



Bill to:
Ascent Global Logistics
,
,
,

Invoice Date: 01/18/2024
Invoice #: 60228084
Terms: NET 30
Due Date: 02/18/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
01/17/2024		1052 Hanover Street, Wilkes-Barre, PA, USA - 4244 W Bryn Mawr Ave, Chicago, IL, USA			
			1	\$1,400.00	\$1,400.00

TOTAL
\$1,400.00

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



Carrier Load Confirmation

Page 1 of 4

Load #: 60228084

Ascent Contact

Name: Amanda Crouse

Phone: (207) 425-8969

Email: acrouse@ascentgl.com

Office Phone: +1 (833) 568-7396

Afterhours Phone: 800-598-0016

Office Email: team1@ascentgl.com

Load Information

Equipment: Dry Van

Equipment Length:

Cargo Value: \$

Team: N/A

Hazmat: No

Over-dimensional: No

Miles: 741.801

High Cube: Yes

OOG: No

Overweight: No

Carrier Information

Carrier: Brz

Tractor #: 604

US DOT: 3119062

MC: MC086875

SCAC: RIKN

Driver(s): Jonathan

Driver Phone(s): 267-773-0252

Carrier Contact : Sean Tomovic

Carrier Phone: 7083035150

Carrier Email: dispatch@rtbrz.com

Special Instructions

None

Load Requirements

By accepting the load, Carrier agrees to provide electronic shipment status updates via MacroPoint or an electronic alternative as required by Ascent's Customer, failure to comply may result in a rate reduction. Additionally by accepting this load, the Carrier acknowledges that it has the resources to legally complete this shipment within the pickup and delivery times stated. Late delivery, without prior notice, may result in a rate reduction or back charges to the carrier due to costs that may be incurred by ASCENT GLOBAL LOGISTICS from Client for the cost of late delivery. Driver must submit POD within 48 hours of delivery. Failure to provide a legible POD within forty-eight (48) hours of delivery may result in a rate reduction. All shipment tenders are contracted as "Exclusive Use of the Trailer" unless otherwise clearly noted as an LTL or Partial Shipment. Shipments found to be moved with other cargo in transit, **WITHOUT WRITTEN APPROVAL**, will result in a rate reduction as deemed appropriate by Ascent Global Logistics and Client. Arrival & departure times for all stops must be reported within 30 minutes of occurrence. A minimum of one check call per day, by 10:00 AM, is required for each day the Carrier is in possession of this load.

*****If the shipment associated with this rate confirmation involves an origin of, destination to, or moving within the State of California, it is mandatory for carrier to adhere to and provide documentation validating compliance with all California Air Resources Board (CARB) regulations. By contract, Carrier is required to comply with applicable law, and to the extent Carrier does not, Carrier agrees to defend, indemnify, and hold Broker and its customer(s) harmless, including reasonable attorney fees, to the extent Carrier fails to comply with CARB requirements, or any other statute, regulation, or law. Carrier agrees to this term by accepting this shipment.**

Accessorial Charges

All accessorial terms/charges must be requested prior to or at the time of occurrence. Detention charges are determined on a load-by-load basis. Detention charges do not begin for at least 2 hours unless otherwise agreed to in writing. To qualify, the Carrier MUST notify Ascent at least 30 minutes before beginning detention time, and provide documented in and out times. For lumpers charges, Carrier must include the lumper receipt as a supporting document with the Carrier's invoice. All overage, shortage, and damage must be reported to Ascent immediately, at time of occurrence, and noted on the bill of lading.



Carrier Load Confirmation

Page 2 of 4

Load #: 60228084

Stop 1: Pick Up

Pick Up Numbers: Not Provided
PO Number:
Location: Sid Harvey/Wilkes Barre
Address: 1052 Hanover Street
Wilkes barre, PA
18705
US
Contact: Shipping/Receiving
570-822-4795
llough@ascentgl.com

Appointment Required?: No
Expected Date: 01/17/2024
Shipping/Receiving Hours: 11:00-11:00
Instructions:

Item Description	Quantity	Weight	Dimensions
Item 1: Heating and AC	5 Pallets	5000 lbs	x x
Item 2: Heating and AC	5 Pallets	5000 lbs	x x
Item 3: Heating and AC	5 Pallets	5000 lbs	x x

Stop 2: Delivery

Delivery Numbers: Not Provided
PO Number:
Location: Sid Harvey/Bedford Park
Address: 5701 W 73rd Ave
Bedford park, IL 60638
US
Contact: Shipping/Receiving
304-308-1076
store087@sidharvey.com

Appointment Required?: No
Expected Date: 01/18/2024
Shipping/Receiving Hours: 07:00-07:00
Instructions:

Item Description	Quantity	Weight	Dimensions
Item 1: Heating and AC	5 Pallets	5000 lbs	x x

Stop 3: Delivery

Delivery Numbers: Not Provided
PO Number:
Location: Sid Harvey/Lombard
Address: 901 Oak Creek Drive
Lombard, IL 60148
US
Contact: Receiving 6306276810
store045@sidharvey.com

Appointment Required?: No
Expected Date: 01/18/2024
Shipping/Receiving Hours: 08:00-10:00
Instructions:

Item Description	Quantity	Weight	Dimensions
Item 2: Heating and AC	5 Pallets	5000 lbs	x x



Carrier Load Confirmation

Load #: 60228084

Stop 4: Delivery

Delivery Numbers:	Not Provided	Appointment Required?:	No
PO Number:		Expected Date:	01/18/2024
Location:	Sid Harvey/ Chicago	Shipping/Receiving Hours:	09:00-12:00
Address:	4244 West Brynmawr Ave Chicago, IL 60601 US	Instructions:	
Contact:	Shipping/Receiving 773-777-8181 store116@sidharvey.com		

Item Description	Quantity	Weight	Dimensions
Item 3: Heating and AC	5 Pallets	5000 lbs	x x



Carrier Load Confirmation

Load #: 60228084

Charges

Description	Units	Per	Amount
Net Freight Charges	1.00	\$1400.00	\$1400.00

Total

USD \$1400.00

Settlement Instructions

Current Method: Check

To Enroll in the Quick-Pay program or to update payment method, please visit www.ascentcarriers.com and choose **CARRIER LOGIN**. The RMIS ID that was provided upon initial registration is your Carrier ID. For assistance, please contact carriercompliance@ascentgl.com.

Please submit the following to ensure timely settlement:

- Carrier Invoice
- Copy of Rate Confirmation
- Signed Bill of Lading
- All other supporting documents (including lumpers receipts, empty and loaded scale tickets, washout receipts, etc.)
- All lumpers should be reported within 24 hours of deliver to ensure reimbursement

***Please note that payments issued by paper check are subject to a \$5.00 fee – no fee for payments issued by ACH on standard, 30 day terms.*

Invoicing Options

Email: carrierpaperwork@ascentgl.com
USPS Mail: PO Box 2316 Batesville, AR 72503
Fedex/UPS: 19 McHue Rd, Batesville, AR 72501

Payable Questions

Phone: (866) 500-1802
Email: CarrierSettlement@ascentgl.com

Agreement

By Signing below, you agree to the terms and conditions set forth below and provided herewith, if any.

Conor Smith

Name (Please Print)

Conor Smith

Signature

01/16/2024

Date

Terms and Conditions

This Carrier Load Confirmation ("Confirmation") is subject to the terms and conditions contained in the Master Carrier Agreement. If any conflict exists between this Confirmation and previously executed pricing documentation, the terms of this Confirmation shall supersede and apply. By accepting this Confirmation, CARRIER represents and warrants that it shall ensure all equipment used to provide services complies with legal requirements, including, but not limited to, local California requirements when providing services in or through the State of California. Upon Ascent's request, the CARRIER shall provide proof of compliance with any such laws, statutes, regulations or requirements. Any directions communicated via this Confirmation, by a customer, shipper or Ascent, orally or written, are for informational purposes only. CARRIER is solely responsible for routing and dispatching the load, and it is the CARRIER's sole responsibility to ensure the directions are appropriate. Ascent makes no guarantee with respect to the specified routes or the compatibility of those routes regarding any type of equipment. The CARRIER is solely responsible for operating lawfully and safely over any road, highway, bridge or route. CARRIER is responsible for any fines, citations or penalties that may be issued as a result of any failure or alleged failure by CARRIER to comply with the specialized instructions provided and acknowledged in accordance with the provisions of this Confirmation.

Date: 01/17/2024



BILL OF LADING

Page: 1

Shipment: 0000036361

Trailer: W97031

Bill of Lading Number: 0117.087

Origin

Name: BEDFORD PK- FOUR
Address: SEASONS(0087)
5701 W. 73RD STREET
City/State/Zip: BEDFORD PARK, IL 60638-6213
CID:

Location #: _____

Name: Sid Harvey's
C/O:
Address: 1052 Hanover St
City/State/Zip: Wilkes-Barre, PA 18706

FOB: ☐

Total Weight: 1,168.11

Total Pallets: 13

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid _____ Collect _____ 3rd Party _____

☐
(check box)

Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

#Shipping Units	QTY	HAZMAT	DESCRIPTION	WEIGHT	CLASS
0	18			18.00	
0	1			176.00	65
1	45		10 FT. COPPER TUBING	129.24	65
1	1		BLACK FITTINGS	4.26	65
1	11		BLACK PIPE	184.80	65
1	4		CHANNEL	11.60	65
9	1 023		CONTAINING HEATING & A/C PARTS	644.21	65

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND 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 CONDITION OF PACKAGE UNKNOWN), MARKED, CONSIGNED, AND DESTINED AS INDICATED ABOVE WHICH SAID CARRIER (BEING UNDERSTOOD THROUGHOUT THIS CONTRACT AS MEANING ANY PERSON, CORPORATION IN POSSESSION OF THE PROPERTY UNDER THE CONTRACT) AGREES TO CARRY ITS USUAL PLACE OF DELIVERY AT SAID DESTINATION, IF ON ITS ROUTE. OTHERWISE TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION AND AS TO EACH PARTY AT ANY TIME INTERESTED IN ALL OR 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 OF 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 THE SHIPMENT. SHIPPER HEREBY CERTIFIES THAT HE IS FAMILIAR WITH ALL THE BILL OF LADING TERMS AND CONDITIONS IN THE GOVERNING CLASSIFICATION AND THE SAID TERMS AND CONDITIONS ARE HEREBY AGREED TO BY THE SHIPPER.

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

Shipper
Per

Unit Number

NOTE: WHERE THE RATE IS DEPENDENT ON VALUE, SHIPPERS ARE REQUIRED TO STATE SPECIFICALLY IN WRITING THE AGREED OR DECLARED VALUE OF THE PROPERTY. THE AGREED OR DECLARED VALUE IS HEREBY SPECIFICALLY STATED BY THE SHIPPER TO BE NOT EXCEEDING.

Units (skids,ctns,bundle,etc.)

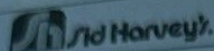
Freight Charges
(please check proper box)PPD ☐COL ☐

If no box is checked the freight charges will be prepaid

Date: 1/17/24

PPD ☐ COL ☐
no box is checked the freight charges will be
prepaid

Date: 01/17/2024



BILL OF LADING

Page: 1

Shipment: 0000036363

Trailer: W97031

Origin

Bill of Lading Number: 0117.116

Name: CHICAGO, IL (0116)
 Address: 4242 BRYN MAWR
 City/State/Zip: CHICAGO, IL 60646-6734
 CID:

Location #: _____

Name: Sid Harvey's
 C/O:
 Address: 1052 Hanover St
 City/State/Zip: Wilkes-Barre, PA 18706

FOB: ☐

Total Weight: 291.90

Total Pallets: 4

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid _____ Collect _____ 3rd Party _____

☐
 (check box)

Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

#Shipping Units	QTY	HAZMAT	DESCRIPTION	WEIGHT	CLASS
0	1			0.13	
4	97		CONTAINING HEATING & A/C PARTS	291.77	65

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND 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 CONDITION OF PACKAGE UNKNOWN), MARKED, CONSIGNED, AND DESTINED AS INDICATED ABOVE WHICH SAID CARRIER (BEING UNDERSTOOD THROUGHOUT THIS CONTRACT AS MEANING ANY PERSON, CORPORATION IN POSSESSION OF THE PROPERTY UNDER THE CONTRACT) AGREES TO CARRY 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 OR 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 THE CONTRACT. SHIPPER HEREBY CERTIFIES THAT HE IS FAMILIAR WITH ALL THE BILL OF LADING TERMS AND CONDITIONS IN THE GOVERNING CLASSIFICATION AND THE SAID TERMS AND CONDITIONS ARE HEREBY AGREED TO BY THE SHIPPER.

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE
 PACKAGED IN ACCORDANCE WITH THE FOLLOWING:
 1. ALL PACKAGES ARE PROPERLY MARKED AND
 2. ALL PACKAGES ARE PROPERLY LABELLED.

 Shipper
 Per

(Print Name)

 Freight Charges
 (please check proper box)

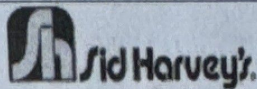
 PPD ☐ COL ☐

If no box is checked the freight charges will be prepaid.

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Units (skids, crates, bundles, etc.)

Date: 01/17/2024



BILL OF LADING

Page: 1

Bill of Lading Number: 0117.087

Shipment: 0000036361

Trailer: W97031

Destination

Origin

Name: BEDFORD PK- FOUR
 Address: SEASONS(0087)
 5701 W. 73RD STREET
 City/State/Zip: BEDFORD PARK, IL 60638-6213
 CID:

Location #: _____

Name: Sid Harvey's
 C/O:
 Address: 1052 Hanover St
 City/State/Zip: Wilkes-Barre, PA 18706

FOB: ☐FOB: ☐

Total Weight: 1,168.11

Total Pallets: 13

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid _____ Collect _____ 3rd Party _____

☐
 (check box)

Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

#Shipping Units	QTY	HAZMAT	DESCRIPTION	WEIGHT	CLASS
0	18			18.00	
0	1			176.00	65
1	45		10 FT. COPPER TUBING	129.24	65
1	1		BLACK FITTINGS	4.26	65
1	11		BLACK PIPE	184.80	65
1	4		CHANNEL	11.60	65
9	1 023		CONTAINING HEATING & A/C PARTS	644.21	65

Fred Grimes

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Freight Charges
 (please check proper box)

PPD ☐ COL ☐
 If no box is checked the freight charges will be prepaid

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION

SUBJECT TO SECTION 7 OF THE CONDITIONS, IF THIS SHIPMENT IS TO BE DELIVERED TO THE CONSIGNOR WITHOUT RECOURSE THE CONSIGNOR SHALL SIGN THE FOLLOWING STATEMENT THE CARRIER SHALL NOT MAKE DELIVERY OF THE SHIPMENT WITHOUT PAYMENT OF FREIGHT AND ALL OTHER LAWFUL CHARGES

Shipper
 Per

Unit Number

NOTE: WHERE THE RATE IS DEPENDENT ON VALUE, SHIPPERS ARE REQUIRED TO STATE SPECIFICALLY IN WRITING THE AGREED OR DECLARED VALUE OF THE PROPERTY. THE AGREED OR DECLARED VALUE IS HEREBY SPECIFICALLY STATED BY THE SHIPPER TO BE NOT EXCEEDING.

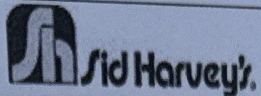
Units (skids, ctns, bundle, etc.)

SIGNATURE OF CONSIGNOR

Sakota Amann

Date: 1/17/24

Date: 01/17/2024



BILL OF LADING

Page: 1

Bill of Lading Number: 0117.045

Shipment: 0000036359

Trailer: W97031

Destination

Origin

Name: LOMBARD, IL (0045)
Address: 901 OAK CREEK DRIVE
City/State/Zip: LOMBARD, IL 60148-6408
CID:

Location #: _____

Name: Sid Harvey's
C/O:
Address: 1052 Hanover St
City/State/Zip: Wilkes-Barre, PA 18706

FOB: ☐FOB: ☐

Total Weight: 1,550.90

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid _____ Collect _____ 3rd Party _____

Total Pallets: 16

☐
(check box)

Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

#Shipping Units	QTY	HAZMAT	DESCRIPTION	WEIGHT	CLASS
0	18			505.80	
0	83			145.09	65
2	7			199.82	
1	1		10 FT. COPPER TUBING	6.50	65
10	1 041		CONTAINING HEATING & A/C PARTS	654.70	65
1	1		OVAL PIPE	6.94	65
1	1	X	UN1078, REFRIGERANT GAS, N.O.S., 2.2., CHEMTREC, +1 (800) 424-9300, CCN20177	31.05	70
1	1	X	UN1950, AEROSOLS, NON-FLAMMABLE, LIMITED QUANTITY, +1 (800) 424-9300, CCN20177	1.00	65

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Freight Charges
(please check proper box)PPD ☐ COL ☐

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Shipper
Per

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Units (skids, ctns, bundle, etc.)

SUBJECT TO SECTION 7 OF THE CONDITIONS, IF THIS SHIPMENT IS TO BE DELIVERED TO THE CONSIGNOR WITHOUT RECOURSE THE CONSIGNOR SHALL SIGN THE FOLLOWING STATEMENT THE CARRIER SHALL NOT MAKE DELIVERY OF THE SHIPMENT WITHOUT PAYMENT OF FREIGHT AND ALL OTHER LAWFUL CHARGES

Unit Number

SIGNATURE OF CONSIGNOR

Dakota Amann

Date: 1/17/24

Page 1 of 1

Date: 01/17/2024



Sid Harvey's

BILL OF LADING

Page: 1

Bill of Lading Number: 0117.116

Shipment: 0000036363

Trailer: W97031

Name: CHICAGO, IL (0116)
Address: 4242 BRYN MAWR
City/State/Zip: CHICAGO, IL 60646-6734
CID:

Destination

Location #: _____

Origin

Name: Sid Harvey's
C/O:
Address: 1052 Hanover St
City/State/Zip: Wilkes-Barre, PA 18706

FOB: ☐FOB: ☐

Total Weight: 291.90

Total Pallets: 4

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid _____ Collect _____ 3rd Party _____

☐
(check box)

Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

#Shipping Units	QTY	HAZMAT	DESCRIPTION	WEIGHT	CLASS
0	1			0.13	
4	97		CONTAINING HEATING & A/C PARTS	291.77	65

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Shipper
Per

Unit Number

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Units (skids,ctns,bundle,etc.)

Freight Charges
(please check proper box)PPD ☐ COL ☐

If no box is checked the freight charges will be prepaid

SIGNATURE OF CONSIGNOR

Date:

1/17/24