

**Bill to:**

HEARTLAND LOGISTICS GROUP LLC
8343 MONTICELLO RD,
SHAWNEE,
KS,

Invoice Date: 01/11/2024

Invoice #: 89333

Terms: NET 30

Due Date: 02/11/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
01/10/2024		1200 WARP RD., DIXON IL 61021 - 495 W St James St, Tarboro, NC, USA			
			1	\$2,850.00	\$2,850.00

TOTAL
\$285.00

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



HEARTLAND LOGISTICS GROUP, LLC
8735 ROSEHILL RD.
SUITE 160
LENEXA KS 66215

PRO # 89333

Rate Confirmation

01/10/24 11:33:15 (EST)

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M
KARI DEGGENDORF
(763) 519-5288
(913) 945-1455 (f)
kari.deggendorf@shiphlg.com

C
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ROYAL3 INC
(630) 485-7370 (p) Att: MILO
(630) 485-6980 (f)
MC # 944686 Truck # 718
DOT 2828543 Trailer # H03248
Driver TYLER Cell # (407) 837-8890

Size & Type: 53' VAN

Description: PLASTIC COVERS

Miles: 929

Pieces:

Weight: 29100

DECLARED VALUE \$100000.00

CHARGES		DISPATCH NOTES
LINE HAUL RATE	2850.00	
TOTAL RATE	2850.00	

PICK 1

WARP BROS
1200 WARP RD.
DIXON IL 61021
Hours : APPT NEED
Phone/Contact: (815) 288-1424 MICHAEL

Appointment 01/10/24 @ 13:00
Ref # 33984633

STOP 1

NUTRIEN - TARBORO
495 W ST JAMES ST
TARBORO NC 27886
Hours : 8-4 FCFS
Phone/Contact: (252) 641-6310

Appointment 01/12/24 @ FCFS
Ref # 33984633

Please send all invoices and back up paperwork to CarrierAP@shipHLG.com. The Broker-Carrier Agreement between Heartland Logistics Group LLC (HLG), a Licensed Property Broker, and 'trucking company' is amended by the verbal agreement between (HLG) hereafter referred to as the BROKER, and representative of the 'trucking company' hereafter referred to as the CARRIER. This confirmation is subject to the terms of the master Broker-Carrier agreement and this document constitutes an amendment to the master agreement. If the carrier has not signed the master agreement, then the rate shown above is the agreed individually negotiated rate and no other rates shall apply including and tariff rate of terms. THE LOAD SHALL NOT BE DOUBLE BROKERED. No additional charges not listed above may be added by the carrier. Any additional charges must appear on a revised confirmation sheet signed by the broker. Carrier must include signed copy of the shipper's bill of lading and any other proof of delivery with invoice to broker. Rates, except as specifically designated above, are inclusive of any fuel surcharge. Carrier certifies that it is in compliance with the requirement of the CARB with respect to Transport Refrigeration Units (TRU's or reefers) are similar requirements of the EPA and other states, where applicable. Carrier shall be responsible for any fines imposed on Broker and/or shipper resulting from noncompliance. Carrier further confirms that in transporting the shipment describe here in above, it will comply with all USDOT and FDA regulations applicable to its operations while transporting the said shipment, including but not limited to driver's hours of service, and the Food Safety Modernization Act (FSMA), if applicable. Carrier agrees to the attached requirement from the shipper, if any. This rate is

(Rate Confirmation Details on Next Page)

Carrier Signature _____

Date _____ / _____ / _____
M D

Send Carrier Bills to the Address Above

PRO # 89333

must appear on all Invoices



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SUITE 160
LENEXA KS 66215

PRO # 89333

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DOT 2828543 Trailer # H03248
Driver TYLER Cell # (407) 837-8890

contingent upon successful and on-time completion of all load terms as orally stipulated or written on this addendum and rate may be subject to reduction if carrier fails to complete to complete any shipment terms and conditions. Rate may be reduced if load picks up or delivers after originally scheduled time and date. Carrier acknowledges that failure to complete any terms and conditions on this shipment may jeopardize or result in loss of future business opportunities with Broker and/or cancellations of Broker/Carrier contract. Accessorial charges (including but not limited to labor, detention, and/or layover charges) MUST BE authorized and approved prior to or at time of occurrence, (HLG) will NOT provide any reimbursement of any non, prior approved accessorial charges. Carrier shall ensure the bill of lading is notated either when handling is required or when detention occurs, that a lumpers receipt is provided when a lumpers is hired, and/or that both are included as supporting documents with the Carrier's invoice. This may also include scale tickets for bulk hauling. All overage, shortage, and damage must be reported to Broker immediately, at time of occurrence, and noted on the bill of lading. Pursuant to Broker-Carrier contract, carrier will provide an amount of cargo insurance coverage sufficient to cover the loss of damage of any commodities and cargo carried. Carrier's cargo insurance policy must not exclude from coverage and commodities or cargo carried on this order. If carrier's cargo insurance policy contains a schedule of covered vehicles, carrier WILL NOT transport and cargo of this shipment using a vehicle that is not listed as a scheduled vehicle on carrier's cargo insurance policy.

SUBMITTING PAPERWORK FOR PAYMENT:

Please send all invoices and or signed rate confirmations & proof of delivery to carrierAP@shipHLG.com

****Proof of delivery MUST include ALL pages, be legible & MUST include date delivered & receivers signature.**

****Invoices & POD's should identify the PRO/LOAD # for each load hauled****
Please submit ONE load per Email or ONE load per attachment.

Faxes are also accepted @ 913-945-1455

For questions please email carrierAP@shipHLG.com or call 913-359-6475 Ext 3

****Failure to provide required docs may result in non-payment until resolved****

Carrier Signature _____

Date _____ / _____ / _____
M D

Send Carrier Bills to the Address Above

PRO # 89333

must appear on all Invoices

Flex-O-Glass, Inc - Dixon
1200 Warp Rd.
Dixon, IL 61021
Phone: (773) 261 5200 Fax:

Bill of Lading

15136

1/10/2024

Page 1 of 1

Consigned To: NUTRIEN AG SOLUTIONS
TARBORO NC DISTRIBUTION
495 W ST JAMES
TARBORO NC 27886

CALL 24 - 36 HRS B4 DELIVERY
#252-641-6317

FOB ORIGIN; FRT: COLLECT-PICKUP

NMFC Number /Class	Packing Slip #	Tracking #	SCAC	Order #	PO #	# CTNs	Weight
156830 / 55.00	49392	SHIPHLG	P/U	445357	PO33984633	524	30,120.01

CALL 24 - 36 HRS B4 DELIVERY #252-641-6317

TOTALS	SKD: 15	CTN: 524	Weight: 30,120
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BOL Notes/comments

15w48

C.O.D. AMOUNT: \$

Subject to Section 7 of conditions of applicable bill of lading. If this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carriers shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout the contract as meaning any person or corporation in possession of property under the contract) agrees to carry 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. It is mutually agreed, as to each carrier of all of any of said property, over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the Bill of Lading terms and conditions in the governing classification on the date of shipment.

SHIPPER hereby certifies that he is familiar with all the Bill of Lading terms and conditions in the governing classification on the date of shipment.

NOTICE: freight moving under this Bill of Lading is subject to the classifications and lawfully filed tariffs in effect on the date of this Bill of Lading. This notice supersedes and negates any claimed, alleged or

The signature below is to certify that the material named above are properly described, packaged, classified, marked and labeled and are otherwise in a proper condition for transportation regulations, including regulations pertaining to hazardous materials or substances.

SHIPPER

Flex O Glass

CARRIER

PER

[Signature]

PER

Tyler Castle

DATE

1-10-24

Flex-O-Glass, Inc - Dixon

1200 Warp Rd.

Dixon, IL 61021

Phone: (773) 261 5200 Fax:

Bill of Lading

15136

1/10/2024

Page 1 of 1

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** New Hinton Nutrien Ag Solutions*
1-11-24

CALL 24 - 36 HRS B4 DELIVERY #252-641-6317

TOTALS SKD: 15 CTN: 524 Weight: 30,120

BOL Notes/comments

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SHIPPER <i>Flex O Glass</i>	CARRIER
PER <i>[Signature]</i>	PER <i>Tyler Castle</i> DATE <i>1-10-24</i>