



Rate Confirmation Load 31810282

Send invoices to:
CarrierInvoices@coyote.com
960 Northpoint Parkway
Suite 150
Alpharetta, GA 30005

877-6COYOTE
(877-626-9683)

Cust Requirements

Equipment	Van, 53'
Pre Cooled Temp	None
Load Temp	None
Tarps	Undefined
Value	\$100,000

Booked By

Chanz Harris
chanz.harris@coyote.com
Phone: +1 (773) 365 6136
x90654
Fax: None



Get CoyoteGO Today!

- Dispatch
- Send updates
- Check in
- Submit paperwork

*Available for An-
droid or iPhone,
at App Store or
Google Play*

Load Requirements

Tech Tracking Required Seal

Equipment Requirements

Scale Up To 44,500 Pounds

Notes

All Van/Container loads MUST be sealed at origin either by shipper or driver with a seal number noted on bill of lading. The driver is responsible for re-sealing the trailer after each pickup/drop on a multi-stop shipment. In the event a shipment that was sealed at origin or after each additional pickup/drop arrives at the destination with a tampered seal or without the seal intact then (i) the Carrier shall be liable for any shortage or damage claims with respect to such shipment and (ii) the shipper shall have the right, in its sole discretion, to deem the entire shipment damaged, adulterated/contaminated and unsalvageable, without the need for any inspection and the Carrier shall be liable for the full value of the shipment. Carrier is required to weigh shipment within 50 miles of departing each shipper. If carrier fails to weigh shipment within 50 miles of departing each shipper, any citations/expenses incurred due to the equipment and/or shipment weight will be the carrier's sole responsibility. Carrier must meet and comply to shipper requirements at the facility. All drivers must wear masks or facial coverings to the extent required by laws or facilities. **Carrier must be in full compliance with the Food Safety Modernization Act (FSMA), if applicable. By accepting the shipment, Carrier agrees that the driver has consented to receiving text messages and/or phone calls from or on behalf of Coyote.**

Approval for payment of detention is contingent upon the following eligibility requirements:

- 1) Carrier must report facility departure time and total detention hours within 24 hours of shipment delivery at the final facility.
- 2) Carrier must provide proof of the on time arrival and departure times in the form of a BOL or other shipping document with arrival and departure times notated by facility within 24 hours of shipment delivery at final facility.

Route Directions

Carrier acknowledges that any routing instructions from the shipper herein are being provided for convenience only, and the Carrier may choose the route.

Signature Line

By signing below, Eye1 Global Services LLC agrees to the terms and conditions set forth below and provided herewith, if any.



Rate Confirmation

Load 31810282

Stop 1: Pick Up

Pick Up 0000757051; 278690;
Numbers 278622; 278693;
278722; 278723;
278777; 59978041266;
59978041266

Appointment Scheduled For
Wed 08/14/2024
at 11:00

Facility Notes

STRICT APPT.
-SWING DOORS ONLY
-TRAILER MUST ARRIVE CLEAN,
DRY, NO HOLES FREE OF ODOR
-TRAILER MUST BE COMPLETELY
EMPTY UPON ARRIVAL TO SHIPPER
OR WILL BE REFUSED
PO's: ,,,, ; OrderCases:
371,381,360,2430,322,227
no roll doors
*all accessorial charges must be
presented within 72 hours of delivery or
they will not paid**

Confirmation None
Numbers

Driver Work
No Touch

Facility Galderma - ADC

SLIC
N/A

Address 2929 TEXAS
LONGHORN WAY
Fort Worth, TX 76177

Contact Robert Justman
Phone +1 (817) 961 5391

Stop 1 Requirements

N/A

Commodity	PO #	Load On	Exp Wt	Pieces	Pallets	Dimensions
CETAPHIL Gtl Clnsg Bar 6x4.5oz 3pk US	434598582	Pallets	15,330 Lbs	15	37	48" L x 40" W x 64" H
DIFFERIN Gel 15g DSP 4pc CNTR US	435416760	Pallets	989 Lbs	6	37	48" L x 40" W x 64" H
CETAPHIL Soothing Gel Cream 12x16oz US	434598566	Pallets	5,273 Lbs	3	37	48" L x 40" W x 64" H
CETA Acne Relief Body Wash 12x20oz US	434881710	Pallets	6,574 Lbs	7	37	48" L x 40" W x 64" H
DIFFERIN AcneClear Dly Bdy Scrb 12X8ozUS	434579790	Pallets	2,660 Lbs	3	37	48" L x 40" W x 64" H
CETAPHIL GntClr Mttfy Acne Moist12x3ozUS	434598569	Pallets	714 Lbs	1	37	48" L x 40" W x 64" H
Total			31,540 Lbs			

Stop 2: Delivery

Delivery None
Numbers

Appointment Scheduled For
Wed 08/14/2024
at 14:30

Facility Notes

**all accessorial charges must be
presented within 72 hours of delivery or
they will not paid**

Confirmation None
Numbers

Driver Work
No Touch

Facility Ameripac - MDC

SLIC
N/A

Address 951 Mustang Drive
Grapevine, TX 76051

Contact Javier Chavez
Phone +1 (469) 844 6003



Rate Confirmation

Load 31810282

Stop 2 Requirements

Lumper Receipt Required

Commodity	PO #	Load On	Exp Wt	Pieces	Pallets	Dimensions
CETAPHIL Gtl Clnsg Bar 6x4.5oz 3pk US	434598582	Pallets	15,330 Lbs	15	37	48" L x 40" W x 64" H
DIFFERIN Gel 15g DSP 4pc CNTR US	435416760	Pallets	989 Lbs	6	37	48" L x 40" W x 64" H
CETAPHIL Soothing Gel Cream 12x16oz US	434598566	Pallets	5,273 Lbs	3	37	48" L x 40" W x 64" H
CETA Acne Relief Body Wash 12x20oz US	434881710	Pallets	6,574 Lbs	7	37	48" L x 40" W x 64" H
DIFFERIN AcneClear Dly Bdy Scrb 12X8ozUS	434579790	Pallets	2,660 Lbs	3	37	48" L x 40" W x 64" H
CETAPHIL GntClr Mttfy Acne Moist12x3ozUS	434598569	Pallets	714 Lbs	1	37	48" L x 40" W x 64" H
Total			31,540 Lbs			

Charges

Description	Units	Per	Amount
Flat Rate	1.00	\$314.420	\$314.42
Fuel Surcharge	23.00	\$0.460	\$10.58
Total			USD \$325.00

Contact

Send invoices to:
**960 Northpoint Parkway
Suite 150
Alpharetta, GA 30005**

Please contact Coyote
at 877-626-9683 if the
charges are incorrect.

Agreement

Carrier Eye1 Global Services LLC
USDOT 2423292
Phone None
Email eye1dispatch@gmail.com
Fax None

Broker Coyote Logistics, LLC
Rep Chanz Harris
Title Sales Rep I
Phone +1 (773) 365 6136 x90654
Fax None
Date 08/14/2024 08:21



Rate Confirmation

Load 31810282

By signing below, Eye1 Global Services LLC agrees to the terms and conditions set forth below and provided herewith, if any.

Name and Title (Print)

Signature

Date

PLEASE SIGN THIS AGREEMENT AND EMAIL TO chanz.harris@coyote.com

Coyote Logistics, LLC is an Equal Opportunity Employer

Terms and Conditions

The Broker-Carrier Agreement or Carrier Agreement (in each case, the "Agreement") between Coyote Logistics, LLC, a Licensed Property Broker - USDOT # 2236410, and Eye1 Global Services LLC is amended by the verbal agreement between Chanz Harris of Coyote Logistics, LLC hereafter referred to as BROKER, and Rollin Stevenson of Eye1 Global Services LLC hereafter referred to as CARRIER, dated 08/14/2024.

This confirmation is subject to the terms of the Agreement and this document constitutes an amendment thereto. If the CARRIER has not signed the Agreement, then the rate shown above is the agreed individually negotiated rate and no other rate shall apply including any carrier tariff rate or terms.

THIS LOAD SHALL NOT BE DOUBLE BROKERED. No additional charges not listed above may be added by the CARRIER. Any additional charges must appear on a revised confirmation sheet signed by the BROKER. CARRIER must include signed copy of the shipper's bill of lading and any other proof of delivery with invoice to BROKER. Rates, except as specifically designated above, are inclusive of any fuel surcharge. CARRIER certifies that it is in compliance with all requirements of the California Air Resources Board (CARB) that are applicable to the scope of CARRIER's operations, including, but not limited to: Statewide Truck and Bus Regulations, Transport Refrigeration Unit (TRU) Regulations, Tractor-Trailer Greenhouse (GHG) Gas Regulations, and Drayage Truck Regulations. CARRIER also warrants that it is in compliance with any comparable requirements of the Environmental Protection Agency (EPA) and other states, where applicable. CARRIER shall be responsible for any fines imposed on BROKER and/or shipper resulting from noncompliance.

CARRIER hereby confirms that it maintains applicable and valid insurance without exclusions that would prevent coverage for the items listed above. CARRIER has at least \$100,000.00 in cargo insurance and \$1,000,000.00 in automobile liability coverage. CARRIER further confirms that in transporting the shipment described hereinabove, it will comply with all U.S. DOT and FDA regulations applicable to its operations while transporting said shipment, including, but not limited to drivers' hours of service, and the Food Safety Modernization Act (FSMA), if applicable. CARRIER agrees to the attached requirements from the shipper, if any.

ALL LOADS ARE SUBJECT TO ELECTRONIC TRACKING

By accepting this shipment, CARRIER agrees that it has obtained a written agreement from each driver transporting a shipment tendered by BROKER to CARRIER pursuant to the Agreement in which each driver provides all necessary consents to (i) receiving text messages and/or phone calls from or on behalf of BROKER and (ii) allowing BROKER or its vendor to track such driver's location while transporting such shipment. CARRIER shall comply with all applicable laws relating to the collection, use, storage, retention, disclosure, and disposal of any information CARRIER provides to BROKER, including information regarding the drivers transporting shipments. CARRIER shall indemnify, defend, and hold BROKER and its affiliates harmless from and against any and all claims, damages, liabilities, losses, actions and expenses (including attorneys' fees) arising out of or in connection with CARRIER's breach of this Section. This Section shall survive the expiration or termination of the Agreement between BROKER and CARRIER.



PROCESSING OF PERSONAL INFORMATION

With regard to personal information (information that describes, is capable of being associated with, or could reasonably be linked, directly or indirectly, with a particular consumer, household, or device) and data and/or information submitted by or on behalf of BROKER in connection with the shipment, CARRIER will only use and process such data and/or information for the purpose of performing the services hereunder and in compliance with applicable law. With regard to personal information collected, received, or otherwise used or processed by CARRIER hereunder, CARRIER shall not:

- (i) Sell, rent, release, disclose, disseminate, make available, transfer, or otherwise communicate orally, in writing, or by electronic or other means, personal information to another business or a third party for monetary or other valuable consideration; or
- (ii) Retain, disclose, collect, sell, use, or otherwise process personal information for any purpose other than for the specific purpose of, and as necessary for, performing the services hereunder. For clarity, CARRIER may not retain, use, or disclose the personal information for any other commercial purposes or outside of the direct business relationship between CARRIER and BROKER.

CARRIER will notify BROKER promptly via email at privacy@coyote.com within 2 business days of any breach of the requirements under this heading (PROCESSING OF PERSONAL INFORMATION) of if it receives any inquiry, complaint, request or claim from an individual relating to personal information. CARRIER will notify BROKER by emailing privacy@coyote.com within 24 hours of any security incident of which CARRIER becomes aware which affects, or could reasonably be expected to affect, the confidentiality, integrity, or availability of BROKER's information systems or any personal information, data, and/or information submitted by or on behalf of Broker in connection with the shipment.

57

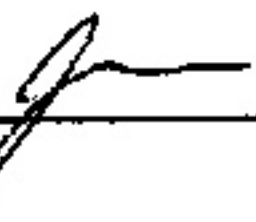
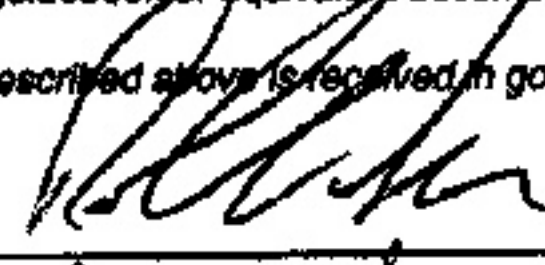


GALDERMA LABORATORIES L.P.
2929 TEXAS LONGHORN WAY - FORT WORTH, TX 76177

Date: 08/14/24

BILL OF LADING

Page 1 of 1

SHIP FROM				Order Number: 278777				
Name: GALDERMA LABORATORIES L.P. Address: 2929 TEXAS LONGHORN WAY City/State/Zip: FORT WORTH, TX 76177 SID#: _____ FOB: <input type="checkbox"/>				ARRIVE ON 20-AUG-24				
SHIP TO				CARRIER NAME: COYOTE LOGISTICS				
Name: GALDERMA LABORATORIES L.P. Address: 951 Mustang Dr City/State/Zip: Grapevine, TX 76051 CID#: _____ FOB: <input type="checkbox"/>				Trailer Number: Seal Number(s): 7025702				
THIRD PARTY FREIGHT CHARGES BILL TO:				SCAC: CLLQ				
Name: GALDERMA C/O COYOTE Address: 960 NORTH POINT PKWY SUITE 150 City/State/Zip: ALPHARETTA, GA 30005				Pro Number: RECEIVED SUBJECT TO COUNT AND TESTING				
SPECIAL INSTRUCTIONS: Ameripac Inc. 8-14-24 Carlos R.				Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> BILL TO GALDERMA C/O COYOTE 960 NORTH POINT PKWY SUITE 150 . ALPHARETTA, GA 30005				
				<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading				
CUSTOMER ORDER INFORMATION								
CUSTOMER PO NUMBER		#PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
						Dest - Type - Dept		
517029(278777)		2	662	Pallet				
GRAND TOTAL		2	662					
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or alteration 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 #	CLAS S
2	PLTS	227	CRTNS	662		TOILET PREPARATIONS OR PERSONAL CARE PRODUCTS	59420-03	70
2		227				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 as specifically stated by the shipper to be not exceeding \$2.80 per LB."						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 U.S.C. 147061(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 all the terms and conditions of the NMFC Uniform Straight Bill of Lading.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature _____		
SHIPPER SIGNATURE/DATE		Trailer Loaded:		Freight Counted:		CARRIER SIGNATURE/PICKUP DATE		
This is to certify that the above named materials are properly classified, packaged, marked and labelled, and are in proper condition for transportation according to the applicable regulations of the DOT.		<input type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Driver		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input checked="" type="checkbox"/> By Driver/Pieces		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.		
 8-14-24						 8/14/24		

Date: 08/14/24

BILL OF LADING

Page 1 of 1

SHIP FROM Name: GALDERMA LABORATORIES L.P. Address: 2929 TEXAS LONGHORN WAY City/State/Zip: FORT WORTH, TX 76177 SID#: _____ FOB: <input type="checkbox"/>		Order Number: 278722 ARRIVE ON 20-AUG-24	
SHIP TO Name: GALDERMA LABORATORIES L.P. Address: 951 Mustang Dr City/State/Zip: Grapevine, TX 76051 CID#: _____ FOB: <input type="checkbox"/>		CARRIER NAME: COYOTE LOGISTICS Trailer Number: Seal Number(s): 7025702	
THIRD PARTY FREIGHT CHARGES BILL TO: Name: GALDERMA C/O COYOTE Address: 960 NORTH POINT PKWY SUITE 150 City/State/Zip: ALPHARETTA, GA 30005		SCAC: CLLQ Pro Number: RECEIVED SUBJECT TO COUNT AND TESTING	
SPECIAL INSTRUCTIONS:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> BILL TO GALDERMA C/O COYOTE 960 NORTH POINT PKWY SUITE 150 . ALPHARETTA, GA 30005 <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

CUSTOMER ORDER INFORMATION

CUSTOMER PO NUMBER	#PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
517023(278722)	9	5341	Pallet	Dest - Type - Dept
GRAND TOTAL	9	5341		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or alteration in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See section 2(a) of NMFC Item 380</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLAS S
9	PLTS	322	CRTNS	5341		TOILET PREPARATIONS OR PERSONAL CARE PRODUCTS	59420-03	70
9		322				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 \$2.80 per LB."

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. 147061(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 all the terms and conditions of the NMFC Uniform Straight Bill of Lading.

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, packaged, marked and labelled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

☐ By Shipper
☒ By Driver


Freight Counted:

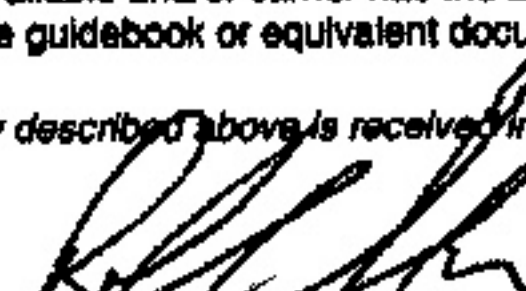
☐ By Shipper
☐ By Driver/pallets said to contain
☒ By Driver/Pieces

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.

 8-14-24


 8/14/24

GALDERMA LABORATORIES L.P.
2929 TEXAS LONGHORN WAY - FORT WORTH, TX 76177

Date: 08/14/24

BILL OF LADING

Page 1 of 1

SHIP FROM		Order Number: 278622	
Name: GALDERMA LABORATORIES L.P. Address: 2929 TEXAS LONGHORN WAY City/State/Zip: FORT WORTH, TX 76177 SID#: _____ FOB: <input type="checkbox"/>		ARRIVE ON 20-AUG-24	
SHIP TO		CARRIER NAME: COYOTE LOGISTICS	
Name: GALDERMA LABORATORIES L.P. Address: 951 Mustang Dr City/State/Zip: Grapevine, TX 76051 CID#: _____ FOB: <input type="checkbox"/>		Trailer Number: Seal Number(s): 7025702	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: CLLQ	
Name: GALDERMA C/O COYOTE Address: 960 NORTH POINT PKWY SUITE 150 City/State/Zip: ALPHARETTA, GA 30005		Pro Number:	
SPECIAL INSTRUCTIONS: 		RECEIVED SUBJECT TO COUNT AND TESTING	
		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3 rd Party <input type="checkbox"/> BILL TO GALDERMA C/O COYOTE 960 NORTH POINT PKWY SUITE 150 . ALPHARETTA, GA 30005	
		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	

CUSTOMER ORDER INFORMATION

CUSTOMER PO NUMBER	#PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
516023(278622)	7	696	Pallet	Dest - Type - Dept
GRAND TOTAL	7	696		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or alteration 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 380</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLAS S
7	PLTS	371	CRTNS	696		TOILET PREPARATIONS OR PERSONAL CARE PRODUCTS	59420-03	70
7		371				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 \$2.80 per LB."

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. 147061(c)(1)(A) and (B).

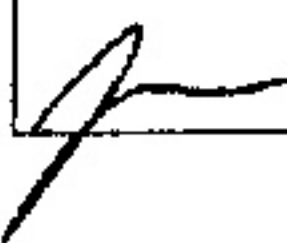
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and all the terms and conditions of the NMFC Uniform Straight Bill of Lading.

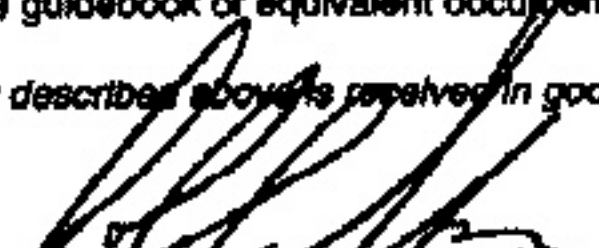
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
Shipper Signature

SHIPPER SIGNATURE/DATE
 This is to certify that the above named materials are properly classified, packaged, marked and labelled, 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.

 8-14-24


 8/14/24

GALDERMA LABORATORIES L.P.
2929 TEXAS LONGHORN WAY - FORT WORTH, TX 76177

Date: 08/13/24

BILL OF LADING

Page 1 of 1

SHIP FROM		Order Number: 278690	
Name: GALDERMA LABORATORIES L.P. Address: 2929 TEXAS LONGHORN WAY City/State/Zip: FORT WORTH, TX 76177 SID#: _____ FOB: <input type="checkbox"/>		ARRIVE ON 20-AUG-24 CARRIER NAME: COYOTE LOGISTICS Trailer Number: Seal Number(s): 7025702	
SHIP TO			
Name: GALDERMA LABORATORIES L.P. Address: 951 Mustang Dr City/State/Zip: Grapevine, TX 76051 CID#: _____ FOB: <input type="checkbox"/>		SCAC: CLLQ Pro Number: <div style="text-align: center;">RECEIVED SUBJECT TO COUNT AND TESTING</div>	
THIRD PARTY FREIGHT CHARGES BILL TO			
Name: GALDERMA C/O COYOTE Address: 960 NORTH POINT PKWY SUITE 150 City/State/Zip: ALPHARETTA, GA 30005		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3 rd Party <input type="checkbox"/> BILL TO GALDERMA C/O COYOTE 960 NORTH POINT PKWY SUITE 150 . ALPHARETTA, GA 30005 <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS:			

CUSTOMER ORDER INFORMATION				
CUSTOMER PO NUMBER	#PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
515028(278690)	15	14726	Pallet	Dest - Type - Dept
GRAND TOTAL	15	14726		

CARRIER INFORMATION					
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)
QTY	TYPE	QTY	TYPE		
15	PLTS	2430	CRTNS	14726	
15		2430			
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 as specifically stated by the shipper to be not exceeding <u>\$2.80</u> per <u>LB</u> ."	COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer Check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 147061(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 all the terms and conditions of the NMFC Uniform Straight Bill of Lading.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Signature _____ Shipper
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SHIPPER SIGNATURE/DATE This is to certify that the above named materials are properly classified, packaged, marked and labelled, and are in proper condition for transportation according to the applicable regulations of the DOT. 7-13-24	Trailer Loaded: <input type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input checked="" 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. Property described above is received in good order, except as noted. 8/14/24
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GALDERMA LABORATORIES L.P.
2929 TEXAS LONGHORN WAY - FORT WORTH, TX 76177

Date: 08/13/24

BILL OF LADING

Page 1 of 1

SHIP FROM		Order Number: 278693	
Name: GALDERMA LABORATORIES L.P. Address: 2929 TEXAS LONGHORN WAY City/State/Zip: FORT WORTH, TX 76177 SID#: _____		ARRIVE ON 20-AUG-24	
SHIP TO		CARRIER NAME: COYOTE LOGISTICS	
Name: GALDERMA LABORATORIES L.P. Address: 951 Mustang Dr City/State/Zip: Grapevine, TX 76051 CID#: _____		Trailer Number: Seal Number(s): 7025702	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: CLLQ	
Name: GALDERMA C/O COYOTE Address: 960 NORTH POINT PKWY SUITE 150 City/State/Zip: ALPHARETTA, GA 30005		RECEIVED SUBJECT TO COUNT AND TESTING	
SPECIAL INSTRUCTIONS:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> BILL TO GALDERMA C/O COYOTE 960 NORTH POINT PKWY SUITE 150 . ALPHARETTA, GA 30005	
		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	

CUSTOMER ORDER INFORMATION

CUSTOMER PO NUMBER	#PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
515031(278693)	3	5124	Pallet	Dest - Type - Dept
GRAND TOTAL	3	5124		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or alteration 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 #	CLAS S
3	PLTS	360	CRTNS	5124		TOILET PREPARATIONS OR PERSONAL CARE PRODUCTS	59420-03	70
3		360				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 \$2.80 per LB."

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. 147061(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 all the terms and conditions of the NMFC Uniform Straight Bill of Lading.

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, packaged, marked and labelled, 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.

[Signature] 8-13-24

[Signature]
 8/14/24

Date: 08/14/24

BILL OF LADING

Page 1 of 1

SHIP FROM		Order Number: 278723	
Name: GALDERMA LABORATORIES L.P. Address: 2929 TEXAS LONGHORN WAY City/State/Zip: FORT WORTH, TX 76177 SID#: _____ FOB: <input type="checkbox"/>		ARRIVE ON 20-AUG-24	
SHIP TO			
Name: GALDERMA LABORATORIES L.P. Address: 951 Mustang Dr City/State/Zip: Grapevine, TX 76051 CID#: _____ FOB: <input type="checkbox"/>		CARRIER NAME: COYOTE LOGISTICS Trailer Number: Seal Number(s): 7025702	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: CLLQ Pro Number: <div style="text-align: center;">RECEIVED SUBJECT TO COUNT AND TESTING</div>	
Name: GALDERMA C/O COYOTE Address: 960 NORTH POINT PKWY SUITE 150 City/State/Zip: ALPHARETTA, GA 30005			
SPECIAL INSTRUCTIONS:		Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3 rd Party <input type="checkbox"/> BILL TO GALDERMA C/O COYOTE 960 NORTH POINT PKWY SUITE 150 . ALPHARETTA, GA 30005	
		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

CUSTOMER ORDER INFORMATION

CUSTOMER PO NUMBER	#PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
516029(278723)	5	3045	Pallet	Dest - Type - Dept
GRAND TOTAL	5	3045		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or alteration 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 #	CLAS S
5	PLTS	381	CRTNS	3045		TOILET PREPARATIONS OR PERSONAL CARE PRODUCTS	59420-03	70
5		381				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 \$2.60 per LB."

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. 147061(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 all the terms and conditions of the NMFC Uniform Straight Bill of Lading.

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, packaged, marked and labelled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:


☐ By Shipper
☒ By Driver

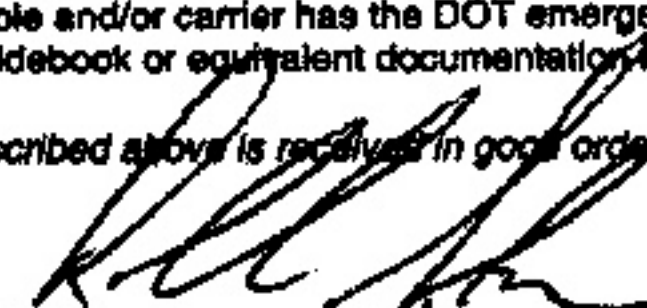
Freight Counted:

☐ 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.

 8-14-24


 8/14/24