



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

Invoice Date: 01/12/2024
Invoice #: 21003
Terms: NET 30
Due Date: 02/12/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
01/11/2024		66081 N 2541 Rd, Watonga, OK, USA - 361 Farmington Avenue, Louisville, KY, 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



RATE CONFIRMATION

Load ID: 21003

Mode: truckload

Carrier Rate: \$1,800.00

Carrier: BRZ

MC #: 086875

Phone: X 117

Email: conor@rtbrz.com

Pickup Location:

UNITED STATES GYPSUM CO

66081 N 2541 RD

SOUTHARD, OK 73770

Pickup Date: 01/11/2024

Pickup Time: 4:30 PM

Delivery Location:

WHIP MIX CORPORATION

361 FARMINGTON AVE

LOUISVILLE, KY 40209

Delivery Date: 01/12/2024

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

Notes:

HAVE DRIVER CALL FOR DISPATCH. CAN DELIVER FRIDAY OR MONDAY.

- 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 - password: lookup

By your electronic signature below you (BRZ) certify your employee (Gary And Daniel) 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

Conor Smith

FreightSolver Representative Signature

Carrier Representative Signature



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

BILL OF LADING

Carrier Copy

BILL OF LADING NUMBER
000010163574

ORDER #	CUSTOMER P O	TRIP ID	SHIP DATE	SCHEDULED DELIVERY DATE	SCHEDULED DELIVERY TIME	STOP #
11301627	P24529	SOU5458272	01/11/24	02/15/24	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	REMARKS / SPECIAL INSTRUCTIONS
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PLANT	Southard UNITED STATES GYPSUM COMPANY Hwy 51A Southard,OK,73770-9705	CARRIER	CUSTOMER PICK UP			VEHICLE #	97038
		SCAC	9CPU	MODE	Customer Pick Up	SEAL	0230371
		FREIGHT TERMS	PKUP/CL			CONTAINER #	

LINE#	ITEM		SHIPPING QTY		SKU	PRODUCT DESCRIPTION / COMMENTS	LENGTH		PRICING QTY	SALES UOM	# UNITS/ PALLETS	WEIGHT (LBS)
	COMMODITY	SFX	COUNT	UNITS			FT	IN				
001	103050	229	440	BG		100lb Bag, HYDROCAL C-Base Dental Gyp Cement, Whip Mix, Same Lot, 40 Bag Plt	00		22.00	TON	11.00	44770

SIGNATURE OF DRIVER/CARRIER		DATE OF PICKUP	11/11/24	TOTAL ORDER WEIGHT (LBS)	
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IMPORTANT: To RECEIVE CREDIT for damaged or missing material, CHECK appropriate box of 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 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.

SELECT: ☐ MATERIAL DAMAGED ☐ MISSING / SHORTAGE

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

SIGNATURE OF RECEIVER		DATE OF RECEIPT		TOTAL SHIPMENT WEIGHT (LBS)	44770
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DO NOT COVER SIGNATURE AREA ABOVE

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 destined 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 of, 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 Straight 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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		SCAC	9CPU	MODE	Customer Pick Up	SEAL	0230371
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SIGNATURE OF DRIVER/CARRIER	DATE OF PICKUP	TOTAL ORDER WEIGHT (LBS)
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SELECT: <input type="checkbox"/> MATERIAL DAMAGED <input type="checkbox"/> MISSING / SHORTAGE		<div>+</div>	
SIGNATURE OF RECEIVER			
DO NOT COVER SIGNATURE AREA ABOVE		DATE OF RECEIPT 1/12/24	TOTAL SHIPMENT WEIGHT (LBS) 44770

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	COMMODITY	SFX	COUNT	UNITS			FT	IN				
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 DENTAL ACCELERATOR/40 LBSCustomer 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												



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BILL TO	SHIP TO	REMARKS / SPECIAL INSTRUCTIONS
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