



Bill to:  
Corcoran Logistics LLC  
,  
,  
,

Invoice Date: 05/24/2023  
Invoice #: 22733  
Terms: NET 30  
Due Date: 06/24/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
05/22/2023		32 Hampshire Rd, Salem, NH 03079, USA - 915 Industrial Rd, Walterboro, SC 29488, USA			
			1	1450	1450

<b>TOTAL</b>
1450

**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**

**Dispatcher**

Dispatcher: Larrisa Martinez  
Phone: 844-634-4574  
Fax:  
Emergency Phone: 844-634-4574

**Load and Rate Confirmation Agreement  
Load #22733**

*To accept load please sign and email this sheet back to: [lmartinez@corcoranlogistics.com](mailto:lmartinez@corcoranlogistics.com)*

**Carrier Information**

Load Number:	22733	Driver Name:	Jose
Carrier Number:	6959	Truck Number:	836
MC Number:	086875	Trailer Number:	305792
Carrier Name:	Riki Transportation Inc.	Carrier Phone:	708-303-5150
Attention:	Leo	Carrier Fax:	708-303-5150
Confirmation Sent To:	leo@rtbrz.com		

**Load Information**

Bill Of Lading:	72174	PO Number:	72174
Commodity:	FAK	Piece Count:	6
Commodity Desc:	PALLETIZED ADHESIVES	Ref Number:	23752
Load Size:	Truckload	Trailer Req:	Van
Miles:	971.00	Weight:	40,000

**#1 Shipper****Monday, 05/22/2023 from 08:00 - 14:00**

Company:	ADVANCED POLYMETRICS	Contact:	NORBERT REPMAN
Address:	32 Hampshire Rd	Phone:	716-796-5132
City/St/Zip:	Salem, NH 03079		

**#2 Consignee/Final Destination****Wednesday, 05/24/2023 at 08:00**

Company:	CLEAN MANAGEMENT
Address:	915 Industrial Rd
City/St/Zip:	Walterboro, SC 29488

**Amount to invoice : \$1,450.00****Carrier:** Riki Transportation Inc.**MC #:** 086875**By:** \_\_\_\_\_**Title:** \_\_\_\_\_**Invoicing Methods**

1. Email (preferred): [docs@corcoranlogistics.com](mailto:docs@corcoranlogistics.com)

**||DOCID: 380989-646794f6c4377353505416**

**Load Rate Confirmation #22733**

**Signed By:**

Leo Kikic

leo@rtbrz.com

05/19/2023 10:26:47 AM CT

91.143.219.198

**Dispatcher**

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Phone: 844-634-4574  
Fax:  
Emergency Phone: 844-634-4574

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Leo Kikic

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NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number CESQG	2. Page 1 of 1	3. Emergency Response Phone 710-706-5132	4. Waste Tracking Number 53171
5. Generator's Name and Mailing Address ADVANCED POLYMERICS 32 HAMPSHIRE SALEM NH 03079 Generator's Phone: 716 736-5132					
6. Transporter 1 Company Name BPS					
7. Transporter 2 Company Name					
8. Designated Facility Name and Site Address CMEG, INC 917 INDUSTRIAL ROAD WALTERBORO SC 29688 Facility's Phone: 800 538-0131					
9. Waste Shipping Name and Description WATER BASED PAINTS #23752 NON HAZARDOUS/NOT REGULATED					
10. Containers		11. Total Quantity	12. Unit Wt/Vol	13. Special Handling Instructions and Additional Information	
No.	Type			1) 23752 POW72174	
6	CW Pallets	8,3 3/4	P		
14. GENERATOR'S OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/packaged, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.					
Generator's Offeror's Printed/Typed Name Bruno E. DeFeo		Signature [Signature]	Month 05	Day 22	Year 2003
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit: Date leaving U.S.			
Transporter Signature (for exports only):					
16. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name		Signature	Month	Day	Year
Transporter 2 Printed/Typed Name		Signature	Month	Day	Year
17. Discrepancy					
17a. Discrepancy Indication Space		<input type="checkbox"/> Quantity	<input type="checkbox"/> Type	<input type="checkbox"/> Residue	<input type="checkbox"/> Partial Rejection
		<input type="checkbox"/> Full Rejection			
17b. Alternate Facility (or Generator)					
U.S. EPA ID Number					
Facility's Phone:					
17c. Signature of Alternate Facility (or Generator)					
Month Day Year					
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in item 17a					
Printed/Typed Name Antonio Smith		Signature [Signature]		Month Day Year 05 24 23	
TRANSPORTER #1					