



INVOICE

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

INVOICE DATE: 06/03/2025
INVOICE #: R93667
TERMS: NET 30
DUE DATE: 07/03/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
06/02/2025		180 Raritan Center Pkwy, Edison, NJ 08837, DOOR 19 - 410 Foster Brothers Dr, West Columbia, SC 29172, USA			
		Freight Income	1	\$1,200.00	\$1,200.00

TOTAL
\$1,200.00

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

**Scotlynn USA Division**

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

Operations Contact

Sean Leo
sleo@scotlynn.com
ph: 239-207-3043 x
cell:
fax:

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: 06/02/2025

IL 60638

Contact: MATEO
Phone:
Fax:

Commodity: Wine
Temp: to

Run Continuous: N

Trailer: Van or Reefer (DAT)

Stop Details

PU 1 **Name:** MGX Beverage Group
Address: 180 Raritan Center Pkwy
EDISON NJ 08837
DOOR 19

Arrive Between: 06/02/2025 0630
And: 06/02/2025 1500
Contact: Main
Phone: 732-709-0203
Pallets: IN: OUT:
Cases:
Weight:

Ref: PO 163935

Pcs: **Weight:**

Desc:

Ref: PO 182519

Pcs: **Weight:**

Desc:

Stop Details

SO 2 **Name:** RNDC of South Carolina
Address: 410 Foster Brothers Dr
WEST COLUMBIA SC 29172


Arrive Between: 06/03/2025 1200
And:
Contact: Main
Phone: 803-739-0188
Pallets: IN: OUT:
Cases:
Weight:

Carrier Freight Pay: \$1,200.00
Total Carrier Pay: \$1,200.00

Comments

MGX Beverage Group - TRAILER MUST BE CLEAN, SWEEPED, ODOR FREE
DRV MUST HAVE AT LEAST 2 LOAD LOCKS
TRACKING REQUIRED
GPS/TRACKING MUST BE BUILT INTO TRUCK
TRUCK/TRAILER NEED TO BE 2015 OR NEWER

Driver Must have License, Truck/Trailer Registration on them

SHIP FROM		Bill of Lading Number : 247216699-1	
Name :	Gordon Logistics		
Address :	180 Raritan Center Parkway Suite108		
City/State/Zip :	Edison, NJ 08837 United States		
SID#	UGC.2247		
SHIP TO		CARRIER NAME : Western Carriers	
Name :	RNDC-Columbia	Trailer Number : W 94940	
Address :	410 Foster Brothers Drive	Liquor Permit No : 2025060200000000041	
Address 2 :		Seal Number(s) : 01065288	
City/State/Zip :	West Columbia, SC 29172 USA	SCAC : WECA	
CID#	COL-163935	Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO :		Route	
Name :		Freight Charge Terms :	
Address :		(freight charges are prepaid unless marked otherwise)	
City/State/Zip :		Prepaid : <input type="checkbox"/> Collect : <input checked="" type="checkbox"/> 3rd Party : <input type="checkbox"/>	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Delivery Instructions:			

CUSTOMER ORDER INFORMATION							
Pack For	Customer Order No.	CASE	KEG	BOTTLE	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ORDER NUMBER
	COL-163935	1147	0	0	39529.2	Y N	UGC.2247
GRAND TOTAL		1147	0	0	39529.20		

CARRIER INFORMATION							
PALLET	Qty	Type	WEIGHT	H.M. (x)	COMMODITY DESCRIPTION	LTL ONLY	
18 Total Pallet(s)	1147	CASE	39529.2		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)	NMFC #	CLASS
	0	KEG	0.0				
	0	BOTTLE	0.0				
	TOTAL WEIGHT		39529.2		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 property 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 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 <small>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 U.S. DOT.</small> 	Trailer Loaded <input type="checkbox"/> By Driver <input type="checkbox"/> Receiver verified case count	Freight Counted : <input type="checkbox"/> Receiver _____	CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards, Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.</small> <small>Property described above is received in good order, except as noted.</small>
	Shipper Signature _____		
	Carrier Signature _____		
	Pickup Date _____		

Mario Dora
6/3/25



State of New Jersey
Department of Law & Public Safety
Division of Alcoholic Beverage Control
PO Box 087
Trenton, NJ 08625-0087
Phone: (609) 984-2830



New Jersey Alcoholic Beverage Emergency Trip
Permit

This permit is valid for 24 hours or this trip ONLY.

Permit
Number: 202506020000000041

Effective Date: 6/2/2025
Expiration Date: 6/3/2025

Effective Time: 09:00
Expiration Time: 09:00

Issued To: Western Carriers
Address: 2500 71st Street
City: North Bergen
State: NJ
Zip: 07087

Vehicle Information:
VIN/Serial #: 3AKJHHDR6PSNM3945 **Make:** FRHT **Year:** 2023
State of Registration: IL **License Plate Number:** P913563

Pickup/Delivery Site:
Pickup Site: MGX BEVERAGE GROUP
Address: 180 Raritan Center Pkwy,
City: Edison
State: NJ
Country: US
Zip: 08837
Delivery Site: RNDC
Address: 410 Foster Brothers Drive
City: West Columbia
State: SC
Country: US
Zip: 29172

Requestor
Name: Eli Ramos **Email:** elir@westerncarriers.com
NJ State Fee: \$25, **NIC NJ State Fee:** \$5 - No other fees authorized by NJ State Law
Permit Accuracy Responsibility of Driver

Signed,

Kirsten L. Krueger
Interim Director, NJ Alcoholic Beverage Control



Scan to verify or go to <https://go.egov.com/V0eQeHv>