

**Bill to:**

ARMSTRONG TRANSPORT GROUP INC
86 WILKINSON CT,
CONCORD,
NC,
28025

Invoice Date: 05/23/2023

Invoice #: 22616

Terms: NET 30

Due Date: 06/23/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
05/20/2023		9778 W Gulf Bank Rd, Houston, TX 77040, USA - 21460 SW Frontage Rd, Shorewood, IL 60404, USA			
			1	2000	2000

TOTAL
2000

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

PRO # 22616

Rate Confirmation

05/18/23 15:24:03 (EST)



ARMSTRONG TRANSPORTATION MANAGEMENT
3952 WILLOW LAKE BLVD
MEMPHIS TN 38118

F
R
O
M

DIANA SARDER
(901) 245-0890
dsarder@goarmstrong.com

C
A
R
R
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E
R

BRZ
(708) 852-5654 (p) Att: LINDA
(708) 303-5150 (f)
MC # 86875 Truck # 821
DOT 3119062 Trailer # 155275
Driver UMBERTO MARTINE Cell # (305) 588-2135

Size & Type: 53' VAN
Pieces:

Description: PALLETIZED GOODS
Weight: 35000

Miles:

CHARGES		DISPATCH NOTES
LINE HAUL RATE	2000.00	BLIND SHIPMENT, MUST USE OUR BOL AT DELIVERY. THERE WILL BE A \$200 FINE IF DRIVER BLOWS THE BLIND.
TOTAL RATE	2000.00	

PICK 1

ARMSTRONG - HOUSTON
9778 W GULF BANK RD
HOUSTON TX 77040
Hours : APT
Phone/Contact: DAVEY

Appointment 05/20/23
Ref # TREVERSE

STOP 1

SLIBUY - SHOREWOOD
21460 SW FRONTAGE RD
SHOREWOOD IL 60404
Hours : 7-12 FCFS

Appointment 05/22/23
Appt Notes: APT WINDOW 7-12

SEND INVOICES TO ATMACCOUNTING@GOARMSTRONG.COM
901-290-0292

Carrier shall limit disclosure of information regarding this agreement, including carrier's rates and charges, only to carrier's agents, employees, and subcontractors directly involved in its execution and performance and those parties internally who have a need to know of this agreement.

Carrier Signature _____

Date ____/____/____
M D

Doc ID: 262305181421107921
Send Carrier Bills to the Address Above
Sertifi Electronic Signature

PRO # 22616 must appear on all Invoices

E-Signed : 05/18/2023 02:25 PM CDT

Linda Ferrer

linda@rtbrz.com
IP: 178.223.72.199

Sertifi Electronic Signature
DocID: 20230518142400791

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Bill Of Lading - Short Form - Not Negotiable**Ship From**ARMSTRONG - HOUSTON
9778 W GULF BANK RD

HOUSTON TX 77040

DAVEY

Ship ToTREVERSE LLC
5901 CROSSING BLVD

ANTIOCH TN 37013

Bill ToARMSTRONG TRANSPORTATION MANAGEMENT
3952 WILLOW LAKE BLVD
MEMPHIS TN 38118**BOL Number:** 22616

Pro # : 22616

Ship Date : 05/20/23

Cust Ref # :

PU Ref # : TREVERSE

Del Ref # :

Del Appt : 05/22/23

Carrier : BRZ

Carrier Pro#: UMBERTO MARTINE

References**Special Instructions:****Freight Terms:**

Prepaid XXX Collect ___ 3rd Party ___

QTY	PKG	Wgt	HM	Item Description	DIMS	Cl	NMFC #
		35000		PALLETIZED GOODS			

Mark with an X to designate hazardous materials as defined in title 49 of the code of Federal Regulations.*Haz Mat emergency Contact #**

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 not to exceed _____ per _____"

COD Amount: \$ _____

Fee Terms: Collect ___, Prepaid ___, Check Acceptable ___

Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 14706(c)(1)(A) and (B)**For Freight Collect Shipments:**If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement.
The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

Trailer Loaded: _____ Freight Counted: _____

By Shipper By Shipper

By Driver By Driver

Signature of Consignor: _____

Carrier Signature / Date

Shipper Signature / 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.

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.

Signature of Shipper: _____ Date: _____

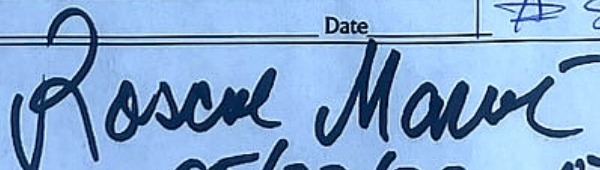
Carrier:  Date: 05-20-23

Consignee/Receiver Signature / Date

This is to certify that the above named materials were received in apparent good order (except as noted).

Signature of Consignee: _____ Date: _____

Seal 4213033


 05/22/23 07:00