



Bill to:
ST FREIGHT LLC

Invoice Date: 08/16/2023
Invoice #: 506913
Terms: NET 30
Due Date: 09/16/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
08/15/2023		954 Centerville Road, Newville, PA, USA - 305 South Regent Street, Port Chester, NY, USA			
			1	1100	1100

TOTAL
1100

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



ST FREIGHT
Proven Transportation Solutions

ST FREIGHT, LLC
SEND TO: BILLING@STFREIGHT.COM
P.O. BOX 1147
MANITOWOC WI 54221-1147

PRO # 506913

Rate Confirmation

08/14/23 09:01:24 (EST)

F
R
O
M
CHASITI PORTER
(704) 781-5220
(920) 682-3097 (f)
cporter@stfreight.com

C
A
R
R
I
E
R
BRZ
(708) 303-5150 (p) Att: RICHARD
(708) 303-5150 (f)
MC # 86875 Truck #
DOT 3119062 Trailer #
Driver DISPATCH Cell # (708) 722-4777

Size & Type: 53' VAN
Pieces: 740

Description: GROCERIES
Weight: 42501

Miles:

CHARGES		DISPATCH NOTES
LINE HAUL RATE	1100.00	**DRIVER MUST CONFIRM LOADING ORDER AT THE SHIPPER** TAIL: 161-58516 NOSE: 806-10699
TOTAL RATE	1100.00	

PICK 1

UNILEVER
954 CENTERVILLE RD
NEWVILLE PA 17241
Phone/Contact: (717) 776-2160

Appointment 08/15/23 @ 15:00
Ref # 33725336

STOP 1

RESTAURANT DEPOT #61
650 SOUTH COLUMBUS AVE
MOUNT VERNON NY 10550
Phone/Contact: (914) 459-1755

Appointment 08/16/23 @ 09:00
Ref # 161-58516

STOP 2

RESTAURANT DEPOT #806
305 SOUTH REGENT STREET
PORT CHESTER NY 10573
Phone/Contact: (914) 959-0220

Appointment 08/16/23 @ 11:00
Ref # 806-10699

ALL PAPERWORK AND PACKING LISTS MUST BE SUBMITTED TO RECEIVE PAYMENT.
IMPROPER PAPERWORK WILL RESULT IN A \$100 FINE
DRIVERS AND DISPATCH MUST NOTIFY US 1 HOUR PRIOR TO DETAINMENT ON ALL LOADS FOR
DETENTION TO BE APPROVED. --NO EXCEPTIONS--IF WE ARE NOTIFIED LATE WE WILL
BEGIN DETENTION 1 HOUR FROM THE TIME OF NOTIFICATION. CARRIERS MUST ALSO ADVISE
OF ANY LUMPERS BEING CHARGED FOR APPROVAL AS WE ARE A HOUSE TRUCK AND DO NOT
PAY FOR LOADING OR UNLOADING. FAULURE TO GET APPROVAL WILL RESULT IN NON REIMBU
RSTMENT. CARRIERS ARE EXPECTED TO ARRIVE ON TIME FOR ALL LOADS. CARRIERS
WILL BE RESPONSIBLE FOR ANY LATE OR MISSED APPT FEES THAT CAN INCURE UP TO \$ 25
0. STF DOES NOT ISSUE ANY ADVANCES WITHOUT A FEE***ANY LOADS INVOICED PRIOR TO
RECEIVING A REVISED CONFIRMATION FOR DETAINMENT WILL BE DENIED**NO EXCEPTION**
Carriers are responsible to submit all POD's when invoicing. Failure to do so
will incure a \$75 improper bill fee.
BY ACCEPTING THIS LOAD, DRIVER MUST HAVE ENOUGH HOURS IN THE LOG BOOK TO MEET
THE DELIVERY DATE AND TIME - OS&D CALLS MUST BE MADE FROM DELIVERY LOCATION -
ANY CLAIM WILL BE DEDUCTED FROM SETTLEMENT - NO DOUBLE BROKERING - LUMPERS MUST
BE PRE-APPROVED & HAVE VALID RECEIPT - STF DOES NOT ISSUE ADVANCES FOR LUMPERS
WITHOUT A FEE - CARRIER IS RESPONSIBLE FOR ALL MISSED & CANCELED APPT FEES -
CARRIER is RESPONSIBLE FOR COUNT AND CONDITION OF PRODUCT. CARRIER MUST BE ELD

(Rate Confirmation Details on Next Page)

Carrier Signature _____

Date _____ / _____ / _____
M D

Doc ID: 26230614000115590
Send Carrier Bills to the Address Above
Sertifi Electronic Signature

PRO # 506913

must appear on all Invoices



ST FREIGHT
Proven Transportation Solutions

ST FREIGHT, LLC
SEND TO: BILLING@STFREIGHT.COM
P.O. BOX 1147
MANITOWOC WI 54221-1147

PRO # 506913

Rate Confirmation

08/14/23 09:01:24 (EST)

F
R
O
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CHASITI PORTER
(704) 781-5220
(920) 682-3097 (f)
cporter@stfreight.com

C
A
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BRZ
(708) 303-5150 (p) Att: RICHARD
(708) 303-5150 (f)
MC # 86875 Truck #
DOT 3119062 Trailer #
Driver DISPATCH Cell # (708) 722-4777

*COMPLIANT OR PROOF OF EXEMPTION - CHECK CALLS MUST BE MADE DAILY BEFORE 1030 -
DRIVER MUST CALL THE NUMBER ON THE TOP OF PAGE FOR DISPATCH - \$100.00 FEE FOR
IMPROPER BOL - V&R LOADS MUST BE SEALED - HOURS ARE MONDAY-FRIDAY 0730-1600*

Carrier Signature _____

Date _____ / _____ / _____
M D

Doc ID: 26230614000115590
Send Carrier Bills to the Address Above
Sertifi Electronic Signature

PRO # 506913

must appear on all Invoices

E-Signed : 08/14/2023 08:02 AM CDT

Richard Ilie

richard@rtbrz.com
IP: 91.143.219.198

Sertifi Electronic Signature

DocID: 20230814080115696

Date: 8/15/2023

BILL OF LADING

305-748-3947

Page 1

SHIP FROM
 Name: UNILEVER NORTH AMERICA SUPPLY CHAIN
 COMPANY, LLC
 Address: 954 Centerville Road
 City/State/Zip: Newville, PA 17241

SHIP TO
 Name: RESTAURANT DEPOT 161 MT. VERNON
 Address: 650 S COLUMBUS AVE
 City/State/Zip: MOUNT VERNON, NY 10550

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: CASS
 Address: CASS LOGISTICS
 P.O. BOX 67 BIN 20
 City/State/Zip: ST. LOUIS, MO 63166

SPECIAL INSTRUCTIONS: Master BOL: null

Bill of Lading Number:



00794000337253362

Carrier Name: ZCPU-CUSTOMER PICK UP - OFF IN
 Transport Equipment W97974
 Seal number(s): 2622125

SCAC: ZCPU
 Pro Number:



(9012K) ZCPU

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid ☐Collect ☒3rd Party ☐

Temp Condition



TEMP COND: ABOVE 32F/0C

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT (LB)	Pallet/Slip (Circle One)		ADDITIONAL SHIPPER INFO
161-58516 / 0411200810	319	19714.66	Y	N	
	0	0.00	Y	N	
	0	0.00	Y	N	
	0	0.00	Y	N	
	0	0.00	Y	N	
GRAND TOTAL	319	19715			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT (LB)	ASSET WEIGHT	TOTAL WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE					Commodities requiring special or additional attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. <small>See Section 2(b) of NMFC Item 300</small>	NMFC #	CLASS
25	CHEP Pallet	237	Case	11411.00	924.0			MISC RESTAURANT DEPOT #61		FAK
0		82	Case	8303.00	924.0			PO# _____ MISC REC# _____ DATE 8/16/23 AV# _____		
0		0		0.00	0.0			CASES _____ TEMP _____		
0		0		0.00	0.0			BROWN _____ CHEP _____ PECO _____ OTHER _____		
0		0		0.00	0.0			MANAGER _____		
25		319		19714	1848	21562		GRAND TOTAL		

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 _____"

RECEIVED, SUBJECT TO THE TERMS AND CONDITIONS OF THE SHIPPER'S TRANSPORTATION CONTRACT IN EFFECT ON THE DATE OF SHIPMENT, WHICH IS AVAILABLE TO THE CARRIER ON REQUEST. THIS SHIPMENT IS NOT SUBJECT TO ANY CLASSIFICATIONS OR TARIFFS WHICH MAY BE ESTABLISHED BY THE CARRIER

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.

COD Amount: \$

Fee Terms:

Collect: ☒Prepaid: ☐Customer check acceptable: ☐

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

Shipper Signature

SHIPPER SIGNATURE/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 DOT.

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.

IN: 8:40 AM
 OUT: 1:15 PM

Date: 8/15/2023

Page 1

BILL OF LADING

SHIP FROM

Name: UNILEVER NORTH AMERICA SUPPLY CHAIN COMPANY, LLC

Address: 954 Centerville Road
City/State/Zip: Newville, PA 17241

Bill of Lading Number:



00794000337253362

SHIP TO

Name: RESTAURANT DEPOT 806 PORT CHESTER

Address: 305 SOUTH REGENT STREET
City/State/Zip: PORT CHESTER, NY 10573Carrier Name: ZCPU-CUSTOMER PICK UP - OFF IN
Transport Equipment W97974
Seal number(s): 2622125

SCAC: ZCPU

Pro Number:



(9012K) ZCPU

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: CASS

Address: CASS LOGISTICS

P.O. BOX 67 BIN 20

City/State/Zip: ST. LOUIS, MO 63166

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid ☐Collect ☒3rd Party ☐

Temp Condition



TEMP COND: ABOVE 32F/0C

SPECIAL INSTRUCTIONS: Master BOL: null

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT (LB)	Pallet/Slip (Circle One)		ADDITIONAL SHIPPER INFO
806-10699 / 0411200739	391	22547.62	Y	N	
	0	0.00	Y	N	
	0	0.00	Y	N	
	0	0.00	Y	N	
	0	0.00	Y	N	
GRAND TOTAL	391	22548			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT (LB)	ASSET WEIGHT	TOTAL WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 200 of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE						NMFC #	CLASS
26	CHEP Pallet	199	Case	12864.00	1254.0			PORT CHESTER 806 MISC		
0		192	Case	9683.00	660.0			DATE 8/15/23 PO # 10699 MISC		FAK
0		0		0.00	0.0			Case Count 391		
0		0		0.00	0.0			White Pallets		
0		0		0.00	0.0			Received By		
26		391		22547	1914	24461		GRAND TOTAL		

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: ☐

RECEIVED, SUBJECT TO THE TERMS AND CONDITIONS OF THE SHIPPER'S TRANSPORTATION CONTRACT IN EFFECT ON THE DATE OF SHIPMENT, WHICH IS AVAILABLE TO THE CARRIER ON REQUEST. THIS SHIPMENT IS NOT SUBJECT TO ANY CLASSIFICATIONS OR TARIFFS WHICH MAY BE ESTABLISHED BY THE CARRIER

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 freight and all other lawful charges.

Shipper Signature

SHIPPER SIGNATURE/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 DOT.

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.

Arr: 1:30 PM
Out: 2:30 PM