



PO BOX 33299  
DETROIT MI 48232-5299

1-586-467-1900 www.centraltransport.com

FOR YOUR CONVENIENCE - WE ACCEPT  
VISA, MASTERCARD, DISCOVER & AMERICAN EXPRESS

\*\*\*\*\* MIXED AADC 773  
SEQ 415 L2 TR2 CTI060702000415



CHAPIN CUSTOM MOLDING  
P.O. BOX 551415  
FORT LAUDERDALE, FL 33355-1415

PRO# 150-4148888-1

PAST DUE INVOICE

CLASS	WGT	RATE	CHARGE
175CL	429	126.0600	252.12
FUELSURCHARGE	0	0.3350	84.46
RECONSIGNMENT	0	0.0000	410.89
WEIGHT/INSPECTION	0	35.0000	35.00
RECONSIGNMENT FEE	0	75.0000	75.00
FRTBILL CHG TRANSIT	0	35.0000	35.00
PEAK SURCHARGE	0	45.0000	45.00
Total Amount Due			937.47 USD

Remit Payment To:

CENTRAL TRANSPORT  
PO BOX 33299  
DETROIT, MI 48232-5299

PLEASE DETACH AND RETURN WITH REMITTANCE

Ship Date: 4/24/2023 BILL OF LADING SHIPPER COPY

<b>SHIP FROM:</b> CHAPIN International INC. 700 ELLICOTT STREET BATAVIA, NY 14020 USA Customer Svc 800-444-3140 Fax: 800-944-4329		<b>SHIP TO:</b> ACKLANDS-GRAINGER INC. AGI EDMONTON DC 11708 - 167 STREET NW EDMONTON, AB T5M3Z2 CANADA 204-956-0880		<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>	
<b>SHIP FROM:</b>		Bill of Lading Number: 217923 Order Number: S974710			
<b>SHIP TO:</b>		Carrier Name: CENTRAL Trailer number: Seal number: SCAC: CENTRAL Pro number: 103102780910			
<b>SHIP FROM:</b>		Freight Charge Terms: (Freight charges are prepaid unless marked otherwise) Prepaid: Collect: <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)			
<b>CUSTOMER ORDER INFORMATION</b>					
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET(S) (circle one)	ADDITIONAL SHIPPER INFO
5002557203		2	429	Y N	
GRAND TOTAL		2	429		
<b>CARRIER INFORMATION</b>					
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION	LTL ONLY
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)
2	Pallets	64	Units	429	
2		64		429	
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 _____.					
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(e)(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. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Freight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his/her assigns.					
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.					
SHIPPER SIGNATURE / DATE Chapin Mfg., Inc. Date: 4/24/2023					
Trailer Loaded: Freight Verified: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces					
CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages, pallets and required placards/packing list. 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.					

All order discrepancy claims must be reported within (30) days of receipt of product

TOTAL AMOUNT DUE	
937.47 USD	
REMIT PAYMENT TO	
Central Transport P.O. BOX 33299 DETROIT, MI 48232	
PRO #	
150-4148888-1	
INV DATE	DUE DATE
04/24/2023	Upon Receipt
SHIPPER	
CHAPIN INTERNATIONAL INC 700 ELLICOTT STREET BATAVIA, NY 14021	
CONSIGNEE	
CHAPIN INTERNATIONAL INC 700 ELLICOTT STREET BATAVIA, NY 14021	
THIRD PARTY	
REFERENCE	
SCAC	TAX ID
CTII	85-3943702
MESSAGES	

Discounts shall be removed if freight charges are not paid within 30 days of presentation.

For general Invoice  
Inquiries - please email  
cs.collections@centraltransport.com





# Delivery Receipt

PRO-NUMBER  
150-4148888-1

SHIP DATE  
2023-04-24

Consignee:  
CHAPIN INTERNATIONAL I  
700 ELLICOTT STREET  
BATAVIA, NY 14021

Terminal Location Terminal#  
BUFFALO - NY 142

Shipper:  
CHAPIN INTERNATIONAL I  
700 ELLICOTT STREET  
BATAVIA, NY 14021

Terminal Location Terminal#  
BUFFALO - NY 142

Reference Number  
KIDY

FREIGHT TERMS:  
  
Freight Charges  
Are Prepaid

P.O. Number  
S974710

SCAC: CTII

Special Instructions:

Ship Date: 4/24/2023 BILL OF LADING SHIPPER COPY

SHIP FROM: CHAPIN International INC.  
700 ELLICOTT STREET  
BATAVIA, NY 14020  
USA  
Customer Svc  
800-444-3140  
Fax: 800-944-4329

SHIP TO: ACKLANDS-GRAINGER INC.  
AGI EDMONTON DC  
11708 - 167 STREET NW  
EDMONTON, AB T5M3Z2  
CANADA  
204-956-0880

THIRD PARTY FREIGHT CHARGES BILL TO

Special Instructions:  
Req Del Date:

Carrier Name: CENTRAL  
Trailer number:  
Seal number:  
SCAC: CENTRAL  
Pro number: 103102780910

Freight Charge Terms: (Freight charges are prepaid unless marked otherwise)  
Prepaid: Collect: ☒ Third Party  
☐ Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALETS/SLIP (circle one)	ADDITIONAL SHIPPER INFO
5002557203	2	429	Y	
GRAND TOTAL	2	429		

CARRIER INFORMATION

HANDLING UNIT	PACKAGE	COMMODITY DESCRIPTION	LTL ONLY
QTY	TYPE	WEIGHT	MARKS
2	Pallets	64 Units	429
2		64	429
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 \_\_\_\_\_.

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. The shipper hereby certifies that the bill of lading is a true and correct statement of the contents of the container and that the goods are in proper condition for transportation according to the applicable regulations of the DOT.

SHIPPER SIGNATURE / DATE  
Chapin Mfg., Inc. Date: 4/24/2023

Trailer Loaded: ☒ By Shipper  
☐ By Driver

Freight Verified: ☒ By Shipper  
☐ By Driver/pallets said to contain  
☐ By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE  
06/07/2023

All order discrepancy claims must be reported within (30) days of receipt of product

Scanned with CamScanner

Signed By: roman warchol

Signature: \_\_\_\_\_  
(States shipment received in good order)

HU's Received: 1 Date: 2023-05-03

Driver: CT-142265 Trailer: 1901491

Arrive Time: 11:33 AM Depart Time: 11:38 AM

PRO-NUMBER: 150-4148888-1

☐ Inside Delivery ☐ Sort/Segregate ☐ Driver Delay  
☐ Liftgate ☐ Redelivery

By signing below, Consignee acknowledges that additional delivery service/s were performed and are subject to rules and conditions outlined in the CT100 series rules tariff.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date	Number And Type of Container	Number And Type of PCS	Exception Type
Log #			
Total Exceptions			

All claims for loss or damage must be reported immediately. By ruling of the Interstate Commerce Commission extension of credit is limited to seven (7) days. A reduction allowance may be made to this bill as permitted by 49 CFR 105.12(iii).



**CT CENTRAL TRANSPORT**  
Simple. Affordable. Reliable.

020270  




CANADA CUSTOMS INVOICE

Page 1 of 2

1. Vendor (name and address) CHAPIN International INC. 700 ELLICOTT STREET BATAVIA NY 14020 USA		2. Date of direct shipment to Canada  3. Other references (include purchaser's order No.) 5002557203			
4. Consignee (name and address) ACKLANDS-GRAINGER INC. AGI EDMONTON DC 11708 - 167 STREET NW  EDMONTON AB T5M3Z2		5. Purchaser's name and address (if other than consignee) GRAINGER CANADA (formally Acklands Grainger) PO BOX 7100 VENDOR # 108286 WINNIPEG MB R3C 1C4  <div style="border: 1px solid black; border-radius: 50%; width: 150px; height: 80px; display: flex; align-items: center; justify-content: center; margin: 10px auto;"> <div style="font-size: 24px; font-weight: bold;">150-414 8888 -1</div> </div>			
		6. Country of transshipment			
		7. Country of origin of goods USA	IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 12.		
8. Transportation: Give mode and place of direct shipment to Canada		9. Conditions of sale and terms of payment (i.e. sale, consignment shipment, leased goods, etc.)			
		10. Currency of settlement US			
11. Number of Packages	12. Specification of Commodities (Kind of Packages, Marks and Numbers, General Description and Characteristics, i.e. Grade, Quality)		13. Quantity (State Unit)	Selling Price	
				14. Unit Price	15. Total
2	1046W/CPN1046 SPR 1.5QT/1420ML GRAINGER 6KY28 (6PK) 8424.41.9000 22240XPW/ GRAINGER 21AC34 SPR 2.0G/7.6L PRO+ OH 8424.41.9000 CPN22240XPW 22360XPW/ GRAINGER 21AC35 SPR 3.0G/11.4L C&D PRO+ 8424.41.9000 CPN22360XPW		23 3 24	14.71 54.33 58.14	338.33 162.99 1,395.36
18. If any of fields 1 to 17 are included on an attached commercial invoice, check this box <input type="checkbox"/>			16. Total Weight		17. Invoice Total
Commercial Invoice No. _____			Net	Gross	
				428.38	2,378.42
19. Exporter's name and address (if other than vendor) CHAPIN International INC. 700 ELLICOTT STREET BATAVIA NY 14020			20. Originator (name and address)  700 ELLICOTT STREET BATAVIA NY 14020 USA		
21. CCRA ruling (if applicable)			22. If fields 23 to 25 are not applicable, check this box <input type="checkbox"/>		
23. If included in field 17 indicate amount:  (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada  _____  (ii) Costs for construction, erection and assembly incurred after importation into Canada  _____  (iii) Export packing  _____		24. If not included in field 17 indicate amount:  (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada  _____  (ii) Amounts for commissions other than buying commissions  _____  (iii) Export packing  _____		25. Check (if applicable):  (i) Royalty payments or subsequent proceeds are paid or payable by the purchaser  <input type="checkbox"/>  (ii) The purchaser has supplied goods or services for use in the production of these goods  <input type="checkbox"/>	

