



Bill to:
T BROTHERS LOGISTICS
PO BOX 89405,
Sioux Falls,
SD,
57109

Invoice Date: 03/29/2023
Invoice #: 491092
Terms: NET 30
Due Date: 04/29/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
03/29/2023		5190 N Industrial Pkwy, Hamlet, IN, USA 46532 - 11600 Courthouse Blvd, Inver Grove Heights, MN, USA 55077			
			1	1100	1100

TOTAL
1100

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

**T BROTHERS LOGISTICS LLC**

2204 N WESTPORT AVE
SIOUX FALLS, SD 57107
SD 800.741.7455

Contact RYAN ABLAN
(651)632-9200
ryanablan@tbrothers.com

Carrier RIKI TRANSPORTATION
Attn LUKE
Phone (708)303-5150
Driver

VAN			
Pick up	NORTON PACKAGING 5190 NORTH INDUSTRIAL PKWY HAMLET, IN 46532	Earliest	03/29/23 07:00
Order# 637074		Latest	03/29/23 16:00
		Phone	(574)867-6002
PICK UP # 123095			
	<u>Pieces</u>	<u>Piece Type</u>	<u>Weight</u>
			<u>Description</u>
		22,819	PLASTIC PAILS & COVERS
			DRY VAN ONLY
Delivery	CHS LUBE PLANT 11600 COURTHOUSE BLVD INVER GROVE HEIGHTS, MN 55077	Earliest	03/30/23 11:00
Order# 637074		Latest	03/30/23 11:00
		Phone	(651)355-8088
DELIVERY # 123095			
Directions	NEXT TO THE PILOT TRAVEL CENTER. CHECK IN AT THE GUARD SHACK		

Special Instructions

Rate Detail	637074	QUOTED AMOUNT	1,100.00	Signature: <u>Leo Kikic</u>
		Total:	\$1,100.00	
Refer to the Load Number on your invoice: 491092				

Driver's Name: _____
 Driver's Cell: _____
 Tractor Number: _____
 Trailer Number: _____

READ CAREFULLY, SIGN AND FAX BACK

Fill out driver information, Carrier reference # above. Double brokering of this shipment renders this agreement null and void. Drivers must call T BROS, for dispatch information, and make check calls loaded, daily in transit, and empty.

By signing this agreement carrier confirms agreed upon charges. Total charges include any and all surcharges, drop and pick charges, any special charges and any and all additional charges. POD must be emailed or faxed within 48 hours or could result in a rate reduction. If there are additional charges, they MUST be agreed upon and authorized prior to delivery.

This signed agreement, current insurance must be on file along with ORIGINAL bill of lading, proof of delivery with a carrier freight bill sent to us at:

T BROS. LOGISTICS

For internal use only	Order# 637074
-----------------------	---------------



T BROTHERS LOGISTICS LLC
2204 N WESTPORT AVE
SIOUX FALLS, SD 57107
SD 800.741.7455

Contact RYAN ABLAN
(651)632-9200
ryanablan@tbrothers.com

Carrier RIKI TRANSPORTATION
Attn LUKE
Phone (708)303-5150
Driver

PO BOX 89405
SIOUX FALLS, SD 57109
ALL POD'S MUST BE EMAILED TO APTBR0S@TBROTHERS.COM IMMEDIATELY UPON DELIVERY!!!!

T BROS offers a QUICK PAY solution - - If selected we will pay freight bill within 24 hours and deduct 3% from agreed upon charges. If you do not select quick pay, you will be paid normal terms.

*****YES, I want QUICK PAY options. We agree to the 3% charge on QUICK PAY_____*****

In order to qualify for Quick Pay you must have been doing business with us for at least one year.

CUSTOMER SERVICE 1-800-772-3673
STRAIGHT BILL OF LADING - SHIPPING ORDER NOT NEGOTIABLE - DOMESTIC
TFCLOGISTICS
 PLEASE PRINT OR TYPE

WEB SITE: www.tfclogistics.com

DATE
 03/29/2023

1 CONSIGNEE (TO)

CHS LUBRICANTS

STREET ADDRESS
 11600 COURTHOUSE BLVD.
 CITY
 INVER GROVE HEIGHTS STATE MN ZIP (REQUIRED) 55077
 P.O. NUMBER 123095 OP STORE # NA DEPARTMENT # NA
 CONSIGNEE PHONE # (651) 355 - 8088 CONTACT NAME (ATTN) RALPH

2 SHIPPER (FROM)

NORTON PACKAGING, INC

STREET ADDRESS
 5190 HAMLET INDUSTRIAL PKWY. STATE IN ZIP (REQUIRED) 46532
 CITY
 HAMLET STORE # NA DEPARTMENT # NA
 BILL OF LADING NUMBER 028313

CHECK ONE: ☐ Prepaid ☒ Collect
 CHARGES ARE PREPAID UNLESS OTHERWISE MARKED

Subject to Section 7 of Conditions, if this shipment is to be delivered to the consignee without recourse on the consignee, the shipper shall sign the following statement. The carrier may decline to make delivery of the shipment without payment of freight and all other lawful charges. Signature: _____

Received \$ _____ to be delivered in the prepayment of the charges on the property described herein. (Agent or Carrier)

3 BILL TO
CHS LUBRICANTS

ADDRESS
 11600 COURTHOUSE BLVD.
 CITY INVER GROVE HEIGHTS STATE MN ZIP (REQUIRED) 55077

DESCRIPTION OF ARTICLES, WEIGHT, NMFC & CLASS ARE SUBJECT TO CORRECTION

NO. PKG. PCBS	PKG TYPE	HM	DESCRIPTION OF ARTICLES & SPECIAL MARKS	WEIGHT (LBS.)	NMFC NO.	CLASS	VALUE
54			PAILS AND/OR COVERS, PLASTIC ARTICLES, OTHER THAN EXPANDED LTL		156600		
14			NOI, HAVING A DENSITY OF 8 TO 10 LBS. PER CUBIC FOOT TL	14,256	SUB 6	100	
			DITTO	7,128			
				1,435			
68			11 WOOD PALLETS	22,819			
			DELIVERY ON: 03/30/2023				
			TOTAL				
			TOTAL CUBE:				

TK 3-30-23

5 ADDITIONAL SERVICES: ☐ INSIDE DELIVERY REQUIRED ☐ RESIDENTIAL DELIVERY
☐ LIFT GATE PICKUP/DELIVERY ☐ SORT AND SEGREGATE
☐ NOTIFICATION BEFORE DELIVERY ☐ OTHER _____

Hazardous material emergency contact #
 REMT C.O.D. CASH / CHECK TO

☐ CONSIGNEE CHECK ACCEPTABLE ☐ CERTIFIED CHECK OR CASH

COD FEE ☐ PREPAID ☐ COLLECT

COD AMT \$

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 property described above in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned, and destined as shown below, which said carrier agrees to carry to destination, if on its route, or otherwise to deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns.

TRAILER NUMBER:	LINEAR FEET OF SHIPMENT:
SEAL # APPLIED:	
BEYOND SCAC:	CROSS REF PRO#
<input type="checkbox"/> SHIPPER LOAD / CONSIGNEE UNLOAD	

This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Firm name: **NORTON PACKAGING, INC**

Signed By: *[Signature]*

Rule #575 Dimensions (in feet):

(L) _____ (W) _____ (H) _____

Carrier: **CHS - CUSTOMER PICKUP**

Date received: **03/29/23**

Driver: *[Signature]*

Carrier piece count: **68**

CARRIER COPY