



**Bill to:**  
APOLLO EXPRESS BROKERAGE  
13707 GREEN ASH COURT,  
Earth City,  
MO,  
63045

Invoice Date: 03/23/2023  
Invoice #: 6009928  
Terms: NET 30  
Due Date: 04/23/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
03/23/2023		141 Idaho Avenue, Plattsburgh, NY, USA - 755 Jersey Avenue, New Brunswick, NJ, USA			
			1	1000	1000

TOTAL
1000

**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**

\*\*\* Load Confirmation \*\*\*

Apollo Transportation

Jackson, MI 49203

1800 Losey Ave

517-841-1399

Fax 517-841-6427

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6009928

**Carrier:** BRZ  
BURBANK IL 60459  
**Date:** 03/22/2023

**Contact:** PHIL VUKOVIC  
**Phone:** 708-852-5539  
**Fax:** 708-303-5150

**Order** **Order:** 6009928  
**Miles:** 335.0  
**Pieces:**

**Commodity:**  
**Weight:** 4494.0

**PU 1** **Name:** SterRx  
**Address:** 141 IDAHO AVE

**Date:** 03/23/2023 0800

PLATTSBURGH NY 12903  
**Phone:**

**Contact:**  
Dvr Ld/Unld: No driver loading or unload

**SO 2** **Name:** SPECTRUM CHEMICAL MANUFACTUR  
**Address:** 755 JERSEY AVENUE  
NEW BRUNSWICK NJ 08901  
**Phone:** 732-214-1300

**Date:** 03/23/2023 1200  
03/23/2023 1600  
**Contact:** RECEIVING  
Dvr Ld/Unld: No driver loading or unload

**Payment** **Carrier Freight Pay:** \$1,000.00  
**Total Carrier Pay:** \$1,000.00

**Instructions**

SterRx - RMA 225220

MUST BE DEDICATED 53 FT DRY VAN

PLEASE SEND COPY OF POD WITHIN 24 HOURS OF DELIVERY

SPECTRUM CHEMICAL MANUFACTURING - CAN DELIVER STRAIGHT THROUGH DIRECT BY 4PM ON THURSDAY OR DELIVER ON FRIDAY 8AM-4PM

Agreement

Please sign and fax back to

Kelli Adams

*Phil Vukovic*



\*\*\* FAILURE TO DO ANY OF THE FOLLOWING WILL RESULT FINES & DEDUCTIONS FROM SETTLEMENT \*\*\*

\* Drive Must call 517-841-1399 for dispatch

\* Driver Must report any overages, shortages of damaged product, detention, or delays immediately.

\* **Delivery appointments can only be rescheduled by Apollo Transportation Solutions. Appointments made by anyone other than ATS will result in an improper delivery fine.**

\* Driver Detention will only be paid if the In and Out Times are on the signed BOL and Apollo dispatch has been contacted with the first hour of occurrence.

\* **Late or improper deliveries will result in a minimum \$200 fine. Additional \$200 fines will result from each day past initial scheduled delivery time.**

**Send all billing paperwork to Invoice@apolloexpressinc.com or fax to 517-841-6427**

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\* The above Order Number must be referenced on your invoice.

\* All loads are paid 30 days from date of receipt of INVOICE all necessary paperwork, including signed load sheets and shipper

BOLs. Legible copies of BOLs, PODs, signed load confirmation sheet, and any other necessary paperwork must be provided with your invoice. Apollo must have the SIGNED Load Confirmation sheet before the payment process can be started.

**All BOLs and PODs must be received at Apollo Transportation within 24 hours of delivery. Failure will result in a**

**\$25 per day late fee.**



Date: 03/23/2022

# Master Bill of Lading

## SHORT FORM – NOT NEGOTIABLE

Provided By: Logistics Control

<b>SHIP FROM</b>		<b>Bill of Lading Number: RMA 225220</b>	
SterRx LLC 141 Idaho Ave Plattsburgh NY 12903 Shipping / 518-324-7879		BAR CODE SPACE	
<b>SHIP TO</b>		<b>Carrier Name: BRZ (Through Apollo Trans)</b>	
Spectrum Chemical Mfg. 755 Jersey Avenue New Brunswick, NJ 08901 Receiving / 310-516-8000		Trailer number: Serial number(s):	
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>		<b>SCAC:</b>	
		Pro Number: 6009928	
<b>Special Instructions:</b>		<b>Freight Charge Terms</b> (Freight charges are prepaid unless marked otherwise):	
		PREPAID <input type="checkbox"/> COLLECT <input checked="" 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.	# of Packages	Weight	Pallet/Slip (circle one)	Additional Shipper Information
Spectrum PO RMA 225220			Y N	
			Y N	
			Y N	
			Y N	
<b>Grand Total</b>				

**CARRIER INFORMATION**

Handling Unit		Package					LTL Only	
Qty	Type	Qty	Type	Weight	HM (X)	Commodity Description <small>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</small>	NMFC No.	Class
14	Skids			4,494 lbs.		DEXTROSE, ANHY	43940-02	85

Where the rate is dependent on value, shippers are required to state specifically in writing 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.

COD Amount: \$

Fee terms: Collect ☐ Prepaid ☐ Customer check acceptable ☐**Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC § 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 charges and all other lawful fees.

**Shipper Signature****Shipper Signature/Date**

This is to certify that the above named materials are properly classified, packaged, marked, and labeled, 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.