



Bill to:
Best Logistics

Invoice Date: 02/23/2024
Invoice #: 1581065
Terms: NET 30
Due Date: 03/23/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
02/22/2024		8340 Beechcraft Ave Suite D, GAITHERSBURG, MD 20879 - 3500 S. Hamilton Rd, MUNCIE, IN 47302			
			1	\$900.00	\$900.00

TOTAL
\$900.00

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: Durham Team

Best Logistics

P.O. Box 336

Kernersville, NC 27285

PHONE: (919) 323-3198 ***FAX: 1 (919) 246-5992 *****Order: 1581065*****ORDER # MUST APPEAR ON ALL BILLING******DRIVER MUST CALL IN FOR DISPATCH*****Carrier: ZIGI FREIGHT INC**
Carrier ID: ZIGLOM**Phone:****Fax:****Date: 02/21/2024****Contact: Durham Team**
PLEASE NOTE OUR NEW CONTACT NUMBERS BELOW:*Phone: (919) 323-3198 *****Fax: 1 (919) 246-5992 *****Reference: 7249844CJ****Instructions / Comments:**

IBS Central Marlyand **CALL 1 HR AHEAD** - INTDAL01: DRIVER MUST ACCEPT MACROPOINT OR THERE WILL BE A \$100 FINE. DRIVER MUST INSPECT THE LOAD AND MATCH THE PICKUP# WITH THE PAPEROWRK. IF THE DRIVER FAILS TO CHECK HIS PAPEROWRK THERE WILL BE A \$50 IF WE NEED TO CORRECT THE PAPEROWRK, ALSO NO DETENTION WILL BE AWARDED. THE DRIVER MUST INSPECT THE LOAD AND APPROVE THE WAY THE SHIPPER LOADED HIS TRAILER. STRAPS OR LOAD LOCKS ARE ENCOURAGED. IF THE DRIVER MISSES THE DELIVERY APPOINTMENT AND DOES NOT MAKE US AWARE UNTIL AFTER THE APPOINTMENT HAS PASSED, IT IS A \$100 FINE.

IBS Central Marlyand **CALL 1 HR AHEAD** - INTDAL01: ALL DRIVERS MUST ACCEPT MACROPOINT TRACKING FOR THIS CUSTOMER. PLEASE CONTACT DISPATCHER IF YOU CANNOT COMPLY WITH THIS INSTRUCTION. FAILURE TO COMPLY WILL RESULT IN A RATE DEDUCTION OF \$100.00 OR GREATER DEPENDING ON WHAT THE CUSTOMER CHARGES.

IBS Central Marlyand **CALL 1 HR AHEAD** - INTDAL01: DRIVER MUST ACCEPT MACROPOINT OR THERE WILL BE A \$100 FINE. DRIVER MUST INSPECT THE LOAD AND MATCH THE PICKUP# WITH THE PAPEROWRK. IF THE DRIVER FAILS TO CHECK HIS PAPEROWRK THERE WILL BE A \$50 IF WE NEED TO CORRECT THE PAPEROWRK, ALSO NO DETENTION WILL BE AWARDED. THE DRIVER MUST INSPECT THE LOAD AND APPROVE THE WAY THE SHIPPER LOADED HIS TRAILER. STRAPS OR LOAD LOCKS ARE ENCOURAGED. IF THE DRIVER MISSES THE DELIVERY APPOINTMENT AND DOES NOT MAKE US AWARE UNTIL AFTER THE APPOINTMENT HAS PASSED, IT IS A \$200 FINE.

Order	Miles: 515.0 PU # TLS0000363657 BOL: TLS0000363657	Weight: 43000.0 Trailer: 53' Van Only Commodity: BATTERY CORES ON SKIDS
PU 1	Name: IBS Central Marlyand **CALL 1 HR AHEAD** Address: 8340 Beechcraft Ave Suite D GAITHERSBURG MD 20879	Date: 02/22/2024 0800 02/22/2024 1400 Contact: (919) 323-3198 Driver Assist: N
SO 2	Name: EHAW **CONF# 21078599** Address: 3500 S. Hamilton Rd MUNCIE IN 47302	Date: 02/23/2024 1000 Contact: (919) 323-3198 Driver Assist: N
Payment	Total Carrier Pay:	\$900.00

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.

**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 1581065

605 1-27-16

Marisa S.

02/21/2024

Nathan

818 314 1485

726

H03262

(X) Accept

() Decline



Date: 2/20/2024

BILL OF LADING - SHORT FORM - NOT NEGOTIABLE

Page 1 of 1

SHIP FROM		Bill of Lading No. TLS363657	
Interstate Batteries Recycling 8340 Beechcraft Ave Gaithersburg, MD 20879-5502		TRACKING #: 7249844CJ	
SHIP TO		Carrier Name:	
EHAU 3500 S. Hamilton Ave Muncie, Indiana 47302		Trailer number: Serial number(s):	
THIRD PARTY FREIGHT CHARGES BILL TO		SCAC:	
BEST LOGISTICS 829 Graves St Kernersville, NC 27284-3209		Pro Number:	
Freight Deduction Breakdown: NET WEIGHT 35,000-39,999 lbs - \$100 25,000-29,999 lbs - \$300 30,000-34,999 lbs - \$200 20,000-24,999 lbs - \$400		Freight Charge Terms (Freight charges are prepaid unless checked) Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> <input type="checkbox"/> Master bill of lading with attached underlying bill of lading	

CUSTOMER ORDER INFORMATION

Description	# of Pallets	Gross Weight	Additional Shipper Information
UN2794, Batteries, Wet, Filled with Acid, Electric Storage, Class 8, PG III (AUTO)	13	40044	Non Hazmat Load: 49 CFR 173.159(e) exemption applies
			Emergency Response Telephone Number
			Call CHEM-TEL 1-800-255-3924
			Contract: #MIS0002771
Grand Total			TOTAL GROSS WEIGHT OF SHIPMENT:

CARRIER INFORMATION

Handling Unit		Package					LTL Only	
Qty	Type	Qty	Type	Gross Weight	HM(X)	Commodity Description	NFMC No.	Class
						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(c) of NMFC Item 360		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value for the property as follows: The agreed or declared value of the property is specifically stated by the shipper to not be 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 USC 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 the 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 charges and all other lawful fees.

Shipper Signature _____

Shipper Signature / Date

2-22-24

Trailer Loaded:

☐ By shipper
☐ By driver

Freight Counted:

☐ By shipper
☐ By driver/pallets
said to contain
☐ By driver/pieces

Carrier Signature / Pickup Date

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.

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.



500-424-4749

3107

Gross Weight



500-424-4745

3207

Gross Weight



500-424-4739

3035

Gross Weight



500-424-4731

3139

Gross Weight



500-424-4746

3233

Gross Weight



500-424-4743

2991

Gross Weight



500-442-9501

3114

Gross Weight



500-424-4750

2964

Gross Weight



500-424-4747

3077

Gross Weight



500-424-4744

2976

Gross Weight



500-442-9502

3116

Gross Weight



500-424-4748

3151

Gross Weight

IBS OF CENTRAL MARYLAND
DIST #4696
301-330-0216
Pallet Weight Summary Sheet

Junk Receipt # TLS363657
Date 02/22/24

JUNK RECEIPT	
TOTAL RETURN	TOTAL
Gross Weight	40,044
Number of Pallets	13
Pallet Weight	520
Net Weight	39,524

Enter the junk receipt number and date and weight of each pallet from each of the pallet weight sheets in the shaded cells. All other cells have formulas and should not be input.

Record the net weight amounts, and the total number of pallets on the junk receipt form. The net weight is automatically calculated in this worksheet by subtracting the weight of the pallets (40 lbs each) from the gross weight.

Pallet #	1	2	3	4	5	6	7	8	9	10	SUBTOTAL
Pallet weight	3107	3035	2934	2991	2964	2976	3151	3207	3139	3233	30737
Pallet #	11	12	13	14	15	16	17	18	19	20	SUBTOTAL
Pallet weight	3114	3077	3116								9307



3500 S. Hamilton Ave.
Muncie, IN 47302
(765) 747-9980

40177

CODE / UNIT

CJ	_____
CPS	_____
PJ	_____
PP	_____
PO	_____
PS	_____
TJ	_____
TRS	_____

Customer / Vendor Interstate

Shipping Location _____

Carrier Kay 13

Tractor # 724

Trailer # H03262

Commodity Gravel

Vendor # _____

PO # _____

Receipt # _____

Lot # _____

Skids 13

CERTIFIED SCALE TICKET

GROSS

73640.1b
08:00 AM 02/23/24

TARE

33380.1b
08:48 AM 02/23/24

DEDUCTS

NET

Weighed by: AL