



Bill to:
TRANSPORT USA
601 Carlson Pkwy,
Minnetonka,
MN,
55305

Invoice Date: 08/03/2023
Invoice #: 80123-J
Terms: NET 30
Due Date: 09/03/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
08/01/2023		4948 Winnetka Ave N, Minneapolis, MN, USA - 900 West Caroline Street, Paulding, OH, 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

TRANSPORT USA

CONFIRMATION OF CONTRACT CARRIER AGREEMENT

For payment mail original signed delivery bills to:

Attention: _____

TRANSPORT USA
601 Carlson Pkwy
Suite 400
Minnetonka, MN 55305
952-807-7490

Drivers call 866-872-6872 for dispatch

Date _____

Customer Pickup # _____

Carrier _____

Loading Date _____

(Carrier must notify dispatch immediately if any delays.)

ORIGIN

DESTINATION

Commodity description and special instructions _____

Revenue to Carrier _____

Weight _____

Sign contract and fax to **TRANSPORT USA** office at 952-807-7456

Bill Carson

Authorized signature for contract carrier

- This load is prepaid by **Transport USA**. Drivers are responsible for load count. Shortage and damage claims and pallets not exchanged on pallet exchange loads will be deducted from the carrier's revenue. **Transport USA** is not responsible for overweight loads.
- **Transport USA** requires that carriers have a minimum of \$100,000.00 cargo insurance on file with the **Transport USA** office.
- Carrier represents and agrees that only tractors and trailers covered by valid, existing insurance for both liability and cargo risks will be utilized to transport this load.
- **Carrier** agrees to hold **BROKER** harmless from and indemnify **BROKER** for any liability resulting from loss or damage to any freight transported by **CARRIER** pursuant to this agreement including all costs to defend claims. **CARRIER** also agrees to hold **BROKER** harmless from and indemnify **BROKER** for any liability resulting from personal injury or property damage which may occur during the operations of **CARRIER** pursuant to this agreement including all cost to defend claims.
- Carrier agrees to not Co-Broker freight tendered by **Transport USA**.
- Additional charges must be pre-approved in writing or are not accepted.
- Penalties imposed by shipper and/or consignee for untimely delivery will be passed to carrier.
- This is your Confirmation of Contract Agreement. Keep this copy for your files. Carrier acknowledges and understands this shipment is shipped via contract carrier and no common carrier rates are applicable.

Dispatched by _____

BILL OF LADING – SHORT FORM – NOT NEGOTIABLE

Date: 8/1/2023

SHIP FROM Return Deals, Inc. 4912 Winnetka Ave N New Hope, MN 55428		Bill of Lading Number:
SHIP TO PC Workshop 900 W Caroline Street Paulding, OH 45879		Carrier Name: Trailer number: Serial number(s):
THIRD PARTY FREIGHT CHARGES BILL TO [Name] [Street Address] [City, ST ZIP Code]		SCAC: Pro Number:
Attn: Jameson (419) 769-2639		Freight Charge Terms (Freight charges are prepaid unless marked otherwise): Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3 rd Party <input type="checkbox"/> <input type="checkbox"/> Master bill of lading with attached underlying bills of lading.

BAR CODE SPACE**BAR CODE SPACE****CUSTOMER ORDER INFORMATION**

Customer Order No.	# of Packages	Weight	Pallet/Slip (circle one)	Additional Shipper Information
			Y N	
			Y N	
			Y N	
			Y N	
Grand Total				

CARRIER INFORMATION

Handling Unit		Package					LTL Only	
Qty	Type	Qty	Type	Weight	HM (X)	Commodity Description	NMFC No.	Class
27	Pallets			16,000		General Merchandise		100

Seal #

0181759

JAMISON

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 _____."

COD Amount: \$ _____

Fee terms: Collect ☐ Prepaid ☐ Customer check acceptable ☐**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 rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of charges and all other lawful fees.

Shipper Signature _____**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

Trailer Loaded:

- ☐ By shipper
☐ By driver

Freight Counted:

- ☐ By shipper
☐ By driver/pallets said to contain
☐ By driver/pieces

Carrier Signature/Pickup 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.