip (Circle One)	ADDITIONAL SHIPPER INFO
7KTC99OX	408	15003.51	Y N	
GRAND TOTAL	408	15003.51		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT ()	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
						Commodities requiring special or additional attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.	NMFC #	CLASS
QTY	TYPE	QTY	TYPE			See Section 2(e) of NMFC Item 360		
0		0		0.00				
0		0		0.00				
0		0		0.00				
0		0		0.00				
0		0		0.00				
0		0		0.0		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

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☐ 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.

5/16/25

SKYLER EGGLESTON
 FOB1 5/19/25

PO BOX 729 LAWNSDALE CA 90260 (877)302-3280
OTI LIC #: 019737N



BOL # 18473968

DATE	CONTROL	ORIGIN	DEST	DUE BY DATE
05-16-2025	DFW	DFW	MCI	05-22-2025

FROM: (PICKUP LOCATION) # PLG153Z PLG 15301 NORTHLINK DRIVE SOUTH WEST SIDE OF BUILDING CLOSEST TO HWY 156 CHECK IN BTWN DOCK DOOR 259 & 260 FORT WORTH TX 76131 Phone: (469)671-0300 Alt: Contact: DIBESH/ JOEY		SIGNATURE OF SHIPPER OR ITS AGENT X _____ I certify that the cargo does not contain any unauthorized explosives, weapons, stowaways, and other prohibited items. I consent to a search of the cargo. I am aware that this endorsement and other shipping documents will be retained on file for a minimum of 30 days. ID Type _____ ID# _____ ID Type _____ ID# _____		The goods declared herein are accepted in apparent good order and condition (except as noted) for carriage subject to the applicable contract-for-carriage terms on the reverse or second page hereof, also available at [stevensglobal.com/terms/terms.pdf] THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING LIMITATION OF CARRIAGE LIABILITY; liability is limited to US\$0.50 (fifty cents) per pound for all surface and domestic air transportation. Shipper may increase carriage liability by declaring a higher value for carriage herein and paying a supplemental charge. The shipper hereby certifies it has received, read and agrees to be bound by the waybill contract-for-carriage terms. The shipper further certifies that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled, and in proper condition for carriage according to applicable national governmental regulations, including any applicable Dangerous Goods Regulations.								
TO: (CONSIGNEE) # AMAZON.COM F0E1 9400 LEAVENWORTH RD KANSAS CITY KS 66109 Phone: _____ Alt: Contact:		SERVICE REQUESTED (CHECK ONE) <table border="0"> <tr> <td> DOMESTIC <input checked="" type="checkbox"/> TRANSBORDER <input type="checkbox"/> PUERTO RICO <input type="checkbox"/> Type of Service <input type="checkbox"/> NFO <input type="checkbox"/> Next Day <input type="checkbox"/> Two Day <input type="checkbox"/> Three Day <input checked="" type="checkbox"/> Deferred <input type="checkbox"/> LTL <input checked="" type="checkbox"/> Truckload <input type="checkbox"/> Local <input type="checkbox"/> Logistics <input type="checkbox"/> Def White Glove <input type="checkbox"/> Def WG Threshold <input type="checkbox"/> Def WG Curbside </td> <td> INTERNATIONAL * <table border="0"> <tr> <td> Air Freight <input type="checkbox"/> Priority Air <input type="checkbox"/> Standard Air </td> <td> Type of Service <input type="checkbox"/> Airport-Airport <input type="checkbox"/> Door-Airport <input type="checkbox"/> Airport-Door <input type="checkbox"/> Door-Door** </td> </tr> <tr> <td> Ocean Freight <input type="checkbox"/> FCL 20' <input type="checkbox"/> FCL 40' <input type="checkbox"/> FCL Other <input type="checkbox"/> LCL </td> <td> Type of Service <input type="checkbox"/> Port-Port <input type="checkbox"/> Door-Port <input type="checkbox"/> Port-Door <input type="checkbox"/> Door-Door** </td> </tr> <tr> <td colspan="2"> ** Door to Door Service <input type="checkbox"/> Excluding Duties/Taxes <input type="checkbox"/> Including Duties/Taxes </td> </tr> </table> </td> </tr> </table>			DOMESTIC <input checked="" type="checkbox"/> TRANSBORDER <input type="checkbox"/> PUERTO RICO <input type="checkbox"/> Type of Service <input type="checkbox"/> NFO <input type="checkbox"/> Next Day <input type="checkbox"/> Two Day <input type="checkbox"/> Three Day <input checked="" type="checkbox"/> Deferred <input type="checkbox"/> LTL <input checked="" type="checkbox"/> Truckload <input type="checkbox"/> Local <input type="checkbox"/> Logistics <input type="checkbox"/> Def White Glove <input type="checkbox"/> Def WG Threshold <input type="checkbox"/> Def WG Curbside	INTERNATIONAL * <table border="0"> <tr> <td> Air Freight <input type="checkbox"/> Priority Air <input type="checkbox"/> Standard Air </td> <td> Type of Service <input type="checkbox"/> Airport-Airport <input type="checkbox"/> Door-Airport <input type="checkbox"/> Airport-Door <input type="checkbox"/> Door-Door** </td> </tr> <tr> <td> Ocean Freight <input type="checkbox"/> FCL 20' <input type="checkbox"/> FCL 40' <input type="checkbox"/> FCL Other <input type="checkbox"/> LCL </td> <td> Type of Service <input type="checkbox"/> Port-Port <input type="checkbox"/> Door-Port <input type="checkbox"/> Port-Door <input type="checkbox"/> Door-Door** </td> </tr> <tr> <td colspan="2"> ** Door to Door Service <input type="checkbox"/> Excluding Duties/Taxes <input type="checkbox"/> Including Duties/Taxes </td> </tr> </table>	Air Freight <input type="checkbox"/> Priority Air <input type="checkbox"/> Standard Air	Type of Service <input type="checkbox"/> Airport-Airport <input type="checkbox"/> Door-Airport <input type="checkbox"/> Airport-Door <input type="checkbox"/> Door-Door**	Ocean Freight <input type="checkbox"/> FCL 20' <input type="checkbox"/> FCL 40' <input type="checkbox"/> FCL Other <input type="checkbox"/> LCL	Type of Service <input type="checkbox"/> Port-Port <input type="checkbox"/> Door-Port <input type="checkbox"/> Port-Door <input type="checkbox"/> Door-Door**	** Door to Door Service <input type="checkbox"/> Excluding Duties/Taxes <input type="checkbox"/> Including Duties/Taxes	
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** Door to Door Service <input type="checkbox"/> Excluding Duties/Taxes <input type="checkbox"/> Including Duties/Taxes												
BILL TO: PREPAI PREPAID CASH ACCOUNT STEVENS GLOBAL LOGISTIC 3700 REDONDO BEACH AVENUE REDONDO BEACH CA 90278 Phone: _____ Alt: IF CHARGES ARE TO BE PAID BY SOMEONE OTHER THAN SHIPPER OR CONSIGNEE		* CUSTOMS VALUE MANDATORY \$ _____ DECLARED VALUE \$ _____ NVD If carrier offers Declared value and such value is requested in accordance with the conditions thereof, indicate amount in box marked "Declared value"										
PAYMENT TERMS Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> COD <input type="checkbox"/> \$0.00 <input type="checkbox"/> COD Amount Unless otherwise specified, charges are prepaid		INSURANCE AMOUNT INTERNATIONAL & TRANSBORDER \$ _____ NVD If carrier offers Insurance and such Insurance is required in accordance with the conditions thereof, indicate amount to be insured in box marked "Insurance Amount".										
SPECIAL INSTRUCTIONS P/U APPT * DEL APPT APPT # * DRIVER MUST CHECK IN USING QR CODE AT GATE ON SOUTHWEST SIDE OF BLDG * MUST ADHERE TO APPT TIMES GIVEN * CARRIER NAME TO BE PROVIDED PRIOR TO PICKUP * DRIVER MUST HAVE SGL BOL ON HAND AT PICK UP & DELIVERY		QUOTE # _____ KNOWN SHIPPER# _____										

PIECES	WEIGHT	DIM WEIGHT	CHG WEIGHT	L	W	H	REFERENCE NUMBERS	
25	38243	0	38243				PO NUMBER	5LAZAJ3K
							PO NUMBER	7KTC99OX
							PICKUP #	SO30131
							PICKUP #	SO30135

DESCRIPTION	
PET FOOD	
SKID(S) SAID TO CONTAIN	PIECES
25	0

RECEIVED BY
By my signature below I have verified the identification of the person above

X _____ Date _____
Time _____

Appointment Delivery Time: _____ Date _____
Received in good condition except as noted
X _____ Time _____



01

Date: 5/16/2025

BILL OF LADING

Page 1

SHIP FROM

Name: AFW2 Fort Worth
Address: 15301 NORTHLINK DR.
City/State/Zip: Fort Worth, TX 76131

FOB:

SHIP TO

Name: Amazon.com Location #:
Address: 9400 LEAVENWORTH RD
City/State/Zip: KANSAS CITY, KS 66109-3665

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: Amazon.com
Address: 9400 LEAVENWORTH RD
City/State/Zip: KANSAS CITY, KS 66109-3665

SPECIAL INSTRUCTIONS:

Bill of Lading

18473968



18473968

Carrier Steven's Global Logistics

Equipment: W94927

Seal number(s): 60100970331

SCAC: SBGI

Pro Number:

Freight Charge (freight charges are prepaid unless marked otherwise)

Prepaid

Collect

3rd Party

☐
(check box)

Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT (LB)	Pallet/Slip (Circle One)	ADDITIONAL SHIPPER INFO
7KTC990X	408	15003.51	Y N	
GRAND TOTAL	408	15003.51		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT (L)	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional 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 350	NMFC #	CLASS
0		0		0.00				
0		0		0.00				
0		0		0.00				
0		0		0.00				
0		0		0.00				
0		0		0.0				
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

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☐ 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.



Packing Slip

Ship From:

AFW2 Fort Worth

15301 NORTHLINK DR.

Fort Worth, TX 76131

Ship To:

Amazon.com

9400 LEAVENWORTH RD

KANSAS CITY, KS 66109-3665

Order #: SO30135

PO #: 7KTC990X

Carrier: STEVENS

Load ID: LD0012776

Order Date: 2025-05-13

Ship Date: 2025-05-16

Print Date: 2025-05-16 18:01

Line	LPN	Customer Item	Item #	Description	Ship QTY	UOM
41	L0300012ZA	640461003051	DD0117J40001	Canidae All Life Stages Multi Protein Recipe Dog Dry (1) 40 lb	36	CS
	Lot 17J020425MA23A	Exp 08/26/2026				
51	L030001VZ7	640461003044	DD0117J27001	Canidae All Life Stages Multi Protein Recipe Dog Dry (1) 27 lb	4	CS
	Lot 17J020325MA23A	Exp 08/21/2026				
11	L030001WAV	640461003099	DD0117H40001	Canidae All Life Stages Real Chicken & Ancient Grains Recipe Dog Dry (1) 40 lb	32	CS
	Lot 17H120324MA11B	Exp 06/25/2026				
31	L030001WC6	640461003150	DD0117K27001	Canidae All Life Stages Real Salmon & Ancient Grains Recipe Dog Dry (1) 27 lb	17	CS
	Lot 17K020325MA11B	Exp 08/29/2026				
61	L030001VZ7	640461003181	DD0117N24001	Canidae All Life Stages Real Chicken & Potato Recipe Dog Dry (1) 24 lb	2	CS
	Lot 17N080124MA23A	Exp 02/11/2026				
11	L030001WC6	640461003099	DD0117H40001	Canidae All Life Stages Real Chicken & Ancient Grains Recipe Dog Dry (1) 40 lb	1	CS
	Lot 17H120324MA11B	Exp 06/25/2026				
21	L030001VZ7	640461003082	DD0117H27001	Canidae All Life Stages Real Chicken & Ancient Grains Recipe Dog Dry (1) 27 lb	7	CS
	Lot 17H010125MA23A	Exp 07/08/2026				
21	L0300016EE	640461003082	DD0117H27001	Canidae All Life Stages Real Chicken & Ancient Grains Recipe Dog Dry (1) 27 lb	50	CS
	Lot 17H010125MA23A	Exp 07/08/2026				
82	L030001WC6	640461003327	DD0117P27001	Canidae All Life Stages High Protein Multi Protein Recipe Dog Dry (1) 27 lb	6	CS
	Lot 17P010125MA23A	Exp 07/09/2026				
11	L0300013JG	640461003099	DD0117H40001	Canidae All Life Stages Real Chicken & Ancient Grains Recipe Dog Dry (1) 40 lb	36	CS
	Lot 17H020125MA23A	Exp 08/13/2026				