



Bill to:
TQL (TOTAL QUALITY LOGISTICS)
PO BOX 799,
MILFORD,
OH,
45150

Invoice Date: 07/12/2023
Invoice #: 24863328
Terms: NET 30
Due Date: 08/12/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
07/11/2023		500 Lansdowne Rd, Fredericksburg, VA 22408, USA - 10 Interstate Ave, Albany, NY 12205, USA			
			1	1200	1200

TOTAL
1200

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



TQL RATE CONFIRMATION FOR PO# 24863328

FIND YOUR NEXT LOAD BY VISITING
[CARRIERDASHBOARD.TQL.COM](https://carrierdashboard.tql.com)

TO ENSURE PROMPT PAYMENT, SUBMIT THIS RATE CONFIRMATION, COMPLETE BOL(S)/POD, RECEIPTS AND OTHER APPLICABLE PAPERWORK WITHIN 24 HOURS OF DELIVERY TO CINVOICES@TQL.COM. FOR OTHER OPTIONS, SEE NEXT PAGE.

TQL CONTACT INFO

Name	Phone	Email	Fax
Jared Muncaster	800-580-3101 x34760	JMuncaster@TQL.com	

CARRIER CONTACT

Office Staffed 24/7

MC#/DOT#	Name	Phone	Terms	Fax
086875 / 3119062	Brz (il)	708-303-5150	28DAYS	630-485-0000

Address

COMPASS FUNDING SOLUTIONS PO BOX 205154 DALLAS, TX 75320-5154

Dispatcher	Driver	Truck #	Trailer #
Austin	richard	859	155274

LOAD INFORMATION

Rate	Type	Unit	Quantity	Total
\$1,200.00	Line Haul	Flat	1	\$1,200.00

Rates that are based on weight or count will be calculated from the quantities loaded.

Total: \$1,200.00 USD

Mode	Trailer Type	Trailer Size	Linear Feet	Temperature	Pallet/Case Count	Hazmat	Load Requirements
FTL	Van	53 ft			0 pallets/0 cases	Non-Hazardous	
Special Temp Instructions						LxWxH	

Pick-up Location	Date	Time
Fredericksburg, VA	7/11/2023	Appt 10:00

Commodities:

Pick Up #	Quantity	Unit	Commodity	Notes
1	1	Truckload	general merchandise	

Delivery Location	Date	Time
Albany, NY	7/12/2023	FCFS 08:00 to 14:00

CARRIER RESPONSIBLE FOR

Unloading	None w/ valid unloading receipt	Pallet Exchange	None	Estimated Weight	25000
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**Note to
Carrier**

*****TRACKING REQ****



T Q Y L





If this box is checked, Carrier is required to mail original paperwork to TQL at the below address.

CARRIER INVOICE #

FOR STANDARD MAIL

TQL
PO Box 799
Milford, OH 45150

OVERNIGHT DELIVERY

TQL
1701 Edison Drive
Milford, OH 45150

QUICK PAY

If your default payment terms are not Quick Pay and you would like Quick Pay on this load, please check one of the boxes below. Send your invoice to the Quick Pay email or fax listed below or via one of the document scanning options.

☐ 1 Day Quick Pay 5%

☐ 7 Day Quick Pay 3%

METHODS TO SUBMIT PAPERWORK

Submit completed and signed paperwork within 24 hours of delivery.

EMAIL

Quick Pay - Quickpay@tql.com
Standard - cinvoices@tql.com

DOCUMENT SCANNING

[TQL Carrier Dashboard](#) - Send paperwork
for FREE via our web and mobile app

FAX

Quick Pay - 513-688-8895
Standard - 513-688-8782

TRANSFLO Express allows you to scan and send invoices
and POD's to TQL for \$3.50 from participating truck stops.

TQL must approve all accessorial terms/charges in advance and in writing. Payment of detention is determined on a load-by-load basis. Unauthorized charges will not be paid. Detention payment does not begin for at least 3 hours unless otherwise agreed to in writing. To qualify for additional compensation, the Carrier MUST notify TQL at least 30 minutes before beginning detention time and when arriving-on-time/departing from all shippers/receivers (unless the shipper/receiver will notate check in/out times on the paperwork).

OPERATION
SAFE DRIVER
WEEK

CLICK HERE FOR MORE INFO

July 9 - 15

TQL

THIS IS AN AGREEMENT BETWEEN TQL AND CARRIER. CARRIER SHALL HAUL THE LOAD AT THE RATE ABOVE. CARRIER SHALL CALL TQL FOR LOAD INFORMATION. IF LOAD IS CHANGED OR CANCELED BY TQL, NO "TRUCK ORDER NOT USED" WILL BE PAID UNLESS TQL HAS PROVIDED THE CARRIER WITH LOAD DETAILS (PICK-UP NUMBER, SHIPPER NAME/ADDRESS AND DRIVER INFORMATION SHEET) AND APPROVED THE CARRIER TO BEGIN DRIVING TOWARDS THE PICK-UP LOCATION. THE SAFE, LEGAL AND PROPER OPERATION OF CARRIER SUPERSEDES ANY REQUEST, DEMAND, PREFERENCE, INSTRUCTION OR INFORMATION PROVIDED BY TQL OR ITS CUSTOMERS WITH RESPECT TO ANY SHIPMENT. IF ANY EMPLOYEE OF TQL OR ITS CUSTOMER REQUESTS, DEMANDS, OR INSTRUCTS CARRIER TO TAKE ANY ACTION THAT VIOLATES ANY LAW, CARRIER SHALL REFUSE TO TRANSPORT THE LOAD AND IMMEDIATELY CONTACT TQL BEFORE TAKING ANY FURTHER ACTION. CARRIER AGREES THAT WHEN IT CHOOSES TO TRANSPORT A LOAD IT DOES SO ON ITS OWN VOLITION, EXERCISING ITS OWN DISCRETION WITHOUT COERCION OR UNDUE INFLUENCE BY ANY INDIVIDUAL OR ENTITY. **CARRIER OR ITS AGENT CERTIFIES THAT ANY TRU EQUIPMENT FURNISHED WILL BE IN COMPLIANCE WITH INUSE REQUIREMENTS OF CALIFORNIA'S TRU REGULATIONS. THIS AGREEMENT IS SUBJECT TO THE TERMS OF THE BROKER/CARRIER AGREEMENT SIGNED BY THE CARRIER AND TQL. THIS AGREEMENT IS AN ADDENDUM TO THE BROKER/ CARRIER AGREEMENT. THIS RATE CONFIRMATION IS INCLUSIVE OF ALL CHARGES.

IF THIS SHIPMENT RELATES TO A GOVERNMENT OR QUASI-GOVERNMENT CONTRACT (WHICH MAY INCLUDE, WITHOUT LIMITATION, FEDERAL, STATE, MUNICIPAL, OR POSTAL CONTRACTS), THEN THE SHIPMENT IS SUBJECT TO THE NOTICES AND COMPLIANCE REQUIREMENTS FOUND AT [HTTPS://WWW.TQL.COM/GOVERNMENT-CONTRACTOR-NOTICES.PDF](https://www.tql.com/government-contractor-notices.pdf) OR A HARD COPY WILL BE PROVIDED UPON WRITTEN REQUEST TO COMPLIANCE@TQL.COM.

BY SIGNING THIS DOCUMENT, THE CARRIER AND ITS DRIVER AGREE THAT THEY MAY LEGALLY RECEIVE SMS (TEXT) MESSAGES ORIGINATING FROM TQL. RESPONDING TO OR READING A TQL SMS MESSAGE WHILE DRIVING A TRUCK OR MOTOR VEHICLE CAN CAUSE SERIOUS INJURY, DEATH, OR PROPERTY DAMAGE TO YOU OR OTHERS. DO NOT READ OR REPLY TO A MESSAGE UNLESS YOUR VEHICLE IS STATIONARY AND PARKED. THE CARRIER, DRIVER, AND ANY OTHER EMPLOYEE AND/OR AGENT FOR CARRIER ASSUME ALL RESPONSIBILITY FOR ABIDING BY THESE INSTRUCTIONS AND AGREE THAT THEY WILL COMPLY WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL LAWS INCLUDING, BUT NOT LIMITED TO: RECEIVING, READING AND/OR SENDING SMS MESSAGES, PHONE CALLS, AND/OR ANY OTHER INFORMATION TO OR FROM THE BROKER. CARRIER AGREES TO INDEMNIFY AND HOLD TQL HARMLESS TO THE FULLEST EXTENT PERMITTED BY LAW FOR ANY AND ALL CLAIMS OF ANY NATURE ARISING OUT OF OR RELATING TO THE HAULING OF THIS LOAD, THE VIOLATION OF THE TERMS OF THE BROKER-CARRIER AGREEMENT OR THIS RATE CONFIRMATION.

TQL PO# 24863328



Carrier Representative Signature

*By electronically signing below and acknowledging acceptance, I confirm I have the authority to act on behalf of, and bind the undersigned individual and/or entity and have agreed to the terms

Name* S/ **Austin Ostojic**



Pickup Dates
7/11/23

Delivery Dates
7/12/23

TQL CONTACT INFO

Name	Phone	Email	Fax
Jared Muncaster	800-580-3101 x34760	JMuncaster@TQL.com	

CARRIER CONTACT

Name	Dispatcher	Driver
Brz (il)	Austin	richard

LOAD INFORMATION

Mode	Trailer Type	Trailer Size	Temperature	Pallet/Case Count	Hazmat	Load Requirements
FTL	Van	53 ft		0 pallets/0 cases	Non-Hazardous	
Special Temp Instructions						

CARRIER RESPONSIBLE FOR

Unloading	None w/ valid unloading receipt	Pallet Exchange	None	Estimated Weight	25000
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PICKUPS

Shed	City	State	Zip	PU#	Date	Time								
CVS (FREDERICKSBURG,VA)	Fredericksburg	VA	22408	162001 (FEEDTHECHILD REN)	7/11/2023	Appt 10:00								
<div>Information:</div> <div>500 Lansdowne Rd Fredericksburg VA 22408</div> <div>Commodities:</div> <table><thead><tr><th>Quantity</th><th>Unit</th><th>Commodity</th><th>Notes</th></tr></thead><tbody><tr><td>1</td><td>Truckload</td><td>general merchandise</td><td></td></tr></tbody></table>							Quantity	Unit	Commodity	Notes	1	Truckload	general merchandise	
Quantity	Unit	Commodity	Notes											
1	Truckload	general merchandise												

DROPS

Consignee	City	State	Zip	Delivery PO	Date	Time
JEZREEL INTERNATIONAL (ALBANY, NY)	Albany	NY	12205	162001	7/12/2023	FCFS 08:00 to 14:00
<div>Information:</div> <div>10 Interstate Ave Albany NY 12205</div>						



Note to
Carrier

****TRACKING REQ****

TQL PO# 24863328

THIS AGREEMENT IS SUBJECT TO THE TERMS OF THE BROKER/CARRIER
AGREEMENTS SIGNED BY THE CARRIER AND TQL. THIS AGREEMENT IS AN
ADDENDUM TO THE BROKER/CARRIER AGREEMENT. THIS DOCUMENT IS ONLY FOR
INFORMATIONAL PURPOSES.



STRAIGHT BILL OF LADING — SHORT FORM

ORIGINAL - NOT NEGOTIABLE

Feed the children

(Name of Carrier)

Shipper's No. _____

Carrier's No. _____

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading.

At

June 11

20 23 FROM

CVS

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood through out this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classifications in effect on the date hereof, if this is a rail or a rail water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CONSIGNEE TO

BR2

(Mail or street address of consignee - For purposes of notification only)

DESTINATION

STATE NY ZIP CODE 12205 COUNTY Albany DELIVERY ADDRESS

(*To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

ROUTE

SEAL 061 4090

DELIVERING CARRIER

CAR OR VEHICLE INITIALS

NO.

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	*WEIGHT (Subject to Correction)	Class or Rate	Check Column
	26 Donation pallets	24,000		
(28)	Received 7/12/23 V/Peckham			

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 consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor.)

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received \$ _____
to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

\$ _____

C.O.D SHIPMENT

C.O.D Amt: _____

Collection Fee: _____

Total Charges: _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."
NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____

*The Fibre Boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Consolidated Freight Classification. *Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

CVS/pharmacy

SHIPPER, PER

AGENT

PER

Permanent postoffice address of shipper

PCN 00445

Door #:

36**CVS
VEHICLE PASS**

Date:

7-11-2023

Time:

am/pm

Carrier:

BR

Trailer #:

155274

Driver's Name:

Lumper:

☐ Bobtail☐ Vehicle departing empty☐ Vehicle departing with # _____

full pallets

PO # _____

☐ Refused☐ Damaged☐ Next Stop☐ Vehicle departing with # _____

loose cases

PO # _____

☐ Refused☐ Damaged☐ Next Stop☐ Vehicle departing with other. (specify below)

Load Description:

26 pallets of Donations28

of empty pallets

RECEIVER SIGNATURE:

Y Peckham 7/12/23

DRIVER BADGE RETURNED:

☐ YES☐ NO

GUARD SIGNATURE: _____

TIME _____

AM/PM

DATE: _____

GUARD - LIST ANY DISCREPANCIES BELOW AND
IMMEDIATELY CALL THE LOSS PREVENTION
DEPARTMENT. DO NOT RELEASE TRAILER UNTIL
CLEARED BY LOSS PREVENTION DEPARTMENT.

White Copy: **Driver**Yellow Copy: **Loss Prevention**