



Bill to:

TQL (TOTAL QUALITY LOGISTICS)
PO BOX 799,
MILFORD,
OH,
45150

Invoice Date: 01/25/2024

Invoice #: TQL PO# 26934731

Terms: NET 30

Due Date: 02/25/2024

TOTAL
\$0.00

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



TQL RATE CONFIRMATION FOR PO# 26934731

FIND YOUR NEXT LOAD BY VISITING
[CARRIERDASHBOARD.TQL.COM](https://carrierdashboard.tql.com)TO ENSURE PROMPT PAYMENT, SUBMIT THIS RATE CONFIRMATION, COMPLETE BOL(S)/POD, RECEIPTS
AND OTHER APPLICABLE PAPERWORK WITHIN 24 HOURS OF DELIVERY TO CINVOICES@TQL.COM. FOR
OTHER OPTIONS, SEE NEXT PAGE.

TQL CONTACT INFO

Name	Phone	Email	Fax
Steven Sutkay	800-580-3101 x47298	SSutkay@TQL.com	

CARRIER CONTACT

Office Staffed 24/7

MC#/DOT#	Name	Phone	Terms	Fax
086875 / 3119062	Brz (il)	708-303-5150	28DAYS	630-485-0000

Address

COMPASS FUNDING SOLUTIONS PO BOX 205154 DALLAS, TX 75320-5154

Dispatcher	Driver	Truck #	Trailer #
shawn	carlos	824	W97973

LOAD INFORMATION

Rate	Type	Unit	Quantity	Total
\$3,300.00	Line Haul	Flat	1	\$3,300.00

Rates that are based on weight or count will be calculated from the quantities loaded.

Total: \$3,300.00 USD

Mode	Trailer Type	Trailer Size	Linear Feet	Temperature	Pallet/Case Count	Hazmat	Load Requirements
FTL	Van	53 ft			0 pallets/0 cases	Non-Hazardous	
Special Temp Instructions						LxWxH	

Pick-up Location	Date	Time
McCordsville, IN	1/23/2024	Appt 12:00 to 13:00

Commodities:

Pick Up #	Quantity	Unit	Commodity	Notes
1	1	Truckload	Neon signs	

Delivery Location	Date	Time
Sterling, VA	1/24/2024	FCFS 08:00 to 16:00
Washington, DC	1/24/2024	FCFS 08:00 to 16:00
Jackson, NJ	1/24/2024	FCFS 08:00 to 16:00
Berlin, CT	1/24/2024	FCFS 08:00 to 16:00
New Britain, CT	1/24/2024	FCFS 08:00 to 16:00

CARRIER RESPONSIBLE FOR

Unloading	None w/ valid unloading receipt	Pallet Exchange	None	Estimated Weight	4000
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**Note to
Carrier**

No LAYOVER nor DETENTION!

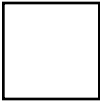
Superior communication is needed. EXCESSIVE late fees apply for late deliveries.

For all TEAM LOADS- Both drivers MUST arrive together .EXCESSIVE recovery fees, & late fees of \$1,000 per day will apply if load is late. \$500 a day per drop for Solo runs

Carriers must turn on TQL tracking within 30 mins of booking, or may be taken off load.

**MUST ACCEPT TRACKING
NEED 5-8 STRAPS**





If this box is checked, Carrier is required to mail original paperwork to TQL at the below address.

CARRIER INVOICE #

FOR STANDARD MAIL

TQL
PO Box 799
Milford, OH 45150

OVERNIGHT INVOICING

TQL
1701 Edison Drive
Milford, OH 45150

QUICK PAY

If your default payment terms are not Quick Pay and you would like Quick Pay on this load, please check one of the boxes below. Send your invoice to the Quick Pay email or fax listed below or via one of the document scanning options.

☐ 1 Day Quick Pay 5%

☐ 7 Day Quick Pay 3%

METHODS TO SUBMIT PAPERWORK

Submit completed and signed paperwork within 24 hours of delivery.

EMAIL

Quick Pay - Quickpay@tql.com
Standard - cinvoices@tql.com

DOCUMENT SCANNING

[TQL Carrier Dashboard](#) - Send paperwork
for FREE via our web and mobile app

FAX

Quick Pay - 513-688-8895
Standard - 513-688-8782

TRANSFLO Express allows you to scan and send invoices
and POD's to TQL for \$3.50 from participating truck stops.

TQL must approve all accessorial terms/charges in advance and in writing. Payment of detention is determined on a load-by-load basis. Unauthorized charges will not be paid. Detention payment does not begin for at least 3 hours unless otherwise agreed to in writing. To qualify for additional compensation, the Carrier MUST notify TQL at least 30 minutes before beginning detention time and when arriving-on-time/departing from all shippers/receivers (unless the shipper/receiver will notate check in/out times on the paperwork).



BOOK SELECT LOADS ONLINE WITH BOOK IT NOW
ON TQL CARRIER DASHBOARD

SIGN IN >

USE TQL TRACKING
TO CUT DOWN ON CHECK CALLS



THIS IS AN AGREEMENT BETWEEN TQL AND CARRIER. CARRIER SHALL HAUL THE LOAD AT THE RATE ABOVE. CARRIER SHALL CALL TQL FOR LOAD INFORMATION. IF LOAD IS CHANGED OR CANCELED BY TQL, NO "TRUCK ORDER NOT USED" WILL BE PAID UNLESS TQL HAS PROVIDED THE CARRIER WITH LOAD DETAILS (PICK-UP NUMBER, SHIPPER NAME/ADDRESS AND DRIVER INFORMATION SHEET) AND APPROVED THE CARRIER TO BEGIN DRIVING TOWARDS THE PICK-UP LOCATION. THE SAFE, LEGAL AND PROPER OPERATION OF CARRIER SUPERSEDES ANY REQUEST, DEMAND, PREFERENCE, INSTRUCTION OR INFORMATION PROVIDED BY TQL OR ITS CUSTOMERS WITH RESPECT TO ANY SHIPMENT. IF ANY EMPLOYEE OF TQL OR ITS CUSTOMER REQUESTS, DEMANDS, OR INSTRUCTS CARRIER TO TAKE ANY ACTION THAT VIOLATES ANY LAW, CARRIER SHALL REFUSE TO TRANSPORT THE LOAD AND IMMEDIATELY CONTACT TQL BEFORE TAKING ANY FURTHER ACTION. CARRIER AGREES THAT WHEN IT CHOOSES TO TRANSPORT A LOAD IT DOES SO ON ITS OWN VOLITION, EXERCISING ITS OWN DISCRETION WITHOUT COERCION OR UNDUE INFLUENCE BY ANY INDIVIDUAL OR ENTITY. BY SIGNING THIS RATE CONFIRMATION AND/OR PERFORMING SERVICES FOR BROKER, CARRIER AFFIRMS THAT IT MAINTAINS KNOWLEDGE OF AND COMPLIANCE WITH ALL FEDERAL, STATE, AND LOCAL LAWS AND REGULATIONS, WHICH INCLUDES, BUT IS NOT LIMITED TO, ANY LAWS OR REGULATIONS RELATED TO CARB COMPLIANCE, THE CALIFORNIA TRANSPORT REFRIGERATION UNIT (TRU) OR AIRBORNE TOXIC CONTROL MEASURE (ATCM). CARRIER AFFIRMS THAT ALL OF ITS APPLICABLE EQUIPMENT TRAVELLING TO, FROM, OR WITHIN CALIFORNIA IS IN COMPLIANCE WITH CARB RULES AND REGULATIONS OR ANY OTHER SIMILAR REGULATIONS IN OTHER STATES WHEN TRAVELLING TO, FROM, OR WITHIN SUCH OTHER STATES. CARRIER FURTHER AFFIRMS THAT ALL EQUIPMENT IN ITS FLEET, INCLUDING ANY TRU EQUIPMENT, FURNISHED WILL BE IN COMPLIANCE WITH THE IN-USE REQUIREMENTS OF ALL OF CALIFORNIA'S TRU REGULATIONS AND, IF APPLICABLE, ANY ADDITIONAL REQUIREMENTS REQUIRED OF BROKER'S CUSTOMER. CARRIER WILL BE RESPONSIBLE FOR ANY AND ALL FINES ASSESSED AGAINST ANY PARTY FOR CARRIER'S FAILURE TO ADHERE, IN WHOLE OR IN PART, TO ANY REGULATION OR LAWS. THIS RATE CONFIRMATION IS INCLUSIVE OF ALL CHARGES.

IF THIS SHIPMENT RELATES TO A GOVERNMENT OR QUASI-GOVERNMENT CONTRACT (WHICH MAY INCLUDE, WITHOUT LIMITATION, FEDERAL, STATE, MUNICIPAL, OR POSTAL CONTRACTS), THEN THE SHIPMENT IS SUBJECT TO THE NOTICES AND COMPLIANCE REQUIREMENTS FOUND AT [HTTPS://WWW.TQL.COM/GOVERNMENT-CONTRACTOR-NOTICES.PDF](https://www.tql.com/government-contractor-notices.pdf) OR A HARD COPY WILL BE PROVIDED UPON WRITTEN REQUEST TO COMPLIANCE@TQL.COM.

BY SIGNING THIS DOCUMENT, THE CARRIER AND ITS DRIVER AGREE THAT THEY MAY LEGALLY RECEIVE SMS (TEXT) MESSAGES ORIGINATING FROM TQL. RESPONDING TO OR READING A TQL SMS MESSAGE WHILE DRIVING A TRUCK OR MOTOR VEHICLE CAN CAUSE SERIOUS INJURY, DEATH, OR PROPERTY DAMAGE TO YOU OR OTHERS. DO NOT READ OR REPLY TO A MESSAGE UNLESS YOUR VEHICLE IS STATIONARY AND PARKED. THE CARRIER, DRIVER, AND ANY OTHER EMPLOYEE AND/OR AGENT FOR CARRIER ASSUME ALL RESPONSIBILITY FOR ABIDING BY THESE INSTRUCTIONS AND AGREE THAT THEY WILL COMPLY WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL LAWS INCLUDING, BUT NOT LIMITED TO: RECEIVING, READING AND/OR SENDING SMS MESSAGES, PHONE CALLS, AND/OR ANY OTHER INFORMATION TO OR FROM THE BROKER. CARRIER AGREES TO INDEMNIFY AND HOLD TQL HARMLESS TO THE FULLEST EXTENT PERMITTED BY LAW FOR ANY AND ALL CLAIMS OF ANY NATURE ARISING OUT OF OR RELATING TO THE HAULING OF THIS LOAD, THE VIOLATION OF THE TERMS OF THE BROKER-CARRIER AGREEMENT OR THIS RATE CONFIRMATION.



T Q Y L



Carrier Representative Signature

*By electronically signing below and acknowledging acceptance, I confirm I have the authority to act on behalf of, and bind the undersigned individual and/or entity and have agreed to the terms

Name* S/ **Shawn Popovic**



T Q Y L





DRIVER/CARRIER INFORMATION SHEET TQL PO# 26934731

Pickup Dates

1/23/24

Delivery Dates

1/24/24, 1/24/24, 1/24/24, 1/24/24,
1/24/24

TQL CONTACT INFO

Name	Phone	Email	Fax
Steven Sutkay	800-580-3101 x47298	SSutkay@TQL.com	

CARRIER CONTACT

Name	Dispatcher	Driver
Brz (il)	shawn	carlos

LOAD INFORMATION

Mode	Trailer Type	Trailer Size	Temperature	Pallet/Case Count	Hazmat	Load Requirements
FTL	Van	53 ft		0 pallets/0 cases	Non-Hazardous	

Special Temp Instructions

CARRIER RESPONSIBLE FOR

Unloading	None w/ valid unloading receipt	Pallet Exchange	None	Estimated Weight	4000
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PICKUPS

Shed	City	State	Zip	PU#	Date	Time
AI INNOVATIONS (MCCORDSVILLE, IN)	McCordsville	IN	46055		1/23/2024	Appt 12:00 to 13:00
	Information:					
	7795 N 200 W McCordsville, IN 46055					
	Commodities:					
	Quantity	Unit	Commodity		Notes	
	1	Truckload	Neon signs			



DROPS

Consignee	City	State	Zip	Delivery PO	Date	Time
BeBold Sign Studio (STERLING, VA)	Sterling	VA	20166		1/24/2024	FCFS 08:00 to 16:00
Information: 504 Shaw Rd Sterling, VA 20166						
GELBERG SIGNS (WASHINGTON,DC)	Washington	DC	20012		1/24/2024	FCFS 08:00 to 16:00
Information: Gelberg Signs 6511 CHILLUM PLACE NW Washington DC 20012						
Trademark Sign LLC	Jackson	NJ	08527		1/24/2024	FCFS 08:00 to 16:00
Information:						
NATIONAL SIGN CORP (BERLIN,CT)	Berlin	CT	06037		1/24/2024	FCFS 08:00 to 16:00
Information: National Sign Corp 780 Four Rod Road Berlin CT 06037 Special Instructions: Deliver 1/15 8am CONTACT: Chris Joyal 508-826-5765 on day of loading to coordinate delivery in advance of arrival.						
BIANCA SIGNS (NEW BRITAIN, CT)	New Britain	CT	06051		1/24/2024	FCFS 08:00 to 16:00
Information: 99 Newington Avenue New Britain, CT 06051						

Note to Carrier

No LAYOVER nor DETENTION!

Superior communication is needed. EXCESSIVE late fees apply for late deliveries.

For all TEAM LOADS- Both drivers MUST arrive together .EXCESSIVE recovery fees, & late fees of \$1,000 per day will apply if load is late. \$500 a day per drop for Solo runs

Carriers must turn on TQL tracking within 30 mins of booking, or may be taken off load.

MUST ACCEPT TRACKING

NEED 5-8 STRAPS

TQL PO# 26934731



THIS AGREEMENT IS SUBJECT TO THE TERMS OF THE BROKER/CARRIER AGREEMENTS SIGNED BY THE CARRIER AND TQL. THIS AGREEMENT IS AN ADDENDUM TO THE BROKER/CARRIER AGREEMENT. THIS DOCUMENT IS ONLY FOR INFORMATIONAL PURPOSES.



BILL OF LADING

Date: 01/23/2024

SHIP FROM

Name:
Address:
City/State/Zip:
SID#: 35-2066134 FOB: ☐

Bill of Lading Number: 4841

4841

SHIP TO

Name: gelberg signs Location:
Address: 6511 chillum place nw
City/State/Zip: washington, DC 20012
CID#: FOB: ☐

CARRIER NAME: PP&A

Trailer Number:

Seal Number(s):

SCAC:

Pro number

THIRD PARTY FREIGHT CHARGES BILL TO

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:

wants driver to call prior to delivery

Freight Charge Terms:

Prepaid: ☒ Collect: ☐ 3rd Party: ☐

☐ Master Bill of Lading: with attached
(check box) underlying Bills of Lading

STOP 2

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	#PKGS	WEIGHT	PALLET/SLIP (circle one)		ADDITIONAL SHIPPER INFO
A52179-0000004	2.0000	0.00	Y	N	
106091	3		Y	N	GROCERY OUTLET O WINGS MIL
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
GRAND TOTAL	3 2.00	0.00			

CARRIER INFORMATION

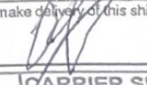
HANDLING UNIT		#PKGS		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC#	CLASS
1.00	PLT	2	CRATE	0.00		Manufactured Goods		
1.0000		2.0000		0.00		GRAND TOTAL		

Where the rate is dependent 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 _____

COD Amount: 0.00
Fee Terms: Collect: ☐ Prepaid: ☒ 0.00
Customer check acceptable ☐

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14708(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.

The carrier shall not make delivery of this shipment without payment of freight and all other law changes.  01/24 Shipper Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulation of the DOT.


1-23-24

Trailer Loaded Freight Counted

☐ By Shipper ☒ By Shipper
☐ By Driver ☐ By Driver/pallets said to contain
☐ By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in

Property described above is received in good order, except as noted.

BILL OF LADING

Date:

01/23/2024

SHIP FROM

Name:

Address:

City/State/Zip:

SID#: 35-2066134

FOB: ☐

Bill of Lading Number: 4840

4840

SHIP TO

Name: Trademark Sign

Location:

Address: 631 Herman Rd

City/State/Zip: Jackson, NJ 08527

CID#:

FOB: ☐

CARRIER NAME: CAF

Trailer Number:

Seal Number(s):

SCAC:

Pro number

STOP3

THIRD PARTY FREIGHT CHARGES BILL TO

Name:

Address:

City/State/Zip:

Freight Charge Terms:

Prepaid: ☒ Collect: ☐ 3rd Party: ☐

☐ Master Bill of Lading: with attached
(check box) underlying Bills of Lading

SPECIAL INSTRUCTIONS:

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	#PKGS	WEIGHT	PALLET/SLIP (circle one)	ADDITIONAL SHIPPER INFO
A51291-0000000	2.0000	0.00	Y N	
105901	13		Y N	GROCERY OUTLET PARKSBURG
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
GRAND TOTAL	13	2.00	0.00	

CARRIER INFORMATION

HANDLING UNIT		#PKGS		WEIGHT	H.M. (X)	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>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC#	CLASS
1.00	PLT	2	CRATE	0.00		Manufactured Goods		
1.0000		2.0000		0.00		GRAND TOTAL		

Where the rate is dependent 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 _____.

COD Amount: 0.00

Fee Terms: Collect: ☐

Prepaid: ☒

0.00

Customer check acceptable ☐

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.

The carrier shall not make delivery of this shipment without payment of freight and all other law charges.

Shipper Signature: *[Signature]*

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulation of the DOT.

Vigil Johnson
1-23-24

Trailer Loaded

☐ By Shipper

☐ By Driver

Freight Counted

☒ By Shipper

☐ By Driver/pallets said to contain
☐ By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in.

Property described above is received in good order, except as noted.

Date: 09/28/2023

SHIP FROM					Bill of Lading Number: 		
Name: Address: City/State/Zip: SID#:					FOB: <input type="checkbox"/>		
SHIP TO					CARRIER NAME:		
Name: BEBOLD SIGN STUDIO Location: Address: 504 SHAW ROAD, SUITE 809 City/State/Zip: STERLING, VA, 20166 CID#: FOB: <input type="checkbox"/>					Trailer Number: Seal Number(s): SCAC: Pro number: .5 TOP1		
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: Address: City/State/Zip:					Freight Charge Terms:		
SPECIAL INSTRUCTIONS:					Prepaid: Collect: 3rd Party:		
					<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
CUSTOMER ORDER INFORMATION						ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER		#PKGS	WEIGHT	PALLET/SLIP (circle one)			
106374		1		Y	N	CROC'S CLARKSBURG	
				Y	N		
				Y	N		
				Y	N		
				Y	N		
				Y	N		
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL			0.00				
HANDLING UNIT						#PKGS	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	
						Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care.	
						See Section 2(e) of NMFC Item 350	
						Manufactured Goods	
1.0000		2.0000		0.00		GRAND TOTAL	
Where the rate is dependent 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 _____.						COD Amount: 0.00 Fee Terms: Collect: <input type="checkbox"/> Customer check acceptable <input checked="" type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).						Prepaid: <input checked="" type="checkbox"/> 0.00	
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 Signature	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulation of the DOT. Virgil Johnson 1-23-24				Trailer Loaded <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in _____							

Date: 01/23/2024

SHIP FROM				Name: Address: City/State/Zip: SID#: 35-2066134 FOB: <input type="checkbox"/>				Bill of Lading Number: 4841 <div style="font-size: 2em; font-weight: bold; text-align: center;">*4841*</div>			
				SHIP TO				CARRIER NAME: PP&A Trailer Number: Seal Number(s): SCAC: Pro number: STOP 2			
Name: gelberg signs Location: Address: 6511 chillum place nw City/State/Zip: washington, DC 20012 CID#: FOB: <input type="checkbox"/>											
THIRD PARTY FREIGHT CHARGES BILL TO											
Name: Address: City/State/Zip:								Freight Charge Terms: Prepaid: X Collect: _____ 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)			
SPECIAL INSTRUCTIONS: wants driver to call prior to delivery											
CUSTOMER ORDER INFORMATION											
CUSTOMER ORDER NUMBER				#PKGS	WEIGHT	PALLET/SKIP (circle one)		ADDITIONAL SHIPPER INFO			
A52179-0000004				2.0000	0.00	Y N					
106091				3		Y N		GROCERY OUTLET OWINGS MIL			
						Y N					
						Y N					
						Y N					
						Y N					
						Y N					
						Y N					
						Y N					
GRAND TOTAL				3 2.00	0.00						
CARRIER INFORMATION											
HANDLING UNIT		#PKGS		WEIGHT	H.M. (X)	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>				LTL ONLY	
QTY	TYPE	QTY	TYPE							NMFC#	CLASS
1.00	PLT	2	CRATE	0.00		Manufactured Goods					
1.0000		2.0000		0.00		GRAND TOTAL					
Where the rate is dependent 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 _____						COD Amount: 0.00 Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input checked="" type="checkbox"/> Customer check acceptable <input type="checkbox"/> 0.00					
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 1470(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.						The carrier shall not make delivery of this shipment without payment of freight and all other law charges. <div style="text-align:right;">Shipper Signature _____</div>					
SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulation of the DOT.</small> <div style="font-family:cursive;">Vernon Johnson</div>						Trailer Loaded Freight Counted <input type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Driver <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces			CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in _____</small> <div style="font-family:cursive;">[Signature]</div> <small>Property described above is received in good order, except as noted.</small>		

Date: 01/23/2024

SHIP FROM		Bill of Lading Number: 4840	
Name:		*4840*	
Address:			
City/State/Zip:	FOB: <input type="checkbox"/>		
SID#:	35-2066134		
SHIP TO		CARRIER NAME: CAF	
Name: Trademark Sign		Trailer Number:	
Address: 631 Herman Rd		Seal Number(s):	
City/State/Zip: Jackson, NJ 08527		SCAC:	
CID#:		Pro number	
THIRD PARTY FREIGHT CHARGES BILL TO		STOP3	
Name:		Freight Charge Terms:	
Address:		Prepaid: <input checked="" type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: <input type="checkbox"/>	
City/State/Zip:		Master Bill of Lading: with attached	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> (check box) underlying Bills of Lading	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	#PKGS	WEIGHT	PALLET/SLIP (circle one)		ADDITIONAL SHIPPER INFO
A51291-0000000	2.0000	0.00	Y	N	GROCERY OUTLET PARKSBURG
105901	13		Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
GRAND TOTAL	13 2.00	0.00			

GRAND TOTAL		157		CARRIER INFORMATION		LTL ONLY		
HANDLING UNIT		#PKGS		WEIGHT	H.M. (X)	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>	NMFC#	CLASS
QTY	TYPE	QTY	TYPE					
1.00	PLT	2	CRATE	0.00		Manufactured Goods		
1.0000		2.0000		0.00		GRAND TOTAL		

1.0000	2.0000	Where the rate is dependent 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 _____	COD Amount: 0.00 Fee Terms: Collect <input type="checkbox"/> Prepaid: <input checked="" type="checkbox"/> 0.00 Customer check acceptable <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

<p>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.</p>		<p>The carrier shall not make delivery of this shipment without payment of freight and all other law changes.</p>	<p>Shipper Signature</p>
<p>SHIPPER SIGNATURE / DATE</p> <p>This is to certify that the above named materials are property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulation of the DOT.</p> <p><i>[Signature]</i></p>	<p>Trailer Loaded</p> <p><input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver</p>	<p>Freight Counted</p> <p><input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver/pallets sold to contain</p> <p><input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE</p> <p>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in.</p> <p>Property described above is received in good order, except as noted.</p>

1-23-24

BILL OF LADING

Date: 09/28/2023

SHIP FROM

Name:
Address:
City/State/Zip:
SID#: FOB: ☐

Bill of Lading Number:

SHIP TO

Name: NATIONAL SIGN CORP Location:
Address: 780 FOUR RD ROAD
City/State/Zip: BERLIN, CT, 06037
CID#: FOB: ☐

CARRIER NAME:

Trailer Number:

Seal Number(s):

SCAC:

Pro number

THIRD PARTY FREIGHT CHARGES BILL TO

Name:
Address:
City/State/Zip:

Freight Charge Terms:

Prepaid: Collect: 3rd Party:

☐ Master Bill of Lading: with attached
(check box) underlying Bills of Lading

SPECIAL INSTRUCTIONS:

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	#PKGS	WEIGHT	PALLET/SLIP (circle one)	ADDITIONAL SHIPPER INFO
102879	5		Y N	PB# 6273 STAMFORD
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	

GRAND TOTAL

0.00

CARRIER INFORMATION

HANDLING UNIT		#PKGS		WEIGHT	H.M. (X)	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 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC#	CLASS
						Manufactured Goods		
1.0000		2.0000		0.00				

GRAND TOTAL

Where the rate is dependent 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 _____

COD Amount: 0.00

Fee Terms: Collect: ☐ Prepaid: ☒ 0.0

Customer check acceptable ☐

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.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulation of the DOT.

Virgil Johnson

Trailer Loaded Freight Counted

☐ By Shipper ☐ By Shipper
☐ By Driver ☐ By Driver/pallets said to contain
☐ By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in

1-23-24

BILL OF LADING

Date: 09/28/2023

SHIP FROM

Name:
Address:
City/State/Zip:
SID#:

Bill of Lading Number:

SHIP TO

Name: BIANCA SIGNS Location:
Address: 99 NEWINGTON AVE
City/State/Zip: NEW BRITAIN, CT, 06051
CID#:

CARRIER NAME:

Trailer Number:

Seal Number(s):

SCAC:

Pro number

STOP5

THIRD PARTY FREIGHT CHARGES BILL TO

Name:
Address:
City/State/Zip:

Freight Charge Terms:

Prepaid: Collect: 3rd Party:

☐ Master Bill of Lading: with attached
(check box) underlying Bills of Lading

SPECIAL INSTRUCTIONS:

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	#PKGS	WEIGHT	PALLET/SLIP (circle one)	ADDITIONAL SHIPPER INFO
106435	1		Y N	EAGLE EYE REALTY
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	

GRAND TOTAL 0.00

CARRIER INFORMATION

HANDLING UNIT		#PKGS		WEIGHT	H.M. (X)	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 380</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC#	CLASS
						Manufactured Goods		
1.0000		2.0000		0.00				

GRAND TOTAL

Where the rate is dependent 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 _____

COD Amount: 0.00

Fee Terms: Collect: ☐

Prepaid: ☒ 0.0

Customer check acceptable ☐

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.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulation of the DOT.

Virgil Johnson

Trailer Loaded ☒ Freight Counted ☒

☐ By Shipper ☐ By Shipper

☐ By Driver ☐ By Driver/pallets said to contain

☐ By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in

1-23-24

Date: 09/28/2023

Shipper Signature _____

BILL OF LADING

Date: 09/28/2023

SHIP FROM
Name:
Address:
City/State/Zip:
SID#:
FOB: ☐

Bill of Lading Number:

SHIP TO
Name: BIANCA SIGNS Location:
Address: 99 NEWINGTON AVE
City/State/Zip: NEW BRITAIN, CT, 06051
CID#:
FOB: ☐

CARRIER NAME:

Trailer Number:

Seal Number(s):

SCAC:

Pro number

STOP5

THIRD PARTY FREIGHT CHARGES BILL TO
Name:
Address:
City/State/Zip:

Freight Charge Terms:

Prepaid: Collect: 3rd Party:

☐ Master Bill of Lading: with attached
(check box) underlying Bills of Lading

SPECIAL INSTRUCTIONS:

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	#PKGS	WEIGHT	PALLET/SLIP (circle one)			
106435	1		Y	N	EAGLE EYE REALTY	
			Y	N		
			Y	N		
			Y	N		
			Y	N		
			Y	N		
			Y	N		
			Y	N		
GRAND TOTAL	1	0.00	Y	N		

CARRIER INFORMATION								
HANDLING UNIT		#PKGS		WEIGHT	H.M. (X)	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 350</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC#	CLASS
						Manufactured Goods		

GRAND TOTAL

Where the rate is dependent 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 this property is specifically stated by the shipper to be not exceeding _____ per _____

COD Amount: 0.00

Fee Terms: Collect: ☐

Customer check acceptable ☐

Prepaid: ☒ 0.0

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.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulation of the DOT.

Virgil Johnson

Trailer Loaded Freight Counted

☐ By Shipper ☐ By Shipper

☐ By Driver ☐ By Driver/pallets said to contain

☐ By Driver/Pieces

Shipper Signature

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required documents. Carrier certifies emergency response information is available and/or carrier has the DOT emergency response guidebook or equivalent documentation in _____

1-23-24

BILL OF LADING

Date:

01/23/2024

SHIP FROM

Name:

Address:

City/State/Zip:

SID#: 35-2066134

FOB: ☐

Bill of Lading Number: 4841

4841

SHIP TO

Name: gelberg signs

Location:

Address: 6511 chillum place nw

City/State/Zip: washington, DC 20012

CID#:

FOB: ☐

CARRIER NAME: PP&A

Trailer Number:

Seal Number(s):

SCAC:

Pro number

STOP 2

THIRD PARTY FREIGHT CHARGES BILL TO

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

wants driver to call prior to delivery

Freight Charge Terms:

Prepaid: ☒ Collect: ☐ 3rd Party: ☐

☐ Master Bill of Lading: with attached
(check box) underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	#PKGS	WEIGHT	PALLET/SLIP (circle one)		ADDITIONAL SHIPPER INFO
A52179-0000004	2.0000	0.00	Y	N	
106091	3		Y	N	GROCERY OUTLET OWINGS MIL
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
GRAND TOTAL	3 2.00	0.00			

CARRIER INFORMATION

HANDLING UNIT		#PKGS		WEIGHT	H.M. (X)	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>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC#	CLASS
1.00	PLT	2	CRATE	0.00		Manufactured Goods		
1.0000		2.0000		0.00		GRAND TOTAL		

Where the rate is dependent 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 _____.

COD Amount: 0.00

Fee Terms: Collect: ☐ Prepaid: ☒ 0.00

Customer check acceptable ☐

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.

The carrier shall not make delivery of this shipment without payment of freight and all other law charges.

Shipper Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulation of the DOT.

Trailer Loaded

☐ By Shipper

☐ By Driver

Freight Counted

☒ By Shipper

☐ By Driver/pallets said to contain

☐ By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in

Property described above is received in good order, except as noted.

Vergil Johnson
1-23-24

BILL OF LADING

Date:

01/23/2024

SHIP FROM

Name:

Address:

City/State/Zip:

SID#: 35-2066134

FOB: ☐

Bill of Lading Number: 4840

4840

SHIP TO

Name: Trademark Sign

Location:

Address: 631 Herman Rd

City/State/Zip: Jackson, NJ 08527

CID#:

FOB: ☐

CARRIER NAME: CAF

Trailer Number:

Seal Number(s):

SCAC:

Pro number

STOP3

THIRD PARTY FREIGHT CHARGES BILL TO

Name:

Address:

City/State/Zip:

Freight Charge Terms:

Prepaid: ☒ Collect: ☐ 3rd Party: ☐

☐ Master Bill of Lading: with attached
(check box) underlying Bills of Lading

SPECIAL INSTRUCTIONS:

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	#PKGS	WEIGHT	PALLET/SLIP (circle one)	ADDITIONAL SHIPPER INFO
A51291-0000000	2.0000	0.00	Y N	
105901	13		Y N	GROCERY OUTLET PARKSBURG
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
GRAND TOTAL	13	2.00	0.00	

CARRIER INFORMATION

HANDLING UNIT		#PKGS		WEIGHT	H.M. (X)	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>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC#	CLASS
1.00	PLT	2	CRATE	0.00		Manufactured Goods		
1.0000		2.0000		0.00		GRAND TOTAL		

Where the rate is dependent 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 _____.

COD Amount: 0.00

Fee Terms: Collect: ☐

Prepaid: ☒

0.00

Customer check acceptable ☐

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.

The carrier shall not make delivery of this shipment without payment of freight and all other law charges.

Shipper Signature: *[Signature]*

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulation of the DOT.

Vigil Johnson
1-23-24

Trailer Loaded

☐ By Shipper

☐ By Driver

Freight Counted

☒ By Shipper

☐ By Driver/pallets said to contain
☐ By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in.

Property described above is received in good order, except as noted.