



Bill to:
AIT TRUCKLOAD SOLUTIONS INC
,
,
,

Invoice Date: 09/01/2023
Invoice #: 0429425
Terms: NET 30
Due Date: 10/01/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
08/31/2023		1751 Blue Hills Dr NE, Roanoke, VA, USA - 6330 W Touhy Ave, Niles, IL, USA			
			1	1400	1400

TOTAL
1400

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

AIT Truckload Solutions
PO Box 775379
Chicago, IL 60677-5379
(877) 633-1560

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Load Confirmation

0429425

Carrier: BRZ
BURBANK IL 60459
Date: 08/30/2023

Contact: Bill Carson
Phone:
Fax:

Order	Order:	0429425	Commodity:	MAKE-UP	
	Miles:	686.0	Weight:	38647.0	Pieces: 40
	Temp:		Trailer:	Van (DAT)	
	BOL:	PO12287	Reference:	13897967	

PU 1	Name:	REVLON	Date:	08/31/2023 1400
	Address:	1751 BLUE HILLS DR NE ROANOKE VA 24012	Contact:	
	Phone:		Driver Load:	No driver loading or unload

SO 2	Name:	STAR AND BEE DISTRIBUTORS-IL	Date:	09/01/2023 0700
	Address:	6330 WEST YOUHY AVE. NILES IL 60714	Contact:	09/01/2023 1200
	Phone:		Driver Load:	No driver loading or unload

Payment	Carrier Freight Pay:	\$900.00
	Tracking	300.00
	Proof of Delivery	200.00
	Total Carrier Pay:	\$1,400.00

Carrier Instructions and Requirements: This form must be completed and returned before driver can be loaded.
Special instructions:

Bill Carson

Attention: Rachel Sorgenfrey
(312) 981-7400

Date: 08/29/2023 **BILL OF LADING** Page 1

SHIP FROM
 Name: Revlon
 Address: 1751 BLUE HILLS DRIVE
 City/State/Zip: ROANOKE, VA 24012
 SID#: FOB: ☒

SHIP TO
 Name: STAR AND BEE DISTRIBUTORS - IL
 Address: 6330 WEST TOWHY AVENUE
 City/State/Zip: NILES, IL 60714-4624
 CID#: FOB: ☐

Bill of Lading Number:
 00858050139207954

CARRIER NAME:
 Trailer number: AIT WORLDWIDE 155281
 Seal number(s): 188346

SCAC: AIITH
Pro number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid ☒ Collect ☐ 3rd Party ☐

☐ Master Bill of Lading: with attached underlying Bills of Lading
 (check box)

SPECIAL INSTRUCTIONS:
 PREPAID ONLY BILLING INSTRUCTION: CARRIER MUST SUBMIT INVOICE TO
 REVLO - C/O CASS PO BOX 67 ST LOUIS, MO 63166

SUBJECT TO COUNT
 Received 30 skids
 Juan Garcia 9/1/2023
 SUBJECT TO COUNT

CUSTOMER ORDER INFORMATION						PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	CUBE						
2287	4798	37601		Y	N	MABD: 8/17/23			
PALLET WEIGHT				Y	N				
				Y	N				
				Y	N				
				Y	N				
GRAND TOTAL	4798	37601							

CARRIER INFORMATION						LTL ONLY		
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
30	PAL	183	CTN	1279		Toilet Preps NOI, 10 but < 15	59420-02	85
		4615	CTN	36322		Toilet Preps NOI, 10 but < 15	59420-02	85
30		4798		37601		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: ☐

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 to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and all the terms and conditions of the NMFC Uniform Straight Bill of Lading.

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

Signature _____ Shipper

SHIPPER SIGNATURE / DATE	Trailer Loaded:	Freight Counted:	CARRIER SIGNATURE / PICKUP DATE
JO 8/29/23	<input checked="" type="checkbox"/> By Shipper	<input type="checkbox"/> By Shipper	David Ruiz 8/31/23
	<input type="checkbox"/> By Driver	<input type="checkbox"/> By Driver/pallets said to contain	
		<input type="checkbox"/> By Driver/Pieces	

Property described above is received in good order, except as noted