



**Bill to:**  
Upland Logistic inc  
,  
,  
,

Invoice Date: 11/30/2023  
Invoice #: 14369  
Terms: NET 30  
Due Date: 12/30/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
11/28/2023		2736 Hillsdale Court, Green Bay, WI, USA - 3529 Russell Road, Marianna, FL, USA			
			1	\$3,300.00	\$3,300.00

<b>TOTAL</b>
\$3,300.00

**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**

**Upland Logistics Inc**

812 Beech Dr  
Elgin, IL 60120  
224-580-9778

**Contact** Sharon Gale  
(847)636-0856  
sharon@upland-  
logistics.com

**Carrier** BRZ  
**Attn** Dispatch  
**Phone** (708)303-5150

<b>Van</b>	<b>PO PO# PULSE TRUCK # 2</b>	<b>BN</b>		
<b>Pick up</b>	PACKER CITY SALES 2736 HILLSDALE COURT GREEN BAY, WI 54313		<b>Earliest</b>	11/28/23 08:00
			<b>Latest</b>	11/28/23 14:00
			<b>Contact</b>	
			<b>Phone</b>	
	<b>PU PICKUP# MARIANNA FL</b>			
	<b>Pieces</b>	<b>Piece Type</b>	<b>Weight</b>	<b>Description</b>
	14	PALLET	25,000	CONVEORS ON SKIDS
<b>Delivery</b>	PULSE INDUSTRIES 3529 RUSSELL ROAD MARIANNA, FL 32446		<b>Earliest</b>	11/30/23 08:00
			<b>Latest</b>	12/01/23 12:00
			<b>Contact</b>	
			<b>Phone</b>	JOE NAUSE 228-617-3721
	<b>DR VERFIY TIME FOR DELIVERY</b>			

**Special Instructions**

<b>Rate Detail</b>	Line Haul	3,300.00	
	<b>Total:</b>	<b>\$3,300.00</b>	Carrier Initials: _____

**All invoices must include a signed delivery receipt and be sent to: [billing@upland-logistics.com](mailto:billing@upland-logistics.com)**

Refer to the Load Number on your invoice: **14369**

**IMPORTANT:**

- POD must be submitted within 24 hours of delivery to [billing@upland-logistics.com](mailto:billing@upland-logistics.com); all paperwork (invoice, RC and POD) due within 7 days of delivery. Failure to comply may result in a rate reduction. Rate deduction \$30 per day, each day thereafter
- Must provide detention notification at least 30 minutes before detention starts
- Detention is paid at a rate of \$35/hour. In and out times must be on the BOL
- TONU is \$150
- No accessorial will be paid without prior authorization from Upland Logistics

Carrier Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For internal use only	Order# 54255
-----------------------	--------------

# UPLAND LOGISTICS

Date 11/28/2023

## BILL OF LADING

Page

1

### SHIP FROM

Name: PACKER CITY SALES LLC  
Address: 2736 HILSDALE COURT  
City/State/Zip: GREEN BAY, WI 54313  
SID#: PATRICK # 920-246-4663

FOB: ☐

BOL # 55881113

BAR CODE SPACE

### SHIP TO

Name: PULSE INDUSTRIES  
Address: 3529 RUSSELL ROAD  
City/State/Zip: MARIANNA, FL 32446  
CID#: JOE NAUSE # 228-6173721

Location #: \_\_\_\_\_

FOB: ☐

CARRIER NAME BRZ INC

Trailer number:

Seal number(s):

PICKUP# 3 TRUCKS QUOTE PULSE

BAR CODE SPACE

### THIRD PARTY FREIGHT CHARGES BILL TO:

Name: UPLAND LOGISTICS  
Address: 819 BEECH

City/State/Zip: ELGIN, IL 60453 PH# 630-780-0879

### SPECIAL INSTRUCTIONS:

MUST CALL RUSSELL 920-246-4663 TO GET UNLOADED

DRY VAN TRUCK # 3

### Freight Charge Terms:

Prepaid \_\_\_\_\_ Collect \_\_\_\_\_ 3<sup>rd</sup> Party X

☐  
(check box)

Master Bill of Lading: with attached  
underlying Bills of Lading

### CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	

GRAND TOTAL

### CARRIER INFORMATION

HANDLING UNIT		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. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
8	SKIDS			25800		CONVEYORS/PARTS		
8				25800		GRAND TOTAL		

RECEIVING  
STAMP SPACE

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

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 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.

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



## UPLAND LOGISTICS

Date 11/28/2023

## BILL OF LADING

Page

1

<b>SHIP FROM</b>					<b>BOL # 55881113</b>				
<b>Name:</b> PACKER CITY SALES LLC <b>Address:</b> 2736 HILSDALE COURT <b>City/State/Zip:</b> GREEN BAY, WI 54313 <b>SID#:</b> PATRICK # 920-246-4663					<b>BAR CODE SPACE</b>  				
<b>SHIP TO</b>					<b>CARRIER NAME</b> BRZ INC <b>Trailer number:</b> <b>Seal number(s):</b>				
<b>Name:</b> PULSE INDUSTRIES <b>Address:</b> 3529 RUSSELL ROAD <b>City/State/Zip:</b> MARIANNA, FL 32446 <b>CID#:</b> JOE NAUSE # 228-6173721					<b>PICKUP#</b> 3 TRUCKS QUOTE PULSE  				
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>					<b>BAR CODE SPACE</b>  				
<b>Name:</b> UPLAND LOGISTICS <b>Address:</b> 819 BEECH  <b>City/State/Zip:</b> ELGIN, IL 60453 PH# 630-780-0879					<b>Freight Charge Terms:</b> <b>Prepaid</b> _____ <b>Collect</b> _____ <b>3rd Party</b> <input checked="" type="checkbox"/>				
<b>SPECIAL INSTRUCTIONS:</b>					<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)				
<b>MUST CALL RUSSELL 920-246-4663 TO GET UNLOADED</b>									
<b>DRY VAN TRUCK # 3</b>									
<b>CUSTOMER ORDER INFORMATION</b>									
<b>CUSTOMER ORDER NUMBER</b>			<b># PKGS</b>	<b>WEIGHT</b>	<b>PALLET/SLIP (CIRCLE ONE)</b>		<b>ADDITIONAL SHIPPER INFO</b>		
					<input type="radio"/> Y <input type="radio"/> N				
					<input type="radio"/> Y <input type="radio"/> N				
					<input type="radio"/> Y <input type="radio"/> N				
					<input type="radio"/> Y <input type="radio"/> N				
					<input type="radio"/> Y <input type="radio"/> N				
<b>GRAND TOTAL</b>									
<b>CARRIER INFORMATION</b>									
<b>HANDLING UNIT</b>		<b>PACKAGE</b>		<b>WEIGHT</b>	<b>H.M. (X)</b>	<b>COMMODITY DESCRIPTION</b> <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. See Section 2(e) of NMFC Item 360</small>	<b>LTL ONLY</b>		
<b>QTY</b>	<b>TYPE</b>	<b>QTY</b>	<b>TYPE</b>				<b>NMFC #</b>	<b>CLASS</b>	
8	SKIDS			25800		CONVEYORS/PARTS			
8				25800		<b>GRAND TOTAL</b>			
<small>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 _____</small>						<b>COD Amount: \$</b> _____			
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).</b> <small>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.</small>						<b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input checked="" type="checkbox"/> <b>Customer check acceptable:</b> <input type="checkbox"/>			
						<b>Signature</b> _____ <b>Shipper</b>			
<b>SHIPPER SIGNATURE / DATE</b> <small>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 DOT.</small>				<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		<b>CARRIER SIGNATURE / PICKUP DATE</b> <small>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.</small>	