



Bill to:
WEST MOTOR FREIGHT
PO BOX 587,
Boyertown,
PA,
19512

Invoice Date: 11/27/2023
Invoice #: CFW101786
Terms: NET 30
Due Date: 12/27/2023

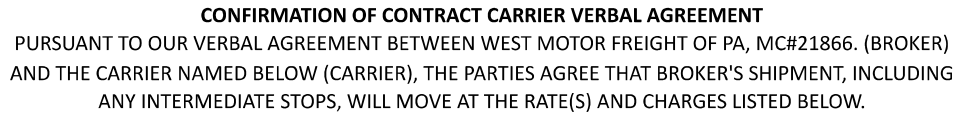
Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
11/24/2023		139 Development Dr, Inwood, WV, USA - 3601 SW 10th St, Owatonna, MN, USA			
			1	\$1,700.00	\$1,700.00

TOTAL
\$1,700.00

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



This confirmation governs the movement of the above referenced shipment and hereby amends and is incorporated by reference and becomes part of the Transportation Contract by and between Broker and Carrier. Carrier agrees to sign this confirmation and return it to Broker via fax before sending Carrier's truck to pick up the shipment. Carrier shall be conclusively presumed to have agreed to the rates set forth herein. By its signature, Carrier further represents and warrants that the rates are reasonable and compensatory and that the shipment would not have been tendered to Carrier at higher rates. Carrier agrees and understands that this is not a "Trip Lease" and that Carrier is an Independent Contractor with its own U.S. DOT Contract Operating Authority. Carrier understands that all permits and operating taxes are its sole responsibility. Carrier agrees to handle this shipment exclusively on Carrier's owned or leased equipment. Should Carrier "Broker" this shipment to an unrelated third party, this Confirmation of Contract Carrier Verbal Agreement is null and void. Carrier must advise Broker of any and all accessorial charges and or other charges within twenty-four (24) hours after delivery of this shipment. Failure to provide such notification, to Broker, could result in the inability of Broker to bill and collect such charges and therefore payment to Carrier shall be at the sole discretion of Broker.

Date: 11/21/2023

BILL OF LADING

Page 1 OF 1

Name: THE CLOROX SALES CO
 Address: 139 Development Dr
 City/State/Zip: Inwood WV, 25428
 SID#:

FOB: ☐

Bill of Lading Number:
 0044600870829271

Name: COSTCO 1376
 OWATONNA MN
 Address: 3601 10TH ST SW

Location #: _____

CARRIER NAME: EVANS

Trailer number: 251824

Seal number(s): 2793573

Shipment number: 870829271

City/State/Zip: OWATONNA, MN 55060

SID#:

FOB: ☐

SCAC:

Pro number:

Name: CLOROX FREIGHT PAYABLES
 Address: C/O TRANSPLACE
 PO BOX 425
 City/State/Zip: LOWELL, AR 72745

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

Prepaid

Collect

3rd Party _____☒

(check box)

Master Bill of Lading: with attached
underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 XXXXXXXXXXXXXXXXXXXX

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO		
	(PCS)	(LBS)		D/O #	Model	RDD
	988	41,990	YES / NO			
	19	1,235				
GRAND TOTAL	1007	43,225				

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	COMMODITY DESCRIPTION	LTL ONLY		
QTY	TYPE	QTY	TYPE	(LBS)		NMFC #	CLASS	FAK
988	CS			41,990	ScpAwy ComPerf Plus 1/42lb			
19	PAL			1,235				

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 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.

Signature _____

Shipper

SHIPPER SIGNATURE / DATE

Trailer Loaded:

Freight Counted:

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 U.S. DOT.

☐ By Shipper
☐ By Driver

☐ By Shipper
☐ By Driver/pallets said to contain
☐ By Driver/Pieces

CARRIER SIGNATURE / PICKUP

DATE: 11-24-23

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

DOOR: 320
APP TIME: 7:00 ARR TIME: 6:36
IN TIME: 7:05 OUT TIME: 7:28
13761108116
7721-08
SEAL: BL/TRL:
RECVR: AMY MADSON

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01376112723070004

DOOR: 320
APP TIME: 7:00 ARR TIME: 6:36
IN TIME: 7:05 OUT TIME: 7:28
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