



**Bill to:**  
Swick Logistics LLC  
,  
,  
,

Invoice Date: 02/22/2024  
Invoice #: 38064  
Terms: NET 30  
Due Date: 03/22/2024

| Date       | Customer Ref # | Origin - Destination  | Quantity | Rate       | Amount     |
|------------|----------------|---|----------|------------|------------|
| 02/20/2024 |                | 4907 Callaghan Rd Sutt San Antonio TX 78228 - 13497 Fenway Blvd Ctr Hugo MN 55038 |          |            |            |
|            |                |   | 1        | \$2,400.00 | \$2,400.00 |

|              |
|--------------|
| <b>TOTAL</b> |
| \$2,400.00   |

**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**



SWICK LOGISTICS  
50 SOUTH MAIN STREET  
NAPERVILLE IL 60540

PRO # 38064 Rate Confirmation  
02/20/24 14:58:11 (EST)

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TED WALTERS  
(312) 724-7179 X 106 (p)  
ted@swicklogistics.com  
  
BRZ  
(708) 303-5150 (p)  
  
MC # 86875 Truck # 603  
DOT 3119062 Trailer # H03251  
Driver LAMAR RICHARD Cell # (512) 996-5129

Size & Type: VAN Description: ACSIS SUPPLIES Miles:  
Pieces: 12 Weight: 20000

| CHARGES        |         | DISPATCH NOTES |
|----------------|---------|----------------|
| LINE HAUL RATE | 2400.00 |                |
| TOTAL RATE     | 2400.00 |                |

PICK 1

JAB TRADING INDUSTRIES  
LLC  
4907 CALLAGHAN RD SUIT  
SAN ANTONIO TX 78228  
Hours : 1300-1530  
Phone/Contact: (210) 681-2188 CHRISTIAN

Appointment 02/20/24 @ 13:00

STOP 1

EAGLE BROOK OPERATIONS  
CENTER  
13497 FENWAY BLVD CIR  
HUGO MN 55038  
Hours : 0800

Appointment 02/22/24 @ 08:00

Carrier Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D

Send Carrier Bills to the Address Above

PRO # 38064 must appear on all Invoices

## SWICK LOGISTICS LLC - LEGAL DISCLAIMER FOR CARRIERS

### NOTICE TO MOTOR CARRIERS

This tendered shipment, provided by Swick Logistics LLC, is intended exclusively for the designated carrier engaged as a for-hire motor carrier in strict accordance with the terms outlined in this tender. In the absence of any separate transportation contract or interlining agreement established by mutual consent between the parties, any act involving the brokerage, transfer, tender, or any arrangement for an alternate motor carrier to transport the cargo specified in this tender may be subject to penalties under Federal law (49 USC 14916), resulting in potential fines of up to \$10,000 per tender.

Swick Logistics LLC Services explicitly prohibit any involvement in FMCSA violations, including but not limited to hours of service violations. Carriers are obliged to thoroughly review the Bill of Lading to ensure strict adherence to the terms outlined in the Rate Confirmation. Prior to departing from the shipper's location, carriers are required to provide essential information, including the Bill of Lading, piece count, photographs of the freight, and weight.

In the event of unexpected delays that may impede the timely fulfillment of scheduled appointments, it is imperative that carriers promptly communicate with our office. Under no circumstances are carriers authorized to directly engage with the shipper or receiver to modify appointment arrangements. Failure to meet scheduled appointments may result in rate deductions.

Carriers are expected to furnish verbal Proof of Delivery (POD) within one (1) hour following delivery. Any overages, shortages, or damages must be promptly reported to SWICK LOGISTICS LLC while the carrier is still present at the customer delivery location and clearly documented on the Bill of Lading. Prior to departing the delivery location, the carrier is responsible for obtaining a legible signature from the consignee.

All accessorial terms and charges require advance written approval from Swick Logistics LLC. The compensation for detention is assessed on a load-specific basis. Carriers must arrive punctually for scheduled appointments or within the "First-Come, First-Served" (FCFS) timeframe, and must notify Swick Logistics LLC at least 30 minutes prior to the commencement of any detention period. Unless otherwise specified in writing, the detention payment does not commence until at least 2 hours have elapsed.

Unsanctioned charges will not be honored. In cases where a true team (comprising 2 drivers with CDL) is not deployed, the carrier's rate may be subject to a 20% reduction, irrespective of the delivery being late or not. Carriers are required to provide transparent information about driver operating hours at the time of load booking. If a driver experiences delays in delivery due to a restart or a 10-hour break, the rate remains subject to deduction.

Any further reductions in the rate stemming from service failures with our clients shall be fully borne by the carrier. Failure to provide an invoice with a complete and legible set of paperwork within 30 days of delivery may result in a 20% rate deduction. Failure to provide the driver's name and contact number may lead to removal from the assigned load.

In the event of a vehicle breakdown during an expedited shipment, carriers assume responsibility for any additional charges incurred in ensuring the timely delivery of the shipment.

This notice is subject to change, and carriers are encouraged to stay informed of any revisions. By accepting this tender, carriers acknowledge their full compliance with the aforementioned terms and conditions.

### **\*\*\* FAILURE TO DO ANY OF THE FOLLOWING WILL RESULT IN A FINE \*\*\***

*Up to \$150 Fine for Not Accepting MacroPoint Tracking*

*Up to \$250 Fine for Late Delivery*

*All convention loads must have a SIGNED waiver for billing or be subject to a \$250 Fine.*

### **\*\*\* Please Note Standard Accessorial Fees \*\*\***

*Detention RATES \$35 PER HOUR AFTER 2 HOURS.*

*TONU Up to \$150*

*Layover up to \$250*


**Please email all invoices for billing to: [invoice@swicklogistics.com](mailto:invoice@swicklogistics.com)**



**TAZMANIAN**  
freight systems inc.

|            |             |            |             |
|------------|-------------|------------|-------------|
| Date       | Origin Code | Dest. Code | Waybill No. |
| 2024-02-20 | SAT - A     | MSP - C    | 2621361     |

**For shipment inquiries:**  
Toll Free: (888) 666-6277  
Phone: (210) 978-0440  
Fax: (210) 978-0441



SEAL # 1358110



13581



**Tazmanian**  
freight systems inc.

|            |             |           |             |
|------------|-------------|-----------|-------------|
| Date       | Origin Code | Dest.Code | Waybill No. |
| 2024-02-20 | SAT - A     | MSP - C   | 2621361     |

**For shipment inquiries:**  
Toll Free: (888) 666-6277  
Phone: (210) 978-0440  
Fax: (210) 978-0441



|   |   |   |   |  |  |  |   |             |   |   |   |  |  |
|---|---|---|---|--|--|--|---|-------------|---|---|---|--|--|
| S<br>H<br>I<br>P<br>P<br>E<br>R<br><br>C<br>O<br>N<br>S<br>I<br>G<br>N<br>E<br>E<br><br>T<br>H<br>I<br>R<br>D<br>P<br>A<br>R<br>T<br>Y  | <b>Name</b><br><b>JAB TRADING INDUSTRIES LLC</b>      |   | <b>BILL TO:</b><br><input checked="" type="checkbox"/> <b>SHIPPER</b> <input type="checkbox"/> <b>CONSIGNEE</b><br><input type="checkbox"/> <b>THIRD PARTY</b><br>BILLED TO SHIPPER IF NOT MARKED |  |  |  | The declared value for carriage of this shipment is agreed and understood to be \$50.00 or \$0.60 per pound, per piece, whichever is greater, unless a higher value is declared below and applicable charges paid thereon.<br><b>DECLARED VALUE FOR CARRIAGE</b> (enter amount) \$ _____<br><small>(Subject to the terms and conditions found @ <a href="http://www.tazmanian.com/terms">http://www.tazmanian.com/terms</a> the liability of Tazmanian Freight Systems, Inc. for loss/damage is as stated above.)</small>                                 |             |   |   |   |  |  |
|   | <b>Address</b><br><b>4907 CALLAGHAN RD, SUITE 119</b> |   |   |  |  |  | <b>PICK UP TYPE REQST'D</b><br><small>Taz selects if not marked</small>   |             | <b>SERVICE TYPE REQST'D</b><br><small>Delv'd 2nd day if not marked</small>  |   | <b>DELIVERY TYPE REQUESTED</b><br><small>Delivered Before 5PM if not marked</small> |  |  |
|   | <b>City</b><br><b>SAN ANTONIO</b>                     |   | <b>State</b><br><b>TX</b>   | <b>Zip (Required)</b><br><b>78228</b>  | <input checked="" type="checkbox"/> Regular<br><input type="checkbox"/> *Bus_Hrs Special<br><input type="checkbox"/> *Alt_Hrs Special<br><input type="checkbox"/> *Saturday<br><input type="checkbox"/> *Sunday<br><input type="checkbox"/> *Holiday<br><input type="checkbox"/> Shipper Drop-Off<br><input type="checkbox"/> *Inside<br><input type="checkbox"/> *Liftgate<br><input type="checkbox"/> *2 Man<br><input type="checkbox"/> *Limited Access<br><input type="checkbox"/> Other _____ |  | <input checked="" type="checkbox"/> Charter<br><input type="checkbox"/> Next Flight<br><input type="checkbox"/> Next Day<br><input type="checkbox"/> 2nd Day<br><input type="checkbox"/> 3rd Day<br><input type="checkbox"/> 4 - 5 Day<br><input type="checkbox"/> Expedited Truck (Hot Shot)<br><input type="checkbox"/> International<br><input checked="" type="checkbox"/> Truck Load<br><input type="checkbox"/> LTL (TGS)<br><input type="checkbox"/> Local Cartage<br><input type="checkbox"/> Warehousing<br><input type="checkbox"/> Other _____ |             | <input checked="" type="checkbox"/> Regular<br><input type="checkbox"/> *AM<br><input type="checkbox"/> *Bus_Hrs Special<br><input type="checkbox"/> *Alt_Hrs Special<br><input type="checkbox"/> *Saturday<br><input type="checkbox"/> *Sunday<br><input type="checkbox"/> *Holiday<br><input type="checkbox"/> Hold for Pickup<br><input type="checkbox"/> *Inside<br><input type="checkbox"/> *Liftgate<br><input type="checkbox"/> *2 Man<br><input type="checkbox"/> *Limited Access<br><input type="checkbox"/> Other _____ |   |   |  |  |
|   | <b>Sent by (Name/Dept)</b><br><b>CHRISTIAN</b>        |   | <b>Phone (Very Important)</b><br><b>2106812188</b>  |  | <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">           *Extra Charges may apply         </div>   |  | <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">           *Extra Charges may apply         </div>  |             |   |   |   |  |  |
| <b>Taz Acct No.</b><br><b>1013149</b>   |   | <b>Ref No. (First 30 characters will appear on invoice)</b>   |   |  |  |  |   |             |   |   |   |  |  |
| <b>Name</b><br><b>EAGLE BROOK OPERATIONS CENTER</b>   |   |   |   |  |  |  |   |             |   |   |   |  |  |
| <b>Address</b><br><b>13497 FENWAY BLVD CIR N</b>  |   |   |   |  |  |  |   |             |   |   |   |  |  |
| <b>City</b><br><b>HUGO</b>  |   | <b>State</b><br><b>MN</b>                                     | <b>Zip (Required)</b><br><b>55038</b>   | <b>SHIPPER'S SIGNATURE</b> (SUBJECT TO TERMS AND CONDITIONS FOUND @ <a href="http://www.tazmanian.com/terms">http://www.tazmanian.com/terms</a> )<br>X _____ SHIPPER'S SIGNATURE REQUIRED HERE |  |  |   |             |   | <b>F.C.C.O.D.</b>                             |   | <b>C.O.D.</b>  |  |
| <b>Attn (Name/Dept)</b><br><b>JAYSON ROWAN</b>  |   | <b>Phone (Very Important)</b><br><b>6122599324</b>            |   |  |  |  |   |             |   | <b>Taz Acct No.</b>                           |   | <b>Ref No. (First 30 characters will appear on invoice)</b>  |  |
| <b>SPECIAL INSTRUCTIONS</b>   |   |   |   | <b>DESCRIPTION</b>   |  | <b>WEIGHT</b>  |   | <b>PCS</b>  |   | <b>DIMENSIONS</b><br><small>L   W   H</small> |   |  |  |
| PRINT 30 CHARACTERS OF REFERENCE NO. WILL APPEAR ON INVOICE   |   |   |   | SUPPLY   |  | 18727  |   | 12          |   |   |   |  |  |
|   |   |   |   |  |  |  |   |             |   |   |   |  |  |
|   |   |   |   |  |  |  |   |             |   |   |   |  |  |
|   |   |   |   |  |  |  |   |             |   |   |   |  |  |
|   |   |   |   |  |  |  |   |             |   |   |   |  |  |
|   |   |   |   | WT & DIMS SUBJECT TO CORRECTION  |  | 18727  |   | 12          |   |   |   |  |  |
| <b>WAYBILL NO.</b><br><b>2621361</b>  |   | <b>PICKED UP BY: TAZMANIAN FREIGHT SYSTEMS, INC. OR AGENT</b> |   |  |  | <b>NO. PCS</b>   |   | <b>TIME</b> |   | <b>DATE</b>                                   |   | Your Complete<br>Transportation<br>And<br>Logistics Provider |  |
| <b>WHEN CALLING IN YOUR SHIPMENT, PLEASE HAVE THE FOLLOWING INFORMATION READY:</b>  |   |   |   |  |  | An identified problem is a gift in that it presents an opportunity for improvement. Please let us know how we can improve. |   |             |   |   |   |  |  |
| 1. City, State & Zip of your pick-up and your delivery locations<br>2. Number of pieces and total weight of the shipment<br>3. Exact dimensions of all pieces (always round up to the next inch)<br>4. Type of service you are requesting |   |   |   |  |  |  |   |             |   |   |   |  |  |
| <b>Received By (Consignee)</b>  |   |   |   |  |  | <b>No. PCS</b>   |   | <b>Date</b> |   | <b>Time</b>                                   |   |  |  |
| <b>Signature:</b> _____   |   |   |   |  |  |  |   |             |   |   |   |  |  |
| <b>Print Name:</b> <u>Jayson Rowan</u>  |   |   |   |  |  | Signature indicates all pcs received in good order unless otherwise noted.   |   |             |   |   |   |  |  |

Seal # 1358110 CH.

- \* Building was backed into \*
- \* There was damage to building

11:45 a.m. 2.22.24