

**Bill to:**

Best Logistics

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Invoice Date: 07/31/2023

Invoice #: 1517784

Terms: NET 30

Due Date: 08/31/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
07/28/2023		10225 Western Ridge Rd, Charlotte, NC 28273, USA - 2222 Hillside Ave, Indianapolis, IN 46218, 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

***** Load Confirmation *****

RCRLGS-1517784-3

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TEAM: Blue Team

Best Logistics
P.O. Box 336
Kernersville, NC 27285

PHONE: (877) 641-9944 ***FAX: (866) 646-7699 *****Order: 1517784*****ORDER # MUST APPEAR ON ALL BILLING******DRIVER MUST CALL IN FOR DISPATCH*****Contact: Blue Team*****PLEASE NOTE OUR NEW CONTACT NUMBERS BELOW:****Phone: (877) 641-9944 *****Fax: (866) 646-7699 *****Reference: 113910**

Carrier: ZIGI FREIGHT INC
Carrier ID: ZIGLOM
Phone: 630-485-7370
Fax:
Date: 07/28/2023

Instructions / Comments:

PIPER LOGISTICS - INDIANAPOLIS - Delivery Appt scheduled for 7/17 @ 0900 APPT confirmation 113616

****DRVR MUST CALL THIS OFFICE AS SOON AS THEY CHECK IN WITH THE SHIPPER** 877-641-9944******DRVR MUST ACCEPT MACRO POINT BEFORE LEAVING MY SHIPPER; FAILURE TO DO SO WILL RESULT IN A FINE****

Order	Miles: 550.0 PU # 133852 BOL: 133852	Weight: 43500.0 Trailer: 53' Van or Reefer Commodity: PAPER ON PALLETS
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PU 1	Name: WEST LOGISTICS - DOMTAR Address: 10225 WESTERN RIDGE RD CHARLOTTE NC 28273	Date: 07/28/2023 1200 07/28/2023 1630 Contact: (877) 641-9944 x4523 Driver Assist: N
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SO 2	Name: PIPER LOGISTICS - INDIANAPOLIS Address: 2222 HILLSIDE AVE INDIANAPOLIS IN 46218	Date: 07/31/2023 1000 Contact: (877) 641-9944 x4523 Driver Assist: N
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Payment	Total Carrier Pay: \$1,200.00
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Agreement	Please sign and fax back to	Alisa Roberts	fax: (866) 646-7699
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Sign: Asta Mijao Date: _____

*** FAILURE TO DO ANY OF THE FOLLOWING WILL RESULT IN A FINE ***

- STANDARD TERMS ARE PAYMENT MADE 28 DAYS FROM RECEIPT OF LEGIBLE SIGNED BILL OF LADING, INVOICE, AND LUMPER RECEIPT (IF APPLICABLE).
- ALL EXTRA CHARGES MUST BE PRE-APPROVED BY BEST REPRESENTATIVE THAT BOOKED LOAD. ALL EXTRA CHARGES MUST BE BILLED WITH RECEIPT & BOL.
- DRIVER MUST REPORT ANY OVERAGES, SHORTAGES, OR DAMAGED PRODUCT IMMEDIATELY.
- FINES IMPOSED FOR LATE PICKS AND LATE DELIVERIES.
- DIRECTIONS PROVIDED BY BEST LOGISTICS ARE FOR INFORMATIONAL PURPOSES ONLY. BEST LOGISTICS ASSUMES NO RESPONSIBILITY FOR ACCURACY OR SAFETY OF PROVIDED DIRECTIONS.
- CARRIER CERTIFIES THAT THEY HOLD THE APPROPRIATE LISCENCES AND AUTHORITIES AND MAINTAIN THE APPROPRIATE INSURANCE COVERAGES AS REQUIRED BY REGULATION TO PERFORM THIS TRANSPORTATION ON BEHALF OF BEST LOGISTICS.
- ANY DOUBLE BROKERAGE WILL RESULT IN NON-PAYMENT. CONFIRMATION OF THE ACTUAL CARRIER OF THIS LOAD WILL BE MADE BEFORE PAYMENT IS RELEASED.
- ANY DISCREPANCIES/SHORTAGES/OVERAGES MUST BE REPORTED TO BEST LOGISTICS IMMEDIATELY.
- FAILURE TO CONTACT BEST LOGISTICS REFERENCE ANY ISSUE OR DIRECT CONTACT OF CUSTOMER/SHIPPER/CONSIGNEE BY ASSIGNED CARRIER WILL RESULT IN NON PAYMENT AND/OR REVOCATION OF CONTRACT WITH BEST LOGISTICS.
- ALL ISSUES/PROBLEMS/RESCHEDULES MUST BE HANDLED THROUGH BEST LOGISTICS ONLY.
- TRANSPORTING THIS SHIPMENT WILL NOT REQUIRE ANY HOS VIOLATIONS.

To Expedite Payment: EMAIL ALL INVOICES and SIGNED PODs to CarrierAP@shipwithbest.com
In the SUBJECT LINE Reference ORDER NUMBER 1517784

605 1-27-16

Domtar

Driver copy

MASTER BILL OF LADING

Name: CHARLOTTE - JDE
Address: 10225-F WESTERN RIDGE RD
CHARLOTTE NC 28273

SID#: 133852

Name: HILLSIDE PAPER WAREHOUSE
Address: 2222 HILLSIDE AVE
INDIANAPOLIS IN 46218

Name: DOMTAR PAPER CO LLC***
Address: 100 KINGSLEY PARK DR
FORT MILL SC 29715

SHIP FROM

SHIP TO

SOLD TO

THIRD PARTY FREIGHT CHARGES BILL TO

Name: DOMTAR
Address: PO BOX 809
FORT MILL SC 29716

Master Bill of Lading: 23153824

SCAC/Carrier Name: BLOV / BEST LOGISTICS

Trailer Number: TL

Seal number(s):

Freight Terms: Prepaid Only

Pro number:

Point of Lading: CHARLOTTE/NC/28273

INCOTERMS 2020:

Customs Broker:

Filer Code:

Importer of Record:

☒ (With attached underlying Bills of Lading)

SPECIAL INSTRUCTIONS:

Stop:1 30113924 HILLSIDE PAPER WAREHOUSE 2222 HILLSIDE AVE INDIANAPOLIS IN 46218

Seal breach : Appeler si violation du sceau. Call if seal has been tampered @ 514-848-5555, ext.: 85099 during business hours durant les heures d'affaires.
After business hours. Apres les heures d'affaires. @ 1-800-461-2771.

Yvelan Paros
7/31/23

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# OF PKGS	NET WEIGHT	PALLET	ADDITIONAL SHIPPER INFO
	828.00	32,298.24		
GRAND TOTAL				

CARRIER INFORMATION

HANDLING UNIT	QTY	PACKAGE TYPE	GROSS WEIGHT	H M (X)	COMMODITY DESCRIPTION	LTL ONLY	CLASS
					Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.		
							SS - Paper for printing in boxes or wrapped rolls.
							150650
18.00	PLT	828.00	EA			GRAND TOTAL	

COD Amount: \$

Fee Terms: Collect: ☐ Prepaid: ☐

Customer check acceptable: ☐

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 to be not exceeding _____ per _____

NOTE: If any provision of this BOL, any tariffs or rate schedules conflict with the terms of agreement signed between the Shipper and the Carrier, terms of the agreement will control.

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 rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.

SHIPPER SIGNATURE / DATE

Trailer Loaded: ☐ By Shipper ☐ By Driver

Freight Counted: ☐ By Shipper ☐ By Driver

SHIPPER SIGNATURE

CARRIER SIGNATURE / PICKUP DATE

These commodities were exported either from the United States in accordance with the Export Administration Regulations or from Canada in accordance with Canada's Export Control as the case may be. Diversion contrary to the applicable law is prohibited. EOCN-LEAR99