



INVOICE

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

INVOICE DATE: 07/08/2025
INVOICE #: R99730
TERMS: NET 30
DUE DATE: 08/08/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
07/07/2025		2020 19th St NW, Paris, TX 75460 - 1780 Westgate Pkwy SW, Atlanta, GA 30336			
		Freight Income	1	\$1,650.00	\$1,650.00

TOTAL
\$1,650.00

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

Jeff Merton
 teamjmerton@scotlynn.com
 ph: 239-471-3619 x
 cell:
 fax: 239-207-3108

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: 07/03/2025

IL 60638

Contact: Aaron
Phone: 630-566-0562
Fax:

Commodity: Dry Grocery
Temp: to

Run Continuous: N

Trailer: Van or Reefer (DAT)

Stop Details

PU 1 **Name:** Ametsa Packaging
Address: 2020 19th St NW
 PARIS TX 75460

Arrive Between: 07/07/2025 1300

And:
Contact:
Phone:
Pallets: IN: 63 OUT:
Cases:
Weight: 26811.0

Ref: PU IS-49697, 4564390129

Pcs: **Weight:** 26811.0 **Desc:**

Stop Details

SO 2 **Name:** Kane Logistics, an ID Logistics compan
Address: 1780 Westgate Pkwy SW
 ATLANTA GA 30336

Arrive Between: 07/08/2025 1000

And:
Contact: Main
Phone: 888-356-5263
Pallets: IN: OUT:
Cases:
Weight:

Carrier Freight Pay: \$1,650.00
Total Carrier Pay: \$1,650.00

Comments

Ametsa Packaging - MERICHIL: ALL TRAILERS MUST BE CLEAN, DRY AND FREE FROM ANY ODORS PRIOR TO ARRIVAL AT SHIPPER.

Date 7/7/2025

BILL OF LADING - SHORT FORM - NOT NEGOTIABLE

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SHIP FROM		SHIP TO	
[Name] Ameisa Packaging 2020 19th St NW Paris, TX 75460 SID No.:	[Name] Kane/ID Logistics 1780 Westgate Pkwy SW Atlanta, GA 30336 CID No.:	Bill of Lading Number: 1182004 BAR CODE SPACE	Carrier Name: Scottlynn Trailer number: 5341 Serial number(s): SCAI # 45815765 SCAC: SUSD Pro Number: BAR CODE SPACE
THIRD PARTY FREIGHT CHARGES BILL TO			
[Name] [Street Address] [City, ST ZIP Code]	[Name] [Street Address] [City, ST ZIP Code]		
Special Instructions: IS-49697, 4564390129 DEL: 7/8 AT 10AM	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.		
CUSTOMER ORDER INFORMATION			
Customer Order No. IS-49697, 4564390129	# of Packages 63 pallets	Weight 26811 Y N	Pallet/Slip (circle one) Y N
Additional Shipper Information			
Grand Total			
CARRIER INFORMATION			
Handling Unit Qty Type	Package Qty Type	Weight HM (X)	Commodity Description Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360 D-57
LTL Only NMFC No. Class			
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 USC § 14706(c)(1)(A) and (B). The carrier shall not make delivery of this shipment without payment of charges and all other lawful fees. 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 published 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.			
Shipper Signature/Date [Signature] This is to certify that the above named materials are properly classified, packaged, marked, and labeled in proper condition for transportation according to the applicable regulations of the DOT.		Shipper Signature [Signature] 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 [Signature] Carrier acknowledges receipt of packages and required placards. Carrier has the DOT emergency response guidebook or equivalent information on the vehicle. Property described above is received in good order, except as noted.	