

**Bill to:**

Best Logistics

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,

Invoice Date: 02/16/2024

Invoice #: 1579168

Terms: NET 30

Due Date: 03/16/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
02/15/2024		350 S ROHLWING RD, ADDISON, IL 60101 - 14449 W 100th St, Lenexa, KS 66215, USA			
			1	\$1,350.00	\$1,350.00

TOTAL
\$1,350.00

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

*** Load Confirmation ***

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TEAM: Green Team

Best Logistics

P.O. Box 336

Kernersville, NC 27285

PHONE: (336) 515-9001 ***FAX: 1 (866) 557-5170 *****Order: 1579168*****ORDER # MUST APPEAR ON ALL BILLING******DRIVER MUST CALL IN FOR DISPATCH*****Carrier: ZIGI FREIGHT INC**
Carrier ID: ZIGLOM**Phone:****Fax:****Date: 02/15/2024****Contact: Green Team**
PLEASE NOTE OUR NEW CONTACT NUMBERS BELOW:*Phone: (336) 515-9001 *****Fax: 1 (866) 557-5170 *****Reference: PO0603853****Instructions / Comments:**

ADDISON - JDE - PICK UP SOUTH SIDE OF BUILDING

Order	Miles: 506.0	Weight: 43500.0
	PU # 161566	Trailer: 53' Van Only
	BOL: 161566	Commodity: ROLL PAPER on pallets

PU 1	Name: ADDISON - JDE	Date: 02/15/2024 1300
	Address: 350 S ROHLWING RD	
	ADDISON IL 60101	Contact: (336) 515-9001
		Driver Assist: N

Reference number(s): PO PO0603853
Reference number(s): PO ZZ

SO 2	Name: MIDLAND PAPER LENEXA	Date: 02/16/2024 0800
	Address: 14449 W 100TH ST	
	LENEXA KS 66215	Contact: (336) 515-9001
		Driver Assist: N

Reference number(s): PO PO0603853
Reference number(s): PO ZZ**Payment Total Carrier Pay: \$1,350.00**

IN ORDER TO HAUL FOR BEST, ALL CARRIERS MUST INFORM DRIVERS OF MACROPOINT TRACKING REQUIREMENT. AT THE TIME OF BOOKING, ALL CARRIERS MUST PROVIDE VALID DRIVER PHONE NUMBER. DRIVERS MUST ACCEPT AND DOWNLOAD MACROPOINT APP BEFORE ARRIVING TO SHIPPER. SHOULD CARRIER/DRIVER NOT COMPLY, A \$100 FINE WILL BE IMPOSED. SUBMISSION OF SIGNED RATE CONFIRMATION VALIDATES THIS AGREEMENT.

NOTE: ELD COMPLIANCE VIA MACROPOINT IS ALSO ACCEPTABLE.

Agreement

Please sign below

STANDARD TERMS ARE PAYMENT MADE 28 DAYS FROM RECEIPT OF LEGIBLE SIGNED BILL OF LADING, INVOICE, AND LUMPER RECEIPT (IF APPLICABLE).

ALL EXTRA CHARGES MUST BE PRE-APPROVED BY BEST REPRESENTATIVE THAT BOOKED LOAD. ALL EXTRA CHARGES MUST BE BILLED WITH RECEIPT & BOL.

DRIVER MUST REPORT ANY OVERAGES, SHORTAGES, OR DAMAGED PRODUCT IMMEDIATELY.

CARRIER CERTIFIES THAT THEY HOLD THE APPROPRIATE LISCENCES AND AUTHORITIES AND MAINTAIN THE APPROPRIATE INSURANCE COVERAGES AS REQUIRED BY REGULATION TO PERFORM THIS TRANSPORTATION ON BEHALF OF BEST LOGISTICS.

ANY DOUBLE BROKERAGE WILL RESULT IN NON-PAYMENT. CONFIRMATION OF THE ACTUAL CARRIER OF THIS LOAD WILL BE MADE BEFORE PAYMENT IS RELEASED.

FINES IMPOSED FOR LATE PICKS AND LATE DELIVERIES.

**To Expedite Payment: Email All invoices and Signed POD as attachments to: CarrierAP@shipwithbest.com
(PICTURES IN EMAIL BODY WILL NOT BE ACCEPTED)**

In the SUBJECT LINE Reference ORDER NUMBER 1579168

608 1-27-16

Bonnie R

02/15/2024

Michel

(689) 222-1097

723

W97972

(X) Accept

() Decline



Bill of Lading Number: 30140977

Date: 02/15/2024

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CUSTOMER ORDER INFORMATION

CUSTOMER PO NUMBER	SHIPMENT# / ORDER #	ITEM NUMBER/ END USER SKU/ DESCRIPTION	# OF PKGS	TYPE	NET WEIGHT (lbs)	LOT NUMBER	COO	HS CODE
PO0603853	8324688 9295570	2172 / 133960 60# HUSKY DIGITAL SMOOTH 12 X 18 CS CARTON PP/LF FOLIO DIGITAL - 89 stencil:	32.00	CT	1,047.68	DTY23M0606011WW	US	4802.57.4085
PO0603853	8324688 9295570	2172 / 133960 60# HUSKY DIGITAL SMOOTH 12 X 18 CS CARTON PP/LF FOLIO DIGITAL - 89 stencil:	32.00	CT	1,047.68	DTY23M0606012WW	US	4802.57.4085
PO0603853	8324688 9295570	2172 / 133960 60# HUSKY DIGITAL SMOOTH 12 X 18 CS CARTON PP/LF FOLIO DIGITAL - 89 stencil:	32.00	CT	1,047.68	DTY23M0606013WW	US	4802.57.4085
PO0603853	8324688 9295570	2172 / 133960 60# HUSKY DIGITAL SMOOTH 12 X 18 CS CARTON PP/LF FOLIO DIGITAL - 89 stencil:	32.00	CT	1,047.68	DTY23M0606014WW	US	4802.57.4085
PO0603853	8324688 9295570	2172 / 133960 60# HUSKY DIGITAL SMOOTH 12 X 18 CS CARTON PP/LF FOLIO DIGITAL - 89 stencil:	32.00	CT	1,047.68	DTY23M0607006WW	US	4802.57.4085
PO0603853	8324688 9295570	2172 / 133960 60# HUSKY DIGITAL SMOOTH 12 X 18 CS CARTON PP/LF FOLIO DIGITAL - 89 stencil:	32.00	CT	1,047.68	DTY23M0607007WW	US	4802.57.4085
		PAGE SUBTOTAL	192.00		6,288.08			



BILL OF LADING

Date: 02/15/2024

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SHIP FROM

Name: EG c/o ADDISON - JDE
Address: 350 S ROHLWING RD
REPORT TO DOOR 1 NORTHSIDE EG
ADDISON IL 60101
SID#: 161566

Bill of Lading: 30140977



BLQV30140977

SHIP TO

Name: MIDLAND PAPER LENEXA
Address: 14449 W 100TH ST
LENEXA KS 66215

Trailer Number: 97032

SCAC/Carrier Name: BLQV / BEST LOGISTICS

Seal number(s): 0

Freight Terms: Hold for Truckload

Pro number:

Point of Lading: ADDISON/IL/60101

INCOTERMS 2020: CPT LENEXA KS 66215

Customs Broker:

Filer Code:

End Customer PO # :

Importer of Record:

☐ Master Bill of Lading:
(With attached underlying Bills of Lading)

DELIVERY INSTRUCTIONS:

Call 847-777-2700 or Kowhse @midlandcoo.com Rec Hours 9 to 2pm, reference Midland PO when emailing for delivery appointment.

Seal breach : Appeler si violation du sceau. \ Call if seal has been tampered @ 514-848-5555, ext.: 85099 during business hours/ durant les heures d'affaires.
After business hours/ Apres les heures d'affaires. @ 1-800-461-2771.

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# OF PKGS	NET WEIGHT	PALLET	ADDITIONAL SHIPPER INFO
See Attachment				
GRAND TOTAL	144722.00	41,968.00		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		GROSS WEIGHT	H (M)	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.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
39.00	PLT	144722.00	EA	44,092.00			150550-5	55 - Paper for printing in boxes or wrapped rolls.
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: If any provision of this BOL, any tariffs or rate schedules conflict with the terms of agreement signed between the Shipper and the Carrier, the terms of the agreement will control.

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. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE _____

Trailer Loaded:

- ☐ By Shipper
☐ By Driver

Freight Counted:

- ☐ By Shipper
☐ By Driver/Pallets said to contain
☐ By Driver

CARRIER SIGNATURE / PICKUP DATE _____


These commodities were exported either from the United States in accordance with the Export Administration Regulations or from Canada in accordance with Canada's Export Control as the case may be. Diversion contrary to the applicable law is prohibited. ECCN: EAR99



BILL OF LADING

Date: 02/15/2024

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SHIP FROM				Bill of Lading: 30140977					
Name: EG c/o ADDISON - JDE Address: 350 S ROHLWING RD REPORT TO DOOR 1 NORTHSIDE EG ADDISON IL 60101 SID#: 161566				 BLQV30140977					
SHIP TO				Trailer Number: 97032					
Name: MIDLAND PAPER LENEXA Address: 14449 W 100TH ST LENEXA KS 66215				SCAC/Carrier Name: BLQV / BEST LOGISTICS					
				Seal number(s): 0					
				Freight Terms: Hold for Truckload					
				Pro number:					
SOLD TO				Point of Lading: ADDISON/IL/60101					
Name: MIDLAND PAPER (LENEXA)*** Address: 14449 W 100TH ST AUTO EMAIL INVOICE LENEXA KS 66215				INCOTERMS 2020: CPT LENEXA KS 66215					
				Customs Broker:					
				Filer Code:					
THIRD PARTY FREIGHT CHARGES BILL TO				End Customer PO #:					
Name: DOMTAR Address: PO BOX 809 FORT MILL SC 29716 <i>DAVID CORREIA</i>				Importer of Record:					
				<input type="checkbox"/> Master Bill of Lading: (With attached underlying Bills of Lading)					
DELIVERY INSTRUCTIONS: Call 847-777-2700 or Kcwhse@midlandco.com Rec Hours 9 to 2pm, reference Midland PO when emailing for delivery appointment. 2/16/24									
Seal breach : Appeler si violation du sceau. \ Call if seal has been tampered @ 514-848-5555, ext.: 85099 during business hours/ durant les heures d'affaires. After business hours/ Apres les heures d'affaires. @ 1-800-461-2771.									
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER		# OF PKGS		NET WEIGHT		PALLET		ADDITIONAL SHIPPER INFO	
See Attachment									
GRAND TOTAL		144722.00		41,968.00					
CARRIER INFORMATION								LTL ONLY	
HANDLING UNIT		PACKAGE		GROSS 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.</small>	NMFC #	CLASS 55 - Paper for printing in boxes or wrapped rolls.	
QTY	TYPE	QTY	TYPE						
39.00	PLT	144722.00	EA	44,092.00		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.						COD Amount: \$			
The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____						Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>			
						Customer check acceptable: <input type="checkbox"/>			
NOTE: If any provision of this BOL, any tariffs or rate schedules conflict with the terms of agreement signed between the Shipper and the Carrier, the terms of the agreement will control.									
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. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.			
SHIPPER SIGNATURE / DATE				Trailer Loaded:		Freight Counted:		SHIPPER SIGNATURE	
				<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/Pallets said to contain <input type="checkbox"/> By Driver			
								CARRIER SIGNATURE / PICKUP DATE	

These commodities were exported either from the United States in accordance with the Export Administration Regulations or from Canada in accordance with Canada's Export Control as the case may be. Diversion contrary to the applicable law is prohibited. ECCN EAR99