



Bill to:
LANDSTAR INWAY, INC

Invoice Date: 12/20/2023

Invoice #: 6649636

Terms: NET 30

Due Date: 01/20/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
12/19/2023		1682 Marion-Williamsport Rd E, Marion, OH, USA - 25 S Middlesex Ave, Monroe Township, NJ, USA			
			1	\$1,800.00	\$1,800.00

TOTAL
\$1,800.00

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



Landstar Ligon Inc

Carrier Load Tender & Rate Confirmation

Any questions or concerns about this load please contact the Landstar Agent at: 740-387-0242

Important: Carrier must call agent if your dispatch instructions below differ from the bill of lading.

Carrier shall not in any way subcontract, broker, or arrange for freight to be transported by a third party.

Download the free Landstar Connect™ App prior to pick up to view below load details, transmit automated status updated & submit paperwork while under Landstar load only. Available in Google Play and Apple App stores.

**LOAD VERIFICATION**To verify this load originates from a Landstar agency, please visit the Landstar load verification site at <http://www.landstar.com> and select "Verify" from the homepage.**Freight Bill # 6649636****EL # EL2467280****Date** 12/19/2023 09:07**Equipment** VAN53VN**Total Miles** 535**Services****Sent From**Posting Code: **EQU****Agency Name: Equipco Logistics LLC - EQU**

Contact Name: Kelly Barr

Contact Phone: 740-387-0242

Contact Email: Kelly.Barr@landstarmail.com

References

Customer Reference Number 78230957

Route Details**Stop #1 pickup -****Appointment:** -**Target Window:** 12/19/2023 09:00 - 12/19/2023 15:00**Location** Sika Corp**Address** 1682 Marion Williamsport Rd E**Address** Marion, OH 43302-8694**Contact** Phone**Comment** USE PU# SCOTT YAKE TO GET LOADED**Item** BUILDING MATERIALS **Qty** 1.0 **Wgt** 41,000**Stop #2 drop -****Appointment:** -**Target Window:** 12/20/2023 07:00 - 12/20/2023 07:00**Location** Sika Corp % Menlo Warehouse**Address** 25 S Middlesex Ave**Address** Monroe Township, NJ 08831-3727**Contact** Phone**Comment** 7AM SET APPOINTMENT**Item** BUILDING MATERIALS **Qty** 1.0 **Wgt** 41,000**Notes**

Contact Information: Kelly Barr 740-387-0242

Agreed Rate

Description	Charge
Pay Capacity	\$1,800.00
Total	\$1,800.00 USD

Item ID	Haz Mat	Description	Qty	Weight	Class	NMFC	Temp	Dimensions
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BLDG		BUILDING MATERIALS	1	41,000	0.0			
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Important Billing Instructions

- Invoice, bill of lading (for each stop) and proof of delivery (for each stop) required. Documents must be legible.
- Invoices must include Landstar's freight bill number or EL#.
- The rate on the carrier's invoice must match the rate confirmation and any accessorials must be authorized in writing by the agent in order to prevent delays in payment.
- Receipts (lumper, tolls, etc.) and permit and/or escort invoices must be submitted.
- For carrier payable questions call: 800-435-1791, opt 2.

PAPERWORK SUBMISSION OPTIONS

Send electronically by 2:00pm EST for same day receipt via:

Transflo Mobile +

Go to your app store to download to your mobile device. Enter LCGB as the Recipient ID when registering. Cost: \$2.00 per trip.

Transflo Express

To find a participating truck stop go to:
<http://transfloexpress.com/locations/>
 Cost: 2.00 per trip with cover sheet
 For a cover sheet call 800-435-1791, opt 5

Landstar Savings Plus Members Send To:		
Mailing address: Landstar Transportation Logistics Attn: Imaging P.O. Box 19139 * Jacksonville, FL 32245-9139	For Express Mailing: Landstar Transportation Logistics Attn: Brokerage Billing - LSP 1000 Simpson Rd * Rockford, IL 61102	Regular Mail: Landstar Transportation Logistics Attn: LSP - Imaging P.O. Box 19119 * Jacksonville, FL 32245-9119
	Call 866-321-PLUS (7587) to learn how to get paid in 2 days	

Tracking

Capacity must comply with all requested load tracking requirements. If Capacity is unable to comply with requested load tracking requirements, communicate with the Landstar Agent immediately. Capacity is subject to rate reduction in an amount up to 15% of line-haul in the event of non-compliance with requested load tracking requirements.

CARRIER certifies it is aware of the California Air Resources Board's Truck and Bus, Drayage and Greenhouse Gas Rules and that, on all loads originating in, destined for, or passing through California, CARRIER will utilize only vehicles that are compliant with those rules. Please see CARB regulations available at [Http://www.arb.ca.gov](http://www.arb.ca.gov)

Full terms and requirements are within the Landstar TBA. The Transportation Brokerage Agreement between CARRIER and BROKER provides that CARRIER shall refrain from all collection efforts against the shipper, receiver, consignor, consignee, or the customer. CARRIER acknowledges that any effort by CARRIER or any representative of CARRIER to contact any such third party to collect on freight charges relating to this shipment shall constitute a material breach of the Transportation Brokerage Agreement between CARRIER and BROKER.

FSMA
 CARRIER certifies it is aware of, and compliant with, all regulations and requirements regarding the sanitary transportation of human and animal food, including the federal food safety and modernization act (FSMA).

Electronic Rate Confirmations
 CARRIER acknowledges that Load or Rate Confirmations may be submitted by BROKER to the CARRIER via electronic means and such shall constitute the CARRIER's binding acceptance of such Load or Rate Confirmation upon the earlier to occur of (a) the CARRIER's electronic acceptance of the Load or Rate Confirmation as verified by the BROKER's Information Services System, or (b) the CARRIER's pick up of the shipment in question.

Nothing herein is intended to modify or amend the terms and conditions of the Transportation Brokerage Agreement between CARRIER and BROKER.

Thank you for doing business with Landstar
To confirm please accept using the link in the tender email.

Carrier BRZ ID CP197920 MC 86875 DOT 3119062 Phone 708-303-5150 Email SARA.V@RTBRZ.COM	Signature
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Bill of Lading

BOL # 78230957



Driver

BUILDING TRUST



Page 1 of 1

Ship from: Sika Corporation, 1550 Cascade Drive Marion OH 43302 US Ship date: 12/20/2023		Emergency Contact: IN CASE OF EMERGENCY, CALL CHEMTREC (Acct. CCN# 20241) TOLL FREE 1-800-424-9300, INTERNATIONAL 703-527-3887	
Ship To: PCUS04 Sika Corporation 25 South Middlesex Ave Monroe Township NJ 08831 USA		Carrier: SCAC: Trailer Number: Seal Number: PRO Number: Sika Account Number: 52412000 Project Number:	
Intermediate Ship To:		Number of SKU: 648 Number of Pallets:	
Send Freight Invoices To: 2251732 Sika Corp. C/O Cass Information Systems PO Box 67 Saint Louis MO 63166 USA		HM Net Weight: 0.0 LB Other Net Weight: 36,814.9 LB Total Gross Weight: 38,886.4 LB Total Shipping Weight: 38,886.4 LB	
Freight Terms: Stock Transfer -Finished Good/Trade Pdts Delivery Terms: Costs and freight, Monroe		Shipping Conditions: Truck packed g. FTL Equipment:	

HM	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>	SIKA ORD. NO.	CUST. ORD. NO.	NET WT	QTY UM
	ADHESIVES, CEMENTS, GLUES OR PASTES, NOI; > 22.5 AND < 30 PCF, NMFC 4625-3, CLASS 65	4504110373		36,814.9 LB	648 PC

REMIT C.O.D. TO: ADDRESS		C.O.D. AMT: \$		C.O.D. FEE: PREPAID \$ [] COLLECT \$ []	
Where the rate is dependant 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 _____."		Subject to Section 7 of the conditions, if the shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Signature of Consignor _____		TOTAL CHARGES: FREIGHT CHARGES FREIGHT PAID Except when box is checked. [] Check box if charges are to be collect	
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.			
SHIPPER CERTIFICATION I hereby declare that the contents of this consignment are fully and accurately described above in the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to the applicable international and national governmental regulations. Signature <u>Duffy</u> Date <u>12/19/23</u>		Trailer Loaded: _____ By Shipper _____ By Driver Freight Counted: _____ By Shipper _____ By Driver / Pallets Sold to contain: _____ By Driver / Pieces		CARRIER SIGNATURE / PICK UP DATE Carrier acknowledges receipt of properly packaged and safely stowed material 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. Signature _____ Date _____ Name _____	
SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS.		Property described above is received in good order, except as noted.			

Monroe

Bill of Lading

BOL # 78230957



103924706

BUILDING TRUST



Page 1 of 1

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30
Live

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Subject to Count and Inspection

Verified
Number

7am

12/20

REMIT C.O.D. TO: ADDRESS		C.O.D. AMT: \$		C.O.D. FEE: PREPAID \$ <input type="checkbox"/> COLLECT \$ <input type="checkbox"/>	
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