



Bill to:
Rehmann Transportation Corp.
,
,
,

Invoice Date: 08/21/2023
Invoice #: 001 465569
Terms: NET 30
Due Date: 09/21/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
08/19/2023		1 Arizona Way, Keasbey, NJ, USA - 2500 Buttermilk Rd W, Lenoir City, TN, USA			
			1	1250	1250

TOTAL
1250

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

APPOINTMENTS - Times are scheduled by Rehmann Transportation Corp.

**** ALL Accessorials must be preapproved. ****

**ALL ACCESSORIAL PAPERWORK MUST BE FAXED TO 1-888-600-2151 WITHIN 24 HOURS.
FAILURE TO DO SO WILL RESULT IN NON-PAYMENT.**

YOU MUST CALL 1-800-206-3500 TO OBTAIN AN AUTHORIZATION NO.

***NO ADVANCES* ALL Comchecks will have a \$17 charge added including Lumpers
Carrier to provide driver(s) to affect agreed schedule according to
DOT SAFETY REGULATIONS**

**NO Brokers: by signing this amendment to contract you agree to utilize
YOUR equipment. If this load is brokered out you agree to forfeit payment.**

BILLING REQUIREMENTS: for Accounting Questions: 856-787-9729

- 1.) Original Bill of Lading/Delivery Receipt.
- 2.) Rate confirmation sheet.
- 3.) Carrier Invoice.
- 4.) ALL ACCESSORIAL PAPERWORK MUST BE TURNED IN WITHIN 24 HOURS
FAILURE TO DO SO WILL RESULT IN NON-PAYMENT.
- 5.) Copy of Operating Authority.
- 6.) Complete IRS form W-9.
- 7.) Signed contract.
- 8.) Original certificate of liability & cargo insurance - (must be sent
from your insurance agent and listing Rehmann Transportation Corp.
as Additional Insured).

This Rate Confirmation will be added to the Contract Carrier Agreement

Send invoice and supporting documents to: ap@rtctransportation.com
or mail to: Rehmann Transportation Corp., PO Box 1028, Mt Laurel, NJ 08054

To Secure Order Driver must call **1-800-206-3500**
BETWEEN 7:30-10:00 AM (EASTERN TIME) ON DAY OF PICKUP.

Addendum to Contract

Load Number: 001 465569 (This number must appear on all paperwork)

Pick-up(s):

Keasbey NJ 08832

Appt: 8/19/23 14:00

Consignee(s):

Lenoir City TN 37771

Appt: 08/21/23 6:00AM

<u>#/Pcs</u>	<u>Commodity</u>	<u>Weight</u>	<u>Equipment</u>	<u>Amount</u>
1,030	Juice	38,931	V/R	1,250.00

**PROTECT FROM FREEZING, TRL MUST BE CLEAN!!!!!!!
NEED TO NOTIFY C/S WHEN DET STARTS (2HRS FREE)**

Carrier agrees not to solicit customers according to contract.

Authorized Signature: Bill Carson Date: 8-17-2023
Riki Transportation -ICC No. 0086875

Please SIGN and FAX back to 1-888-600-2151 Attn: **MATT**

To: Riki Transportation -ICC No. 008687
Fax Attn: BILL Fax (888)294-7030 Vc (708)852-5527

Load Number: 001 465569 (This number must appear on all paperwork)

Pick-up(s):	Consignee(s):
Edison Warehouse	H T Hackney Co
1 Arizona Way	2500 ButterMilk Rd West
Keasbey NJ 08832	Lenoir City TN 37771
Appt: 8/19/23 14:00	Appt: 08/21/23 6:00AM

EDI 3327536	PO 590505
BOL 4284690	OQ 480635
TN 4284690	PU 480635
MI 705	IK 8513337
PO 590505	PO 590505
OQ 480635	
PU 480635	
IK 8513337	

#/Pcs	Commodity_____	Weight	Equipment_____	Amount_
1,030	Juice	38,931	V/R	1,250.00

PROTECT FROM FREEZING, TRL MUST BE CLEAN!!!!!!!
NEED TO NOTIFY C/S WHEN DET STARTS (2HRS FREE)

Date: 8/19/2023

BILL OF LADING

Page 1 of 1

SHIP FROM

Name: ABUSA Edison Warehouse
Address: 30 Clearview Rd.

City/State/Zip: EDISON NJ
SID#: AB01

Bill of Lading Number: 06130080000166395



Shipment No: 590505

Statement

TO: Brz
HT Hackney Co
Lenior city TN

DATE

139808
8-21-23

TERMS

IN ACCOUNT WITH

Michael Mayes
Mayes Lumper Service
2036 N. Campbell Station Rd.
409-15-9547
866-936-0372

THIRD PARTY

Name: BETTA
Address: 110 SY

City/State/Zip: SOUTH

SPECIAL INSTRUCTION

NOTE: PREVENT FROM

CUSTOMER ORDER

8513337

GRAND TOTAL

PACKAG

QTY

1030

Appointment ID:
Appointment:
Check In:
Completed:

NOTE Liability Lir

RECEIVED, subject to indivi
carrier and shipper, if applicable, otherwise the shipper hereby certifies that he/she is familiar with all the terms 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

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
Signature: MS Date: 8/19/23

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.

Signature: Michael Date: 8-19-23

CORP.

ESS

INFO

LTL ONLY

C #	CLASS
60	60

nd (B).

Tel: 305-748-3947

Date: 8/19/2023

BILL OF LADING

Page 1 of 1

SHIP FROM

Name: ABUSA Edison Warehouse
Address: 30 Clearview Rd.

City/State/Zip: EDISON NJ 08837

SID#: AB01

FOB: ☐

Bill of Lading Number: 06130080000166395



Shipment No: 590505

Carrier Name: REHMANN TRANSPORTATION CORP.

Trailer Number: W97974

Seal Number(s): 379690

SHIP TO

Name: THE H.T. HACKNEY CO LENOIR CIT
Address: 2500 BUTTERMILK ROAD WEST

City/State/Zip: LENOIR CITY TN 37771

CID#: 20011116

Attention:

FOB: ☐

SCAC: REHM

Pro Number:

Delivery Date: 8/18/2023 12:00:00 AM

Load No:

THIRD PARTY FREIGHT CHARGES BILLED TO:

Name: BETTAWAY TRANSPORTATION LOGISTICS
Address: 110 SYLVANIA PLACE

City/State/Zip: SOUTH PLAINFIELD NJ 07080

SPECIAL INSTRUCTIONS:

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

Prepaid: XX Collect: _____ 3rd Party: _____

☐ Master Bill of Lading: with attached
(Check Box) underlying Bills of Lading

CHEP: _____ PECO: 5 GMA/Whitewood: 1
AIR BAGS _____ VOID FILLERS _____

NOTE: PREVENT FROM FREEZING

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
8513337	1030	38348.6	Y N	
GRAND TOTAL	1030	38348.6		Weights are shown in lbs

CARRIER INFORMATION

PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>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.</small>	LTL ONLY	
QTY	TYPE				NMFC #	CLASS
1030	CASE	38348.6		Beverage-Full goods	72160	60
GRAND TOTAL						

Appointment ID:

Appointment: 8/19/2023 2:00:00 PM

Check In: 8/19/2023 12:26:18 PM

Completed: 8/19/2023 1:39:34 PM

COD Amount: \$ _____

FEE TERMS: Collect: ☐ Prepaid: ☒Customer check acceptable: ☐

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 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 the rates, classifications and rules have been established by 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.

Driver: DRZ

License: /

Tel: 305-748-3947

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.

Signature: ASDate: 8/19/23

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.

Signature: [Signature]Date: 8-19-23