# Carrier Notification Comparison

Bay State Milling
A Trusted Family of Ingredients.

## Before

**Bay State Milling Company**
ADDRESS CITY, STATE ZIP PHONE (XXX) XXX-XXXX FAX (XXX) XXX-XXXX

**CARRIER NOTIFICATION**

```
NAME                ORDERS TO SHIP Beginning thru End              PAGE:  1
CARRIER NAME

TO SHIP   TO ARRIVE   ORDER SHIP TO:                      --- DELIVERY INSTRUCTIONS ----
OCT-05-18 OCT-05-18   XXXXX SHIP TO FACILITY NAME          DELIVERY INSTRUCTIONS HERE
          CUSTOMER P.O.     DBA XXXXXXXXXXXX
          XXXXXXX RESHIP    ADDRESS CITY, STATE
                            ZIP
          PRODUCT  DESCRIPTION                 UOM       LBS
          XXXXXX   PRODUCT NAME                50LB    XX,XXX
                                                      --------
                ESTIMATED WEIGHT: PRODUCTS             XX,XXX     (PACKAGED) (  XXX PIECES)
                                  PALLETS, PKGNG        X,XXX
                                                      --------
                                  TOTAL                XX,XXX LBS

-----------------------------------------------------------------------------------

Sack Orders to be picked up at XXXX XXX, XXX XX XX Street, CITY, STATE.

With the 5-digit BSM Order Number, please schedule pick up time on

  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

---------------------------- END OF CARRIER NOTIFICATION REPORT -----------------------------
```

## After

1

**Bay State Milling Company**
**ADDRESS, CITY, STATE ZIP USA PHONE: FAX:**

**CARRIER NOTIFICATION**

VXXXXX **ORDERS TO SHIP Beginning thru end**

CARRIER NAME
CARRIER NAME DETAILS

---

```
TO SHIP      TO ARRIVE      ORDER SHIP TO              — DELIVERY INSTRUCTIONS —
10/24/2018   10/25/2018     DEL-XXXXXX                 NOTES
                            CUSTOMER NAME
             CUSTOMER P.O.  ADDRESS
             XXXXXXX        CITY, STATE ZIP
                            USA

             PRODUCT  DESCRIPTION  UOM    LBS
             XXXXX    PROD NAME    UOM LB LBS##
                      PACK SIZE
                      PROD NAME
                      PACK SIZE
             PALLET   PALLET       ea     XX
             CHARGES  CHARGES
                                         _ _ _ _
             ESTIMATED WEIGHT: PRODUCTS   XXXXX   (PACKAGED) (### PIECES) lb
                      PALLETS, PKGNG      XXX
                                         _ _ _ _
                      TOTAL               XXXXX

-----------------------------------END OF CARRIER NOTIFICATION REPORT-----------------------------------
```

**See timeline for changes for each BSMC facility affected.**