



**Bill to:**  
FREIGHT SOLVER DBA NORTHERN CONTINENTAL LOGISTICS  
,  
,  
,

Invoice Date: 12/05/2023  
Invoice #: 20924  
Terms: NET 30  
Due Date: 01/05/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
12/04/2023		66081 N 2541 RD southard ok 73770 - 361 Farmington Avenue, Louisville, KY, USA			
			1	\$1,700.00	\$1,700.00

<b>TOTAL</b>
\$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**



## RATE CONFIRMATION

**Load ID: 20924**

Mode: truckload

Carrier Rate: \$1,550.00

**Carrier: BRZ**

MC #: 086875

Phone: 708-303-5150

Email: shawn@rtbrz.com

**Notes:**

HAVE DRIVER CALL FOR DISPATCH

**Pickup Location:**

UNITED STATES GYPSUM CO

66081 N 2541 RD

SOUTHARD, OK 73770

Pickup Date: 12/04/2023

Pickup Time: 12:45 pm

**Delivery Location:**

WHIP MIX CORPORATION

361 FARMINGTON AVE

LOUISVILLE, KY 40209

Delivery Date: 12/06/2023

Delivery Time: 08:00AM-3:30PM

- UNLOADING CHARGES MUST BE REPORTED IMMEDIATELY
- The Rate listed above contains all "accessorial" and or fuel surcharges
- Carrier will be accountable to Shipper/Receiver for any damages and/or shortages incurred while in carriers control/custody
- FreightSolver may exercise rate reduction for late pickup/delivery if not notified in advance
- It is agreed that any re-brokering, assigning or interlining of this load will result in non-payment to the carrier
- Minimum of \$100,000.00 cargo insurance is required by Carrier unless otherwise noted.
- Detention Policy: No detention will be paid for missed appointments. In instances where no appointment is required, your driver must notify us when he/she arrives at the facility. Calling to notify after arrival will not make the arrival time retroactive and time will begin at the time of notification. We will make every effort to avoid detention for your drivers but we must be notified when they arrive.

At time of delivery, please email the signed Bill of Lading to **docs@freightsolverinc.com**

FreightSOLVER inc

130 E. MAIN ST

New Albany, IN 47150

Phone#: (812)-258-6333

**For payment status - go to [nclworldwide.com](http://nclworldwide.com) - password: lookup**

By your electronic signature below you (BRZ) certify your employee (Cesar) does in fact have the adequate amount of hours available to move this shipment on behalf of the shipper/receiver in the time frame desired and noted above

*Justin Gordon*

*Shawn Popovic*

*FreightSolver Representative Signature*

*Carrier Representative Signature*



IT'S YOUR WORLD BUILD IT

**Corporate Office**  
550 West Adams St.  
Chicago, IL 60661-3665

# BILL OF LADING

Customer Copy

**BILL OF LADING NUMBER**  
000010062360

ORDER #	CUSTOMER P.O.	TRIP ID	SHIP DATE	SCHEDULED DELIVERY DATE	SCHEDULED DELIVERY TIME	STOP #
11301264	P24531	SOU5458267	12/04/23	12/13/23	08:00:00 AM - 04:00:00 PM	STOP 01 OF 01

**BILL TO**  
WHIP MIX CORPORATION  
PO BOX 17183  
LOUISVILLE, KY, 402170183

**SHIP TO**  
WHIP MIX CORPORATION  
361 FARMINGTON AVE  
LOUISVILLE, KY, 402091832

**PLANT**  
Southard  
UNITED STATES GYPSUM COMPANY  
Hwy 51A  
Southard, OK, 73770-9705

**CARRIER**  
SCAC  
9CPU  
CUSTOMER PICK UP  
FREIGHT  
PKUP/CL

**MODE**  
Customer Pick Up

**VEHICLE#**  
244746

**SEAL**  
0230692

LINE#	ITEM	COMMODITY	SFX	COUNT	UNITS	SHIPING QTY	SKU	PRODUCT DESCRIPTION / COMMENTS	LENGTH FT	IN	PRICING QTY	SALES UOM	# UNITS/ PALLET	WEIGHT (LBS)
001		102040	040	440	BG			100lb Bag, USG Dental Plaster, UA-66, 40 Bag Pil	00		22.00	TON	11.00	44825

**SIGNATURE OF DRIVER/CARRIER**

**DATE OF PICKUP**

**TOTAL ORDER WEIGHT (LBS)**

DO NOT COVER SIGNATURE AREA ABOVE

IMPORANT: To RECEIVE CREDIT for damaged or missing material, CHECK appropriate box on the CARRIER COPY of the Bill of Lading in the space provided, give a BRIEF DESCRIPTION of the product, problem, and number of damaged/missing items. STATE ONLY FACTS and do not speculate or state an opinion. The carrier is not responsible for the loss of any portion of said route to destination agrees to perform every service required hereby in accordance with the applicable contract(s). If any, between the USG shipping entity and Carrier. If there is no agreement, the carrier's performance shall be subject to the terms and conditions the Uniform Domestic Freight Bill of Lading and (1) in Uniform Freight Classification in effect on the date hereof. If this is a rail or a rail water shipment, or (2) in the applicable motor carrier classification if this is a motor carrier shipment.

Provide additional damage/shortage documentation notations or receiving stickers in this space.

SELECT:

☐ MATERIAL DAMAGED

☐ MISSING / SHORTAGE

**SIGNATURE OF RECEIVER**

**DATE OF RECEIPT**

**TOTAL SHIPMENT WEIGHT (LBS)**

DO NOT COVER SIGNATURE AREA ABOVE

44825

The seller of the products shown is the identified USG shipping entity (Plant). This confirms the contract with customer for sale of the goods, which is subject to and includes the USG Terms and Conditions of Sale previously provided or made available to customer. The property described has been received by Carrier as apparent good order, except as noted, and is marked, consigned, and destined as indicated. Carrier agrees to carry property to its usual place of delivery at said destination, if on its route, otherwise to the nearest place on its route to said destination. Each carrier of, and any party at any time interested in, all or any of said property shall be deemed to have agreed to the terms and conditions of the Uniform Domestic Freight Bill of Lading and (1) in Uniform Freight Classification in effect on the date hereof. If this is a rail or a rail water shipment, or (2) in the applicable motor carrier classification if this is a motor carrier shipment.





BILL OF LADING NUMBER  
000010062360

PICKUP - DRIVER MUST CALL 580-822-6213 24 HRS. PRIOR TO PICK-UP. Customer Pick UP Carriers - Drivers please call (580) 822-6129 or (580) 822-6124 and/or email 227loadRequest@usg.com. Email hours 7AM to 3PM, CST, M-F. Any email sent outside of these hours will be answered next business day. Please try schedule appointments at least one week prior to pick up. IF THERE IS NO APPOINTMENT, DRIVERS WILL BE TURNED AWAY. C OF A MUST BE SENT AT TIME OF SHIPMENT EMAIL C OF A TO WMCLABS@WHIPMIX.COM. UNLOADING HRS ARE 8AM-4PM MONDAY-FRIDAY ONE LOT NUMBER ONLY PER SHIPMENT IDENTICAL ACCELERATOR/40 LBS PICKUP - DRIVER MUST CALL 580-822-6213 24 HRS. PRIOR TO PICK-UP. Customer Pick UP Carriers - Drivers please call (580) 822-6129 or (580) 822-6124 and/or email 227loadRequest@usg.com. Email hours 7AM to 3PM, CST, M-F. Any email sent outside of these hours will be answered next business day. Please try schedule appointments at least one week prior to pick up. IF THERE IS NO APPOINTMENT, DRIVERS WILL BE TURNED AWAY. C OF A MUST BE SENT AT TIME OF SHIPMENT EMAIL C OF A TO WMCLABS@WHIPMIX.COM. UNLOADING HRS ARE 8AM-4PM MONDAY-FRIDAY ONE LOT NUMBER ONLY PER SHIPMENT IDENTICAL ACCELERATOR/40 LBS Customer Pick UP Carriers - Drivers please call (580) 822-6129 or (580) 822-6124 and/or email 227loadRequest@usg.com - Email hours of operation 7AM to 3PM, CST, Monday through Friday. Any email sent outside of these hours will be answered next business day. Please schedule appointments at least one week prior to pick up. IF THERE IS NO APPOINTMENT, DRIVERS WILL BE TURNED AWAY. Whip Mix Receiving hours are 8am-4pm, Monday through Friday. Email C of A to WMCLABS@WHIPMIX.COM. One lot number only per shipment/Dental Accelerator 40 Lbs



Corporate Office  
550 West Adams St.  
Chicago, IL 60661-3665

# BILL OF LADING

Carrier Copy

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11301264	P24531	SOU5458267	12/04/23	12/13/23	08:00:00 AM - 04:00:00 PM	STOP 01 OF 01

BILL TO	WHIP MIX CORPORATION PO BOX 17183	SHIP TO	WHIP MIX CORPORATION 361 FARMINGTON AVE	REMARKS / SPECIAL INSTRUCTIONS
	LOUISVILLE,KY,402170183		LOUISVILLE,KY,402091832	

PLANT	Southard UNITED STATES GYPSUM COMPANY Hwy 51A Southard, OK, 73770-9705	CARRIER	CUSTOMER PICK UP	VEHICLE#	244746
		SCAC	9CPU	MODE	Customer Pick Up
		FREIGHT TERMS	PKUP/CL	SEAL	0230692
				CONTAINER#	

LINE#	ITEM	COMMODITY	SFX	SHIPPING QTY		SKU	PRODUCT DESCRIPTION / COMMENTS	LENGTH		PRICING QTY	SALES UOM	# UNITS/PALLETS	WEIGHT (LBS)
				COUNT	UNITS			FT	IN				
001	102040	040		440	BG		100lb Bag, USG Dental Plaster, UA-66, 40 Bag Plt	00		22.00	TON	11.00	44825

SIGNATURE OF DRIVER/CARRIER	DATE OF PICKUP	TOTAL ORDER WEIGHT (LBS)
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IMPORTANT: To receive credit for damaged or missing material, CHECK appropriate box on the CARRIER COPY of this Bill of Lading. In the space provided, give a BRIEF DESCRIPTION of the product, problem, and number of damaged/missing items. STATE ONLY FACTS and do not speculate or offer an opinion as to the root cause of the problem. SIGN CARRIER COPY of Bill of Lading and return to driver. Have the TRUCK DRIVER SIGN and PRINT name to acknowledge the facts. Contact your Sales Representative or Customer Service to provide relevant information and photographs to file a claim. Provide additional damage/shortage documentation notations or receiving stickers in this space.

Provide additional damage/shortage documentation notations or receiving stickers in this space.

SELECT: ☐ MATERIAL DAMAGED ☐ MISSING / SHORTAGE

SIGNATURE OF RECEIVER	DATE OF RECEIPT	TOTAL SHIPMENT WEIGHT (LBS)
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The Seller of the products shown is the identified USG shipping entity (Plant). This confirms the contract with customer for sale of the goods, which is subject to and includes the USG Terms and Conditions of Sale previously provided or made available to customer. The property described has been received by Carrier in apparent good order, except as noted, and is marked, consigned, and disposed as indicated. Carrier agrees to carry property to its usual place of delivery at said destination, if on its route; otherwise to deliver to another carrier on the route to said destination. Each carrier or carriers and any party at any time interested in, all or any of said property over all or any portion of said route to destination agrees to perform every service required hereby in accordance with the applicable contract(s). If any between the USG shipping entity and Carrier. If there is no applicable contract in place for this shipment, carriers performance shall be subject to the terms and conditions the Uniform Domestic Freight Bill of Lading set forth: (1) in Uniform Freight Classifications in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification if this is a motor carrier shipment.





Corporate Office  
550 West Adams St.  
Chicago, IL 60661-3665

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Carrier Copy

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LINE#	ITEM		SHIPPING QTY		SKU	PRODUCT DESCRIPTION / COMMENTS	LENGTH		PRICING QTY	SALES UOM	# UNITS/ PALLETS	WEIGHT (LBS)
	COMMODITY	SFX	COUNT	UNITS			FT	IN				
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