



Bill to:
FOX LOGISTICS
20086 U.S. Highway,
Strake,
FL,

Invoice Date: 01/29/2024
Invoice #: 117739875
Terms: NET 30
Due Date: 02/29/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
01/26/2024		126 Memorial Parkway, Niagara Falls, NY, USA - 102 Coleman Blvd, Savannah, GA, USA			
			1	\$2,800.00	\$2,800.00

TOTAL
\$2,800.00

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



20086 US HWY 301 N
STARKE, FL 32091
Docket: MC278915
Phone: (904) 579-2814
Email: Ops@foxlogistics.com
Carrier Rep: Nicholas Perri

LOAD CONFIRMATION

Load #: 117739875
Date: 1/23/2024
Equipment: 53 ft Van | Reefer
Weight: 43,380 lbs
Distance: 927.02

Carrier Information

BRZ	MC Number: 086875	Driver: Garry
8225 LECLAIRE AVE	Phone: (708) 303-5150	Driver Phone: (813) 507-6835
BURBANK, IL 60459	Fax:	Email:

Reference Numbers**Stops / Actions**

Action	Date / Time	Location	Contact
Pickup	1/26/2024 3:00 PM - 4:00 PM	SONWIL - NIAGARA FALLS 126 MEMORIAL PARKWAY NIAGARA FALLS, NY 14303	Primary Contact:Mimi Saddler Phone:
Pickup Instructions: Appt at 1600. Can check in an hour early. Cant be late.			
Delivery	1/29/2024 8:00 AM - 8:00 AM	C0530 UNITED SAVANNAH, GA A030 102 COLEMAN BLVD SAVANNAH, GA 31408	Primary Contact: https://app.tms.blujaysolutions.net Phone:
Delivery Instructions: TOTAL DISTANCE = 939 MIAuction ID: 4499034TOTAL DISTANCE = 939 MIAuction ID: 4499034			

Description	Notes	Quantity	Handling Units
BodyArmor Water 24/700mL		1,288	1

Pay Items

Linehaul	\$2,800.00
Fuel	\$0.00
Total:	\$2,800.00

Quote Terms and Conditions

The above-listed Carrier hereby acknowledges and agrees that by accepting tender of the above-referenced load, and this Confirmation Sheet, that said Carrier is agreeing to the terms, rates, and charges set forth herein, and to all the terms and conditions set forth in any Agreement between carrier and Fox Logistics, Inc., including those found at <https://foxlogistics.com/terms>. The agreed price is for the movement of this shipment from origin to destination, and includes any additional pickups or stops, and all compensation for any associated activity or fee. In accepting tender for the above-referenced load, carrier accepts liability for damage or loss to such load while in Carrier's care, custody, and control, and warrants that it is in possession of insurance covering the same. Carrier agrees to indemnify Fox Logistics, Inc. against any claims resulting from Carrier's performance in the transportation of such load. Carrier's acceptance of this load and signature on the associated Bill of Lading serves as evidence that the load was received in good condition. Carrier's failure to abide by Shipper's instructions concerning the transportation of the load, including temperature and reefer settings, will be viewed as Carrier's negligence and may be used as prima facie evidence of damage to the load. Carrier is responsible to ensure that their trailer is sealed before leaving each shipping point and that the trailer maintains its seal during the entirety of transit until goods have been delivered and a signed BOL can be provided from the receiving party. Carrier should send a picture of both the seal affixed to the trailer and the seal # clearly written on their BOL to tracking@foxlogistics.com before leaving any shipping point. Failure to ensure the trailer is affixed with a seal before leaving any shipping location will cause the carrier to inherit all liability for any OS&D and/or claims that result from the loss of chain of custody. The carrier also agrees to forfeit any pay for transportation of goods and services in regards to this rate confirmation if they fail to maintain chain of custody via seal integrity.

Please send invoice, POD, and NOA (if applicable) to, billing@foxlogistics.com

All payments are issued through Bill.com. Please request our ACH form with your invoice for fastest payment (this does not mean quick-pay).

Payment of lump sum fees is the sole responsibility of the carrier. A receipt must be provided within 24 hours and reimbursement will occur upon payment of the invoice.

Garry
Driver Name

813-507-6835
Driver Cell Phone #

Conor Smith
Print Name

Conor Smith
Signature

01/25/2024
Date

Date: 01/26/2024

BILL OF LADING

Page 1

SHIP FROM

Name: BODY ARMOR LLC (DC26)
Address: 126 Memorial Pkwy
City/State/Zip: Niagara Falls, NY 14043
SID#
c/o SONWIL DISTRIBUTION CENTER
FOB: ☐

Bill Of Lading Number: 8171640



SHIP TO

Name: United Savannah, GA A030
Address: 102 COLEMAN BLVD
City/State/Zip: SAVANNAH, GA 31408
CID#
FOB: ☐

CARRIER NAME: FOX LOGISTICS INC

Trailer number: W97038

Seal number(s): 2741116

SCAC:FXLG

Pro number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: PREPAID, THIRD PARTY BILLING
Address: 20086 US HWY 301 N
City/State/Zip: STARKE, FL 32091

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

Prepaid Collect 3rd Party X

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

SPECIAL INSTRUCTIONS

Load:BOD8171640 Delivery:000079345

CHEP Count: 0

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	CUBE	PALLET/SLIP (CHECK ONE)	ADDITIONAL SHIPPER INFO
4505289748	1316	4166		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	ReqDelDate:01/30/24 EID:80515113 Ord:80515113
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
GRAND TOTAL	1316	4166 4	83		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		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
24	WWOOD	24	EA	0		- NMFC Not Defined -		
		4	EA	0		Bags, dunnage, disposable, freight loading, inflatable, paper and plastic combined duff	020515	70
		1200	CS	37968		BOTTLED WATER	196500	60
		88	CS	3696		BEVERAGES, FLAVORED OR PHOSPHATED, NOI	72160	60
		0		1032		PALLETS	150390	100
24		1316		42696		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: \$

Fee Terms: Collect: ☐ Prepaid: ☐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.

Signature _____ Shipper

SHIPPER SIGNATURE / DATE

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 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 the vehicle.

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

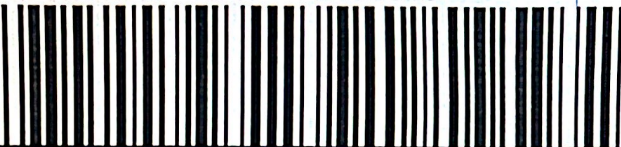
400
1123
100
105

274116

Date: 01/26/2024

BILL OF LADING

Page 1

SHIP FROM		Bill Of Lading Number: 8171640 
Name:	BODY ARMOR LLC (DC26) c/o SONWIL DISTRIBUTION CENTER	
Address:	126 Memorial Pkwy	
City/State/Zip:	Niagara Falls, NY 14043	
SID#	FOB: <input type="checkbox"/>	
SHIP TO		CARRIER NAME: FOX LOGISTICS INC
Name:	United Savannah, GA A030	Trailer number: W97038
Address:	102 COLEMAN BLVD	Seal number(s): 2741116
City/State/Zip:	SAVANNAH, GA 31408	SCAC:FXLG
CID#	FOB: <input type="checkbox"/>	Pro number:
THIRD PARTY FREIGHT CHARGES BILL TO:		Gary Brz
Name:	PREPAID, THIRD PARTY BILLING	
Address:	20086 US HWY 301 N	
City/State/Zip:	STARKE, FL 32091	
SPECIAL INSTRUCTIONS		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
CHEP Count: 0	Load:BOD8171640 Delivery:000079345	Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/>
		<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	CUBE	PALLET/SLIP (CHECK ONE)		ReqDelDate:01/30/24	EID:80515113 Ord:80515113
4505289748	1316	4166		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N			
				<input type="checkbox"/> Y <input type="checkbox"/> N			
				<input type="checkbox"/> Y <input type="checkbox"/> N			
				<input type="checkbox"/> Y <input type="checkbox"/> N			
				<input type="checkbox"/> Y <input type="checkbox"/> N			
GRAND TOTAL	1316	4166	83				
		4					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M - (X)	COMMODITY DESCRIPTION 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	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
24	WWOOD	24	EA	0		- NMFC Not Defined -		
		4	EA	0		Bags, dunnage, disposable, freight loading, inflatable, paper and plastic combined, dunnage	020515	70
		1200	CS	37968		BOTTLED WATER	196500	60
		88	CS	3696		BEVERAGES, FLAVORED OR PHOSPHATED, NOI	72160	60
		0		1032		PALLETS	150390	100
24		1316		42696		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: \$ _____	
		Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input 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).			
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 property classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. BSH/12624		Signature Shipper	
Trailer Loaded: <input checked="" 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 the vehicle. Property described above is received in good order, except as noted.	

Mar 1/27/24

400
1123
100
105