

Bill to: CHOPTANK TRANSPORT INC 3601 CHOPTANK RD. PO BOX 99, Preston, MD,

21655

Invoice Date: 12/13/2023 Invoice #: 2226200 Terms: NET 30 Due Date: 01/13/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
12/11/2023		Lewisville, TX, USA - New Albany, OH, USA			
			1	\$1,742.00	\$1,742.00

TOTAL	
\$1,742.00	

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



*** Load Confirmation ***

Load# 2226200 Team 26A

Page

1

800-568-2240 Ext. 597 Phone:

ZIGI FREIGHT INC Carrier:

Date:

Order

CHICAGO

Pallets:

PU 1

Reference number:

12/08/2023

IL 60638 Contact: Phone:

Fax:

Jim Dujanovic

(630) 485-7370 x145

Driver:

Guevara Gomez Yordany

Cell: (786) 499-5010 Tractor: 739

Trailer: W97975

Commodity: Dry Goods (Non Food)

Miles: 1081.0

Temp:

Name:

Phone:

Phone:

CONTINUOUS

Trailer:

Weight:

Reference:

Cases/Pieces: 30

LILY OF THE DESERT NUTRACEUTICALDate:

12/11/2023 1300

42500.0

53 dry van

Pallets in: Pallets out:

Address: 1990 LAKEPOINT DR

LEWISVILLE

TX 75057

Contact:

Driver Load: N

2023-00-94158 Pieces: Weight:

DEL2 Name: **Bocchi Laboratories** Address:

PO

9200 Smith's Mill Rd N

12/13/2023 0900

Pallets in: Pallets out:

NEW ALBANY OH 43054

(614) 741-7458

Contact:

Date:

Main

Driver Load: N

Carrier Freight Pay: \$1,742.00 **Payment Total Carrier Pay:** \$1,742.00

Instructions

LILY OF THE DESERT NUTRACEUTICAL - ZENLSACA: **2 STRAPS REQUIRED!

LILY OF THE DESERT NUTRACEUTICAL - ZENLSACA: TRACKING:

Tracking is required to be started and tracking continuously for the entirety of the transit. To make sure this is done please make sure the phone being used for tracking, location settings are set to track ALWAYS. Failure to do so will void ANY accessorial requests .

PAPERWORK REQUIREMENT:

All PODs, lumpers, any paperwork for this customer is due within 48 hours of delivery. Please send all paperwork to bakemark@choptanktransport.com or to arosado@hubgroup.com

THIS RATE CONFIRMATION WILL CONFIRM THE RATE & CONTRACT TERMS AGREED TO IN THE MASTER CARRIER CONTRACT BY CARRIER AND CHOPTANK.

DRIVER MUST CALL CHOPTANK UPON ARRIVAL AND DEPARTURE @ EACH STOP AS WELL AS DAILY TRANSIT CHECK CALLS. FAILURE TO DO SO WILL RESULT IN A \$25 FINE FOR EACH OCCURENCE.

TRACKING IS REQUIRED FOR ALL LOADS - FAILURE TO ACTIVATE TRACKING WHEN REQUESTED OR THE

DEACTIVATION OF THE TRACKING PRIOR TO DELIVERY OF THE CARGO TO THE FINAL DESTINATION WILL RESULT IN A \$100

FINE, AND WILL DIMINISH THE DEFENSE OF ANY CARGO CLAIM.

DRIVERS ARE RESPONSIBLE FOR CASE COUNT AND CONDITION OF THE FREIGHT.

DRIVERS ARE RESPONSIBLE TO MAKE SURE SEALS ARE SECURE AND INTACT BEFORE LEAVING SHIPPER. SEAL INTEGRITY MUST BE MAINTAINED THROUGH

DELIVERY, ONLY RECEIVER MAY BREAK SEAL, FAILURE TO ADHERE TO SEAL POLICY MAY RESULT IN REJECTION OF PRODUCT AND FULL CLAIM

IF SHORTAGE, DAMAGE, DELAY OR ACCIDENT, CONTACT THE REP RESPONSIBLE FOR IMMEDIATE INSTRUCTION.

IF DRIVER IS NOT LOADED/UNLOADED WITHIN A HOUR OF BEING ON-TIME, CONTACT THE CHOPTANK REP.

LOADING/UNLOADING CHARGES AND PALLET FEES MUST BE AUTHORIZED DAY OF AND ORIGINAL RECEIPT MUST BE PRESENTED TO BE PAID.

ALL EQUIPMENT MUST BE 102 WIDE UNLESS OTHERWISE NOTED AND FOR EXCLUSIVE USE ONLY, ALSO MUST BE CLEAN, DRY, ODOR FREE AND DAMAGE FREE.

SHIPMENTS TRANSITING CALIFORNIA

CARRIER (AND ITS AGENT) CERTIFIES THAT ANY TRU (REFRIGERATED UNIT) EQUIPMENT FURNISHED WILL BE IN COMPLIANCE WITH THE IN-USE REQUIREMENTS OF CALIFORNIA'S TRU REGULATIONS.

REFRIGERATED FREIGHT

ALL SHIPMENTS REQUIRING REFRIGERATION MUST HAVE THE CAPABILITY TO DOWNLOAD TEMPERATURE HISTORY OR HAVE A TEMPERATURE TRACKING DEVICE PLACED ON THE ORDER.

ALL DRIVERS WILL ENSURE THAT THE PRODUCT WILL BE LOADED AT THE TEMPERATURE THAT IS REQUIRED FOR THE PRODUCT TO BE HAULED.

REEFER UNIT MUST BE SET ON CONTINUOUS

MUST BE CERTIFIED IN THE FOOD SAFETY MODERNIZATION ACT (FSMA) SEND FREIGHT BILLS TO:

MAIL OR OVERNIGHT MAIL:

EMAIL/FAX:

**** PLEASE REFERENCE LOAD NUMBER ON BILLING INVOICE****

CHOPTANK TRANSPORT P.O. BOX 99 3601 CHOPTANK RD

PRESTON, MD 21655

ebilling@choptanktransport.com

(410) 305-7210

Load # 2226200

FACTORING COMPANIES DIRECT ALL INQUIRIES TO FACTOR@CHOPTANKTRANSPORT.COM

CHECK OUT OUR WEBSITE AT WWW.CHOPTANKTRANSPORT.COM

Jim

Dujanovic

(X) Accept

() Decline



Choptank Transport has contracted with Pegasus/TRANSFLO Express to get all of your documents in easier, faster and with more certainty than in the past. You will be able to get your trip information to us in a matter of minutes instead of days.

TRANSFLO Express allows you to have your documents scanned at 500 truck stop locations throughout the country and get immediate confirmation that the documents have been sent. In addition, you will be able to log onto the Internet and not only view your documents, but also see exactly when they were delivered to Choptank Transport. This process is integrated with our billing and payroll systems, helping to ensure accurate, on-time settlement of your trips.

How does it work

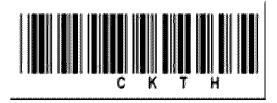
Fax to 410-673-2724 (no fee charged)

E-mail to "ebilling@choptanktransport.com" (no fee charged)

or via TRANSFLO (instructions below)

- •Fill out your trip sheet
- •Remove all staples & paper clips
- •Place the documents you normally mail in a neat stack behind the trip sheet
- •Hand the documents to the cashier at the fuel desk at any of 500 scan stations nationwide
- The cashier scans your documents, prints a receipt and hands back to you immediately after scanning
- You pay nothing at the truck stop for the service
- •It is billed to Choptank Transport and will be deducted from your settlement just like TripPak is today.

CARRIER NAME:	
ORDER NUMBER:	
NUMBER OF PAGES (Include this page in your count):	







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