

Bill to: CTS	Invoice Date: 07/12/2023 Invoice #: 116224168
,	Terms: NET 30
,	Due Date: 08/12/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
07/10/2023		2000 Dick Drake Highway, Muscatine, IA, USA - 255 Swathmore Ave, High Point, NC, USA			
			1	2250	2250

TOTAL2250

PLEASE NOTE

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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

TRUCKLOAD RATE CONFIRMATION

CTS Logistics Solutions PO Box 4 TEXARKANA, TX 75504

Booked by: Candy Baker Phone number: (833) 428-0526



Customer PO: p Shipper Ref: S1 Trailer Type/Siz ION Contact: Phone:	0321551 xe: Van / Full DARRIN MCFATE (563) 264-4263	
Trailer Type/Siz	ze: Van / Full DARRIN MCFATE (563) 264-4263	
ION Contact:	DARRIN MCFATE (563) 264-4263	
	(563) 264-4263	
	(563) 264-4263	
Phone:		
Ready Date:	7/10/2023	
Deede Times	7:00 AM -	
Ready Time:	2:00 PM	
Contact:	MIKE SOUTHERN	
Phone:	(336) 881-5300	
Date Needed:	7/12/2023	
o. .	7:00 AM -	
	4:00 PM	
	Phone:	Phone: (336) 881-5300 Date Needed: 7/12/2023 Close Time: 7:00 AM -

	Handling Units	Package Type	Pieces	HAZMAT	List of Items	Total Weight
	0	Pallet	1		CORNSTARCH 0x0x0in	44,000
- 1						

PICKUP INSTRUCTIONS:

DELIVERY INSTRUCTIONS:

Rate:

TOTAL:

USD \$2,250.00 USD \$2,250.00

This confirmation governs the movement of the above-referenced freight as of the specified and hereby amends, is incorporated by reference and becomes a part of the certain transportation contract by and between "Broker" and "Contract carrier". Carrier Agrees to sign the confirmation and return it to the broker via FAX and carrier shall be conclusively presumed and compensatory that the freight would not have been tendered to Carrier at higher rates and that not shipments handled under such rates will subsequently be subject to a later claim for undercharges. IF AGREDS DERVICES ARE FULFILLED, RATES HONT NEGOTIABLE. Carrier is responsible for all delivery appointments. Failure to comply with appointments will result in a penalty of \$100.00 Per Appointment.

The undersigned accepts the referenced shipment on behalf of the carrier and acknowledge as correct the information contained herein, the carrier agrees to the terms of the Master agreement previously executed between our companies. Invoicing by the carrier and payment by CTS Logistics Solutions, constitutes acceptance of this agreement and creates a valid contract for carriage shipment.

When loading, the driver must count and inspect his/ her load. The Driver / Carrier is responsible for piece count and condition of load at time of delivery. We are not responsible for Overweight. If Dimensions, Weight, Quantity or type of commodity are different than those consigned in our Load Confirmation Agreement, the carrier or Broker contracted MUST notify CTS Logistics Solutions Before picking up and request a WRITTEN AUTHORIZATION. CTS Logistics Solutions will not pay any extra charges without AUTHORIZATION.

Payment will be made 30 days after all required paperwork is received at CTS Logistics Solutions, facilities. <u>SEND INVOICES TO</u> <u>ACCOUNTING@CTSLS-USA.COM.</u> For payment status, call (903) 280-7635 or e-mail accounting@ctsls-usa.com.

Quick pay terms - ACH only 3 business days - 5%

ess days - 5% 7 business days - 3%

14 business days - 2% MUST BE NOTED ON INVOICE.

Phone: | Fax: Please sign and return via fax or email to

Carrier Signature: MC#:

<u>Conor Smith</u> 086875

Driver Name: Driver Phone#:

Please call immediately with any questions, concerns, or problems! Send Invoicing to: CTS Logistics Solutions | PO Box 4 | TEXARKANA, TX 75504

				Bill	of ladin	g					
Date 7/10/2023						Page 1					
Jame GPC Address 1600 Oregon Street City/State/Zip MUSCATINE, TA SID 1SID0417527 SO S10321	Ship fi 52761 551	rom			Bill of lading number 32259100000561537 Carrier name Trailer number W94927 Seal Number(s) 381943						
Name QUALITY PACKAGING (Address 255 SWATHMORE AV City/State/Zip HIGH POINT, NC CID# 1C05852		to		Location:		SCAC Pro nu					
	rty freigh	t charges	s bill to			Freigh	nt charge	terms			
Name Address						Prepaie	d	Collect X T	hird party		
								Master bill of la underlying bill	ading with a of ladings	ttached	
Special instructions RECEIVIN NO APPT REQUIRED	G HOURS:	7 AM-4 PI	М								
			C	ustome	r order inf	ormatio	n	Stand States	in the		
Customer order number	Pack	kages		ght (lb)	Pallet	/Slip		Additional shi	pper info t Must Arriv	e By Date	
070623NC-1		0.00	42500		Yes o	rNo	Desti	mation PO Type Dep	t Must Anno Dy Dett		
NET GRAND TOTAL	Distant in		42	2500							
				Carri	ier informa	ation			171		
Handling unit Pa	ckage	Weigh	Weight (lb) H.M.		Commodilies requiring	Commodity description g special or additional care or attention in hendling or stowing must be marke packaged to ensure safe transportation with ordinary care		Scription	LTL only		
Qty Type Qty	Туре	veign	it (ib)	(X)		packaged to ensu	ure safe transportation	on with ordinary care	NMFC	Class	
17 PL 850.0	BG	435	20			CORN STARCH			50		
17 850.0		435						D TOTAL			
*If the shipment moves between two ports by a weight. Where the rate is dependent on value, follows *The agreed or declared value of the property i per					whether it is carrie declared value of th	's or shipper's le property as	r ee term	ount: \$ s Collect	1		
NOTE Liability Limitatio	n for loss	or damag	ge in th	iis shipr	ment may	be app	The B. Carlo				
Received, subject to individually determined ra applicable, otherwise to the rates, classification and to all applicable state and federal regulatic This Bill of Lading is governed by and incorpor located at: https://kentww.com/supplier-central	s and rules that he	ave been establish	ed by the carr	ier and are ava	allable to the shippe	r, on request,	The carrier shall Matt Co Signature	not make delivery of this shipment without pay onard, Director Shi	ment of freight and all other la	wful charges.	
Shipper signature/date This is to certify that the above-named classified, described, packaged, mark proper condition for transportation acc regulations of the Department of Trans Matt Conard,	materials are p d and labeled, rding to the ap portation.	roperly	<u>Trailc</u> х ву	e <mark>r loaded</mark> shipper driver	Ere	ight cour By shipper By driver/pal		Carrier signature/ Carrier acknowledges receip Carrier certifies emergency r available and/or carrier has t guidebook or equivalent door described above is received	t of packages and re esponse information he DOT emergency	n was made response	