



Bill to:
HIGH PLAINS LOGISTICS CONSULTING, LLC
PO BOX 8,
HIGHLAND SPRINGS,
VA,
23075

Invoice Date: 12/05/2023
Invoice #: 41580
Terms: NET 30
Due Date: 01/05/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
12/04/2023		114 Beach Street unit a3, Rockaway, NJ, USA - 1045 19th Street, Virginia Beach, VA 23451, USA			
			1	\$1,250.00	\$1,250.00

TOTAL
\$1,250.00

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

Rate & Load Confirmation



Dispatcher:	Mike F	LOAD #	41580
Phone #:	804-437-3656	Ship Date:	2023-12-04
Fax #:	804-328-2005	Today's Date:	2023-12-03
Email:	mike.highplainslogistics@gmail.com		
W/O:			

Carrier	Phone #	Fax #	Equipment	Agreed Amount	Load Status
BRZ	708-303-5150		53' Van	\$1,250.00 USD	Covered

Shipper 1 Coaches Corner Rockaway 114 Beach Street Unit A3 Rockaway, NJ, 07866 Phone: 917-414-2688	Date: 2023-12-04 Time: 9:00 AM Type: each Quantity: 25 Weight: 25000 lbs	Purchase Order #: Major Intersection: Shipping Hours: Appointment: No Description: WRESTLING MATS
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Consignee 1 VA BEACH CONVENTION CENTER 1045 19th Street Virginia Beach, VA, 23451	Date: 2023-12-05 Time: 8:00 AM Type: each Quantity: 25 Weight: 25000 lbs	Purchase Order #: Major Intersection: Receiving Hours: Appointment: No Description: WRESTLING MATS
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Dispatch Notes:

Please send invoices to emily.highplains@gmail.com, ANY DETENTION CHARGES MUST HAVE IN AND OUT TIMES ON THE BILLS AND BE SIGNED BY THE SHIPPER OR RECEIVER. IF THE DRIVER WRITES THE IN/OUT TIMES THE DETENTION WILL BE REFUSED. DRIVER MUST BE A U.S. CITIZEN & BE ABLE TO PASS CRIMINAL BACKGROUND CHECK. Driver must call for pick up number when he arrives at shipper. IF THE PIECE COUNT ON THE RATE CON DOESN'T MATCH YOUR BILLS, YOU WILL NOT BE PAID FOR THE LOAD. Load will be repowered if rate con isn't signed and returned within one hour. If the load has to be repowered for not signing the rate con, or no communication, there will be a deduction in rate equal to the VFN paid to the new carrier if your driver still picks up. POD'S MUST HAVE A SIGNATURE WITH DATE AND TIMES, WITHOUT A SIGNATURE WITH DATE AND TIMES PAYMENTS WILL NOT BE PROCESSED! ALL ACCESSORIAL CHARGES MUST BE REPORTED AT THE TIME OF OCCURRENCE INCLUDING DETENTION. IF THE DRIVER ISN'T LOADED/UNLOADED WITHIN THE FIRST HOUR WE MUST BE NOTIFIED TO AVOID DETENTION. IN AND OUT TIMES MUST BE SIGNED ON POD FOR DETENTION TO BE APPROVED. IF SHIPPER/RECEIVER REFUSES TO NOTE IN AND OUT TIMES WE MUST BE NOTIFIED BEFORE THE DRIVER LEAVES. POD MUST BE SENT TO HGPS WITHIN 24 HOURS AFTER DELIVERY OR DEDUCTIONS IN RATE UP TO \$250 may be applied per day. Change in scheduled appointments may result in a \$150 rate reduction. Any missed appointments or pick ups are subject to a \$150 per day reduction in rate. Furnishing driver info is MANDATORY. Incorrect driver info and number will void any and all detention charges. The name on the side of the truck must match the name on the rate agreement, if it doesn't match or the load is double broker no payment will be processed. The Carrier must provide the name of person that receives this load and the time they are signed out of the receiver. This freight is not to be handled or trans-loaded. High Plains Logistics is to be contacted if unforeseen circumstances warrant the freight being moved or reloaded before doing so. Failure to comply will result in a rate reduction up to 100% and delay in payment. Equipment specified on this rate agreement must be used. Any substitution on equipment will require a new rate agreement. No verbal agreement will give authorization for substitution. Substitution without a new rate agreement will result in your truck not being loaded and no truck ordered, not used will be paid. In addition you will be blacklisted and a negative report will be filed against your company.

Carrier Pay: Line Haul: \$1250.00, **TOTAL: \$1250.00 USD**

Accepted By: Riki Transportation Inc dba BRZ **Date:** 12-3-2023 **Signature:** Bill Carson

Driver Name: Diosmedes **Cell #:** 951-483-8564 **Truck #:** 601 **Trailer #:** W94950

SHIP FROM				Bill of Lading Number: CC120423VAC2			
Coaches Corner 114 Beach Street Rockaway, NJ 07886 Jason Bross (917) 414-2688				BAR CODE SPACE			
SHIP TO				Carrier Name:			
Virginia Beach Sports Center 1045 19 th Street Virginia Beach, VA 23451 Jason Bross (917) 414-2688				Trailer number: Truck number:			
THIRD PARTY FREIGHT CHARGES BILL TO				SCAC:			
High Plains Logistics Consulting 1521 E Nine Mile Road Highland Springs, VA 23075				Pro Number: BAR CODE SPACE			
Special Instructions: Pick up Monday 12/4 Deliver Tuesday 12/5				Freight Charge Terms:			
				3rd Party <input type="checkbox"/> Master bill of lading with attached underlying bills of lading.			
CUSTOMER ORDER INFORMATION							
Customer Order No.		# of Packages	Weight	Pallet/Slip (circle one)		Additional Shipper Information	
				Y N			
				Y N			
				Y N			
				Y N			
Grand Total							
CARRIER INFORMATION							
Handling Unit		Package				LTL Only	
Qty	Type	Qty	Type	Weight	HM (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 350</small>	NMFC No. Class
80	roll			8,000lb		Mat or cushions, gymnasium or jumping pit. Other than cellular, Expanded foam plastic or rubber	016840-01 100.0
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 <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer check acceptable <input type="checkbox"/>	
Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC § 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 charges and all other lawful fees. Shipper Signature _____	
Shipper Signature/Date		Trailer Loaded:		Freight Counted:		Carrier Signature/Pickup 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.		<input type="checkbox"/> By shipper <input type="checkbox"/> By driver		<input type="checkbox"/> By shipper <input type="checkbox"/> By driver/pallets said to contain <input type="checkbox"/> By driver/pieces		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.	

