

**Bill to:**

NEX, INC.dba NEW ENGLAND EXPEDITORS
9725 WOODS DR ,
Skokie,
IL,
60077

Invoice Date: 01/29/2024

Invoice #: 3007

Terms: NET 30

Due Date: 02/29/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
01/26/2024		2610 Clark West Rd, Fayetteville, NC, 28312 - 4043 W 52nd Place, Chicago, IL, 60632			
			1	\$1,700.00	\$1,700.00

TOTAL
\$1,700.00

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 & Load Confirmation

New England Expeditors

9725 Woods Dr
Skokie, IL, USA 60077
Phone: 630-568-6714
Fax:

Dispatcher:	Nelly M	LOAD #	3007
Phone #:	630-568-6714	Ship Date:	2024-01-26
Fax #:		Today's Date:	2024-01-26
Email:	operations@freight-lab.net		
W/O:	76998		

Carrier	Phone #	Fax #	Equipment	Agreed Amount	Load Status
Riki Transportation INC dba BRZ	708-303-5150 x110		53' Van	\$1,700.00 USD	Open

Shipper 1	Date:	2024-01-26	Purchase Order #:	PU#875241171/ 1235353/ 0018179864
FG - DC Fayetteville 2610 Clark West Rd Fayetteville, NC, 28312	Time:	1:00 PM	Major Intersection:	
	Type:	Pallets	Shipping Hours:	
	Quantity:		Appointment:	No
	Weight:	31500 lbs	Description:	Soups
	Notes:	BLIND! Check in as BFreight and ask for a load to Portland, OR		

Consignee 1	Date:	2024-01-27	Purchase Order #:	76998
New England Expeditors 4043 W 52nd Place Chicago, IL, 60632	Time:		Major Intersection:	
	Type:	Pallets	Receiving Hours:	Mon-Fri 8am-5pm Sat-Sun 7
	Quantity:		Appointment:	No
	Weight:	31500 lbs	Description:	Soups
	Notes:	1/27-1/28 7am-3pm		

Carrier Pay: Line Haul: \$1700.00, **TOTAL: \$1700.00 USD**


Accepted By: Shawn Popovic **Date:** _____ **Signature:** _____

Driver Name: _____ **Cell #:** _____ **Truck #:** _____ **Trailer #:** _____

DON'T PUT TRUCK#, TRAILER#, YOUR COMPANY NAME OR ANY OTHER INFORMATION ON BOL!
Only if the shipper asks to put truck and trailer # you can do that

Please confirm the freight is on pallets before leaving the site

CARRIER MUST SEND PICTURES OF BOL, FREIGHT AND SEAL IMMEDIATELY AFTER PICK UP
OTHERWISE \$100 CHARGE WILL BE APPLIED

Date: 01/26/2024		BILL OF LADING		Page: 1
SHIP FROM Name: Campbells c/o NFI Industries Address: 2610 Clark West Rd. City/State/Zip: Fayetteville / NC / 28312 SID#: _____ FOB: <input type="checkbox"/>		Bill of Lading Number: 00510000181798648  CSC BOL#: 0018179864		
SHIP TO Name: GROCERY OUTLET WHS Location #: #95 - PORTLAND Address: 20016 NE SANDY BLVD City/State/Zip: PORTLAND / OR / 97230 CID#: _____ FOB: <input type="checkbox"/>		CARRIER NAME: TRANSPLACE TRANSMATCH Trailer number: 242142 Seal_Nbr: _____ Broker Name: _____ CPU arranged by: _____ SCAC: TXTV Pro number: _____		
THIRD PARTY FREIGHT CHARGES BILL TO Name: US BANK POWER TRACK Address: 1000 E WARRENVILLE RD City/State/Zip: NAPERVILLE / IL / 60563		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>		
SPECIAL INSTRUCTIONS: DELIVERY BY 01/31/2024 TIME 12:00 PM DIST - DO NOT FREEZE		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		


CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER			# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO		
1235353			1432	24416.648 lbs	Y	N	0889634253 Stop# 2		
GRAND TOTAL			1432	24416.648					

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	VOLUME	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 2101 of NMFC.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE					NMFC #	CLASS
1	PAL	65	CAS	1770.665 lbs	57.33		V8 ORIG SLEEK 115FO 12CA		
7	PAL	669	CAS	9053.463 lbs	310.887				
4	PAL	405	CAS	9533.005 lbs	213.805		Soups and broths and preparations thereof		
3	PAL	293	CAS	4059.515 lbs	89.365		Pasta whether or not cooked or stuffed		
15		1432		24416.648	671.387		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"/>
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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).


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. 01/26/2024 3:58 PM Shipper Signature
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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. <i>Gene Hand</i> 01/26/2024 3:58 PM	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input 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.  01/26/2024 Property described above is received in good Order, except as noted.
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**WARNING**



OVERLOAD HAZARD
Overloaded trailer may result in serious injury or death
Never exceed Gross Vehicle Weight Rating (GVWR).
Before loading the trailer, verify the cargo capacity in VIN/Serial No. tag for maximum load.

Date:		BILL OF LADING				Page 1 of _____			
SHIP FROM						Bill of Lading Number: <u>76998</u> <div style="text-align: center; font-size: 1.2em; color: gray;">BAR CODE SPACE</div>			
Name: Gateway Distribution Address: 3250 Perkins Ave City/State/Zip: Cleveland, OH, 44114 SID#: _____ FOB: <input type="checkbox"/>									
SHIP TO									
Name: New England Express, Inc. Location #: _____ Address: 4043 W 52nd Pl. City/State/Zip: Chicago, IL 60632 CID#: _____ FOB: <input type="checkbox"/>									
THIRD PARTY FREIGHT CHARGES BILL TO:						CARRIER NAME: <u>Riki Transportation INC dba BRZ</u> Trailer number: Seal number(s): SCAC: Pro number: <div style="text-align: center; font-size: 1.2em; color: gray;">BAR CODE SPACE</div>			
Name: Address: City/State/Zip:									
SPECIAL INSTRUCTIONS:									
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO			
			31500	Y	N	sugar			
				Y	N				
				Y	N				
				Y	N				
				Y	N				
				Y	N				
				Y	N				
				Y	N				
GRAND TOTAL									
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE			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		NMFC #	CLASS
						<div style="font-size: 1.5em; color: red; font-weight: bold;">RECEIVED BY</div> SL # _____ Print <u>PABO Out</u> Sign <u>[Signature]</u> Date <u>1/28/24</u> Seal _____ <div style="color: red; font-weight: bold;">shipper count and secure</div> GRAND TOTAL			
						<div style="color: blue; font-weight: bold;">RECEIVING</div> <div style="color: gray; font-weight: bold;">TAMP SPACE</div>			
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 <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 regulations of the DOT.</small>						Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver			
						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 the vehicle. Property described above is received in good order, except as noted.</small>			