

**Bill to:**

CHOPTANK TRANSPORT INC
3601 CHOPTANK RD. PO BOX 99,
Preston,
MD,
21655

Invoice Date: 02/21/2024

Invoice #: 2249805

Terms: NET 30

Due Date: 03/21/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
02/19/2024		7700 NW 79th Pl, Medley, FL 33166 - 811 E Waterman St, Wichita, KS 67202			
			1	\$2,099.00	\$2,099.00

TOTAL
\$2,099.00

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 #

2249805

Phone: 800-568-2240 Ext.828

Carrier:	ZIGI FREIGHT INC	Contact:	MIKE CVIJIC	Driver:	Daniel
	CHICAGO IL 60638	Phone:	(630) 485-7370	Cell:	(305) 988-4939
Date:	02/19/2024	Fax:	(630) 485-6980	Tractor:	735
				Trailer:	PTLZ232153

Order	Commodity: Apparel	Weight:	32000.0
	Miles: 1565.0	Trailer:	53 dry van
	Temp: CONTINUOUS	Reference:	54154
	Pallets:	Cases/Pieces:	24
PU 1	Name: Hanes Brands, Inc.	Date:	02/19/2024 1500
	Address: 7700 NW 79th Pl		Pallets in:
	MEDLEY FL 33166	Contact:	email
	Phone: (305) 406-2214	Driver Load:	N
Reference number:	PO 54154	Pieces:	Weight:
DEL 2	Name: KMS INC	Date:	02/22/2024 0800
	Address: 811 E Waterman St		Pallets in:
	WICHITA KS 67202	Contact:	
	Phone:	Driver Load:	N
Reference number:	PO 54154	Pieces:	Weight:

Payment	Carrier Freight Pay:	\$2,099.00
	Total Carrier Pay:	\$2,099.00

Instructions

Special instructions here

- THIS RATE CONFIRMATION WILL CONFIRM THE RATE & CONTRACT TERMS AGREED TO IN THE MASTER CARRIER CONTRACT BY CARRIER AND CHOPTANK.
- DRIVER MUST CALL CHOPTANK UPON ARRIVAL AND DEPARTURE @ EACH STOP AS WELL AS DAILY TRANSIT CHECK CALLS. FAILURE TO DO SO WILL RESULT IN A \$25 FINE FOR EACH OCCURENCE.
- TRACKING IS REQUIRED FOR ALL LOADS - FAILURE TO ACTIVATE TRACKING WHEN REQUESTED OR THE DEACTIVATION OF THE TRACKING PRIOR TO DELIVERY OF THE CARGO TO THE FINAL DESTINATION WILL RESULT IN A \$100 FINE, AND WILL DIMINISH THE DEFENSE OF ANY CARGO CLAIM.
- DRIVERS ARE RESPONSIBLE FOR CASE COUNT AND CONDITION OF THE FREIGHT.
- DRIVERS ARE RESPONSIBLE TO MAKE SURE SEALS ARE SECURE AND INTACT BEFORE LEAVING SHIPPER. SEAL INTEGRITY MUST BE MAINTAINED THROUGH DELIVERY. ONLY RECEIVER MAY BREAK SEAL. FAILURE TO ADHERE TO SEAL POLICY MAY RESULT IN REJECTION OF PRODUCT AND FULL CLAIM
- IF SHORTAGE, DAMAGE, DELAY OR ACCIDENT, CONTACT THE REP RESPONSIBLE FOR IMMEDIATE INSTRUCTION.
- IF DRIVER IS NOT LOADED/UNLOADED WITHIN A HOUR OF BEING ON-TIME, CONTACT THE CHOPTANK REP.
- LOADING/UNLOADING CHARGES AND PALLET FEES MUST BE AUTHORIZED DAY OF AND ORIGINAL RECEIPT MUST BE PRESENTED TO BE PAID.
- ALL EQUIPMENT MUST BE 102" WIDE UNLESS OTHERWISE NOTED AND FOR EXCLUSIVE USE ONLY. ALSO MUST BE CLEAN, DRY, ODOR FREE AND DAMAGE FREE.

SHIPMENTS TRANSITING CALIFORNIA

•CARRIER (AND ITS AGENT) CERTIFIES THAT ANY TRU (REFRIGERATED UNIT) EQUIPMENT FURNISHED WILL BE IN COMPLIANCE WITH THE "IN-USE" REQUIREMENTS OF CALIFORNIA'S TRU REGULATIONS.

REFRIGERATED FREIGHT

- ALL SHIPMENTS REQUIRING REFRIGERATION MUST HAVE THE CAPABILITY TO DOWNLOAD TEMPERATURE HISTORY OR HAVE A TEMPERATURE TRACKING DEVICE PLACED ON THE ORDER.
- ALL DRIVERS WILL ENSURE THAT THE PRODUCT WILL BE LOADED AT THE TEMPERATURE THAT IS REQUIRED FOR THE PRODUCT TO BE HAULED.
- REEFER UNIT MUST BE SET ON CONTINUOUS
- MUST BE CERTIFIED IN THE FOOD SAFETY MODERNIZATION ACT (FSMA)

SEND FREIGHT BILLS TO:

MAIL OR OVERNIGHT MAIL:

CHOPTANK TRANSPORT
P.O. BOX 99
3601 CHOPTANK RD
PRESTON, MD 21655

EMAIL/FAX:

ebilling@choptanktransport.com
(410) 305-7210

**** PLEASE REFERENCE LOAD
NUMBER ON BILLING INVOICE****

Load #
2249805

FACTORING COMPANIES DIRECT ALL INQUIRIES TO FACTOR@CHOPTANKTRANSPORT.COM

CHECK OUT OUR WEBSITE AT WWW.CHOPTANKTRANSPORT.COM

KMS, INC.

STRAIGHT BILL OF LADING (ORIGINAL NON NEGOTIABLE)

 CR: 232153
 Seq: 43941579
BOL 10760907Ref # 54154
Dry van 53'
HUB GROUP
 ▷ TRUCKLOAD

Pick up on Fri Feb 16 at Hanes Brands, Inc. 7700 NW 79th Place Suite D-1 Medley, FL 33166 US Maria (305) 406-2214 ext 2008 distribution@mciff.com	Deliver to KMS INC 811 E WATERMAN ST Wichita, KS 67202 US David Mercado (316) 260-6188 Dmercado@1kms.com
// Appointment required	// Appointment required
# Ref # 54154	# Ref # 54154
⌚ Ready by 08:30 AM, closes at 03:00 PM	⌚ Ready by 08:00 AM, closes at 04:00 PM

\$ Bill to: KMS INC. - 811 E. WATERMAN - Wichita, KS 67202 US - (316) 425-8023

Units	Pkg	HM	Description	Weight
24	Pallet		Apparel (48L 40W 84H) Contains: 892 Cases	32,000 lbs.
24	Total units and weight			32,000 lbs.

Hanes Brands, Inc. Units:	KMS INC Units:	Hub Group Units:
Sign: <u>MGTS 02/19/24</u> Date:	Sign: _____ Date:	Sign: _____ Date:

Notice: Freight moving under this Bill of Lading is subject to classifications and tariffs established by the carrier and are available to shipper upon request. This notice supersedes and negates any claimed oral or written contract, promise, representation, or understanding between parties, except to the extent of any written contract signed by both parties to the contract. Carrier certifies only AFB-compliant equipment will be dispatched on California highways or railways. Any unauthorized alteration or use of this Bill of Lading or the tendering of this shipment to any carrier other than that designated by company, may VOID company's obligations to make any payments relating to this shipment and VOID all rate quotes. All shippers, consignors, consignees, freight forwarders, or freight brokers are jointly and severally liable for the freight charges relating to this shipment.

I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/packaged, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Appt Date & Time 2/19/2024 3:00 PM
 Missing Appt Yes ☒ No ☐
 Arrival Time 2/19/24 2:30 PM
 Loading Start Time _____ End Time _____
 Driver Signature [Signature] 2/19/24
 Shipping Signature [Signature]

2/06/24

BILL OF LADING

Page 1

SHIP FROM

Hanes Brand Inc./AA
7700 NW 79 Place
Suite D-1
Medley, FL 33166
SID#: 0057742657/0057839971

FOB: ☐

Bill of Lading Number: 04000000002210061



(402) 04000000002210061

SHIP TO

KMS INC
811 E WATERMAN ST

WICHITA, KS 67202

CID#: 54154

US

FOB: ☐

CARRIER NAME: HUB GROUP

Trailer number:

232153

Seal number(s):

43941579

SCAC: HUBG

Pro number:

THIRD PARTY FREIGHT CHARGES BILL TO:

SPECIAL INSTRUCTIONS:

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

Prepaid _____ Collect X 3rd Party _____
☐
(check box)

Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT (LBS)	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
54154	892	31100.73	(Y) (N)	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
GRAND TOTAL	892	31101		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT (LBS)	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
892	Ctn	892	Ctn	31100.73		Clothing NOI NMFC Density <12 LBS/PCF	49880SIB7	92.0
25	PLS							
25								
892		892		31101		GRAND TOTAL		

Carrier's liability for loss, damage or delay is limited to:

Shipper _____ By _____
\$ _____ per lb
\$ _____ per shipment (truckload)

COD Amount: \$ _____

Fee Terms: Collect: ☐ Prepaid: ☐Customer check acceptable: ☐

NOTE Carrier's liability is for the actual loss unless otherwise agreed in contract, or stated above and signed by Shipper.

RECEIVED, subject to the written transportation contract between shipper and carrier, if applicable, otherwise subject to the terms and conditions of the shipper's standard transportation contract in effect on the date of shipment, which is available to the carrier on request. This shipment is not subject to any classification or tariffs which may be established by the carrier.

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, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

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 Department of Transportation emergency response guidebook or equivalent documentation in the vehicle.
Property described above is received in good order, except as noted.

KMS, INC.

STRAIGHT BILL OF LADING (ORIGINAL NON NEGOTIABLE)

CR: 232153
Seq: 43941579**BOL** 10760907Ref # 54154
Dry van 53'**HUB GROUP**

▷ TRUCKLOAD

Pick up on Fri Feb 16 at	Deliver to
Hanes Brands, Inc. 7700 NW 79th Place Suite D-1 Medley, FL 33166 US Maria (305) 406-2214 ext 2008 distribution@mciff.com	KMS INC 811 E WATERMAN ST Wichita, KS 67202 US David Mercado (316) 260-6188 Dmercado@1kms.com
// Appointment required	// Appointment required
# Ref # 54154	# Ref # 54154
⌚ Ready by 08:30 AM, closes at 03:00 PM	⌚ Ready by 08:00 AM, closes at 04:00 PM

\$ Bill to: KMS INC. - 811 E. WATERMAN - Wichita, KS 67202 US - (316) 425-8023

Units	Pkg	HM	Description	Weight
24	Pallet		Apparel (48L 40W 84H) Contains: 892 Cases	32,000 lbs.
24	Total units and weight			32,000 lbs.

Hanes Brands, Inc.

KMS INC

Units:

Hub Group

Units:

Sign:

Date:

Sign:

Date:


Sign:

Date:

Notice: Freight moving under this Bill of Lading is subject to classifications and tariffs established by the carrier and are available to shipper upon request. This notice supersedes and negates any claimed oral or written contract, promise, representation, or understanding between parties, except to the extent of any written contract signed by both parties to the contract. Carrier certifies only ARB-compliant equipment will be dispatched on California highways or railways. Any unauthorized alteration or use of this Bill of Lading or the tendering of this shipment to any carrier other than that designated by company, may VOID company's obligations to make any payments relating to this shipment and VOID all rate quotes. All shippers, consignees, consignees, freight forwarders or freight brokers are jointly and severally liable for the freight charges relating to this shipment.

I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/packaged, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Appointment: 2/19/2024 3:00 PM
 Loading Appointment: ☒
 Arrival Time: 2/19/24 2:30 PM
 Loading Start Time: ☐ End Time: ☐
 Driver Signature: *[Signature]* 2/19/24
 Loading Signature: *[Signature]*

SHIP FROM				SHIP TO				THIRD PARTY FREIGHT CHARGES BILL TO:				SPECIAL INSTRUCTIONS:							
Hanes Brand Inc./AA 7700 NW 79 Place Suite D-1 Medley, FL 33166 SID#:0057742657/0057839971								Bill of Lading Number: <u>0400000002210061</u>  (402) 0400000002210061											
KMS INC 811 E WATERMAN ST WICHITA, KS 67202 CID#:54154								CARRIER NAME: <u>HUB GROUP</u> Trailer number: <u>232153</u> Seal number(s): <u>43941579</u> SCAC: <u>HUBG</u> Pro number:											
US								FOB: <input type="checkbox"/>											
Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect <u>X</u> 3 rd Party _____																			
<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading																			
CUSTOMER ORDER INFORMATION																			
CUSTOMER ORDER NUMBER				# PKGS		WEIGHT (LBS)		PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO									
54154				892		31100.73		<input checked="" type="radio"/> (Y) <input type="radio"/> (N)											
								Y N											
								Y N											
								Y N											
								Y N											
								Y N											
GRAND TOTAL				892		31101													
CARRIER INFORMATION																			
HANDLING UNIT		PACKAGE		WEIGHT (LBS)		H.M. (X)		COMMODITY DESCRIPTION				LTL ONLY							
QTY	TYPE	QTY	TYPE					<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(a) of NMFC Item 350.</small>				NMFC #		CLASS					
892	Ctn	892	Ctn	31100.73								Clothing NOT NMFC Density <12 LBS/PCF		49880SUB7		92.0			
25	P/B																		
25																			
892		892		31101				GRAND TOTAL											
Carriers liability for loss, damage or delay is limited to: \$ _____ per lb \$ _____ per shipment (truckload)								COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>											
NOTE Carrier's liability is for the actual loss unless otherwise agreed in contract, or stated above and signed by Shipper.																			
RECEIVED, subject to the written transportation contract between shipper and carrier, if applicable, otherwise subject to the terms and conditions of the shipper's standard transportation contract in effect on the date of shipment, which is available to the carrier on request. This shipment is not subject to any classification or tariffs which may be established by the carrier.								The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <u>MG</u> Shipper Signature											
SHIPPER SIGNATURE / DATE <small>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.</small> <u>MG 02/19/24</u>								Trailer Loaded: <input 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 checked="" 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 Department of Transportation emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.</small> <u>MG 2/19/24</u>			

garriel