



Bill to:
FREIGHTWATCH, LLC
1459 Lexington Ontario Rd,
MANSFIELD,
OH,

Invoice Date: 06/08/2023
Invoice #: 59672
Terms: NET 30
Due Date: 07/08/2023

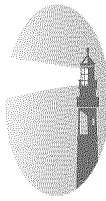
Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/06/2023		1750 N 25th Ave, Melrose Park, IL 60160, USA - 7960 Long Point Rd b, Houston, TX 77055, USA			
			1	1985	1985

TOTAL
1985

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



FREIGHTWATCH LOGISTICS

FREIGHTWATCH LOGISTICS
PO BOX 1552
MANSFIELD OH 44901

PRO # 59672

Rate Confirmation

06/06/23 07:50:50 (EST)

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TANNA SAYLOR
(419) 845-5250 X 115 (p)
tsaylor@freightwatchlogistics.com

BRZ
(708) 303-5150 (p)

MC # 86875 Truck # 825
DOT 3119062 Trailer # 305787
Driver HUMBERTO MARTINEZ Cell # (305) 588-2135

Size & Type: 53' VAN
Pieces:

Description: HOME GOODS
Weight: 30000

Miles: 1086

CHARGES		DISPATCH NOTES
LINE HAUL RATE	1985.00	***TRAILER MUST BE CLEAN AND DRY WITH NO HOLES OR ODORS***DRIVER MUST HAVE LOAD LOCKS OR STRAPS TO SECURE LOAD***THANK YOU!!!
TOTAL RATE	1985.00	

PICK 1

B & G SALES
1750 N 25TH AVE
MELROSE PARK IL 60160
Phone/Contact: (708) 343-9200

Appointment 06/06/23
Appt Notes: 0800-1200 FCFS
Ref # 17 PALLETS

PICK 2

REGENT PRODUCTS
8999 PALMER ST
RIVER GROVE IL 60171
Phone/Contact: (708) 583-1000
DRIVER MUST HAVE LOAD LOCKS OR STRAPS TO SECURE LOAD

STOP 1

GOODWILL OF HOUSTON
7960-B LONG POINT RD.
HOUSTON TX 77055
Phone/Contact: (713) 699-6323

Appointment 06/07/23
Appt Notes: 0800-1400

STOP 2

ATLAS DIAMOND
10550 W. SAM HOUSTON PKWY
HOUSTON TX 77099
Phone/Contact: (281) 564-8700

Appointment 06/07/23
Appt Notes: 0800-1400

DRIVER MUST HAVE LOAD LOCKS OR STRAPS TO SECURE LOAD

Charges may apply for failure to report late pickups or late deliveries in a timely manner. Lumpers and other accessorial charges are reimbursed only with approval from Freightwatch. Shortages, overages and/or damages must be reported to dispatch upon discovery. Re-brokering, assigning or interlining of this shipment will void our obligation to pay your invoice. Signing this rate confirmation verifies that carrier has enough available hours of service to pick up and complete delivery within the designated times of this rate confirmation, without violating the FMSCA hours of service regulations. This rate shall remain in effect until cancelled by either party giving written notice to the other. Please sign and return.

All ACH payments are subject to a \$5 fee

(Rate Confirmation Details on Next Page)

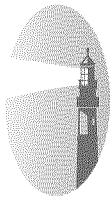
Carrier Signature Linda Frisco

Date / /
M D

Send Carrier Bills to the Address Above

PRO # 59672

must appear on all Invoices



FREIGHTWATCH LOGISTICS

FREIGHTWATCH LOGISTICS
PO BOX 1552
MANSFIELD OH 44901

PRO # 59672

Rate Confirmation

06/06/23 07:50:50 (EST)

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TANNA SAYLOR
(419) 845-5250 X 115 (p)
tsaylor@freightwatchlogistics.com

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DOT 3119062 Trailer # 305787
Driver HUMBERTO MARTINEZ Cell # (305) 588-2135

PLEASE SEND ALL INVOICES AND PAPERWORK TO:
ACCOUNTING@FREIGHTWATCHLOGISTICS.COM

PLEASE NOTE: FREIGHTWATCH LLC IS RESPONSIBLE FOR PAYING THE FREIGHT BILL

PAYMENT WILL BE SENT BY OUR FACTORING COMPANY: PHOENIX CAPITAL GROUP

Carrier Signature _____

Date _____ / _____ / _____
M D

Send Carrier Bills to the Address Above

PRO # 59672

must appear on all Invoices

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regent products corp.

STRAIGHT BILL OF LADING
SHORT FORM- (NON-NEGOTIABLE)

DATE: 06/06/2023

SHIPPER (FROM):

NAME: REGENT PRODUCTS CORP. - ILC DIVISION

ADDRESS: 8999 PALMER STREET

CITY/STATE/ZIP: RIVER GROVE, IL 60171

PHONE: 708.583.1000 FAX: 708.583.1400

CONSIGNEE (TO):

NAME: GOODWILL IND OF HOUSTON

ADDRESS: LONG POINT OUTLET

7960-B LONG RD

CITY/STATE/ZIP: HOUSTON, TX 77055

THIRD PARTY BILL TO:

NAME:

ADDRESS:

CITY/STATE/ZIP:

PHONE:

BILL OF LADING NO.

CUSTOMER NO. C#15781

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CARRIER: FREIGHT WATCH *BRZ*

TRAILER NUMBER: *305787*

SEAL NUMBER(S): 4522819

SCAC:

PRO NUMBER:

FREIGHT TERMS:

(FREIGHT CHARGES ARE PREPAID
UNLESS MARKED OTHERWISE.)

☒ PREPAID

☐ COLLECT

☐ 3RD PARTY

FOR FREIGHT COLLECT SHIPMENTS:

Subject to section 7 of conditions of applicable bill of lading. If this shipment is to be delivered to the consignee, without recourse on the cosignor, the cosignor shall sign the following statement: The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

CONSIGNOR SIGNATURE: JOHANNA

SPECIAL INSTRUCTIONS:

10 SKIDS

QTY.	TYPE	HM	DESCRIPTION OF ARTICLES, KIND OF PACKAGE, SPECIAL MARKS & EXCEPTIONS	WEIGHT	NMFC#	CLASS
			NOTIONS, OR NOVELTIES, NO.1 15#PCF. ITEM 56290 SUB 9			
			CALL FOR APPT. # 713-699-6323			
291	CASES		P.O.# 10021 ALVIN - 3SK	1,802		
202	CASES		10022 FAIRFIELD - 1SK	1,047		
204	CASES		10022 RIVER OAKS - 2SK	1,120		
170	CASES		10022 NASA - 1SK	856		
125	CASES		10021 BRIARGROVE - 1SK	472		
216	CASES		10021 STORE 529 - 2SK	1,180		
1,208	TOTAL		<i>Reinh Alex 10</i> <i>6-7-23 10</i>	6,477		

NO ADDITIONAL FREIGHT CHARGES WILL BE PAID WITHOUT WRITTEN CONSENT PRIOR TO OR DURING DELIVERY OF FREIGHT.

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 the rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

SHIPPER SIGNATURE/DATE:

CARRIER SIGNATURE/PICK-UP DATE:

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.

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent documentation in vehicle. Property described above is received in good order, except as noted.

SHIPPER:

CARRIER:

6.6.23
06-06-23

Bill Of Lading - Short Form - Not Negotiable**Ship From**B & G SALES
1750 N 25TH AVEMELROSE PARK IL 60160
(708) 343-9200**Ship To**ATLAS DIAMOND
10550 W. SAM HOUSTON PKWYHOUSTON TX 77099
(281) 564-8700**Bill To**FREIGHTWATCH LOGISTICS
PO BOX 1552
MANSFIELD OH 44901**BOL Number:** 59672

Pro # : 59672

Ship Date : 06/06/23

Cust Ref # :

PU Ref # :

Del Ref # :

Del Appt : 06/07/23

Carrier : NAPOLEONYX TRANSPORT

Carrier Pro#: AHMED

References**Special Instructions:****Freight Terms:**Prepaid ☒ Collect ☐ 3rd Party ☐

QTY	PKG	Wgt	HM	Item Description	DIMS	Cls	NMFC #
		30000		HOME 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.

Signature of Consignor: _____

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.

Signature of Shipper: _____ Date: _____

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: _____

Trailer Loaded: Freight Counted:

____ By Shipper ____ By Shipper

____ By Driver ____ By Driver

Carrier 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.

Carrier: _____ Date: 06-06-23

BRZ Trailer 305787

Abraham Ewitea
Total 17 PL = 608-23