



Bill to:
Best Logistics

Invoice Date: 02/27/2024
Invoice #: 1581658
Terms: NET 30
Due Date: 03/27/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
02/25/2024		3101 Yorkmont Rd. Suite 2400, Charlotte, NC 28208 - MFJW+2W, Plano, IL 60545, USA			
			1	\$1,850.00	\$1,850.00

TOTAL
\$1,850.00

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 ***

Page 1

TEAM: Charlotte Team

Best Logistics

P.O. Box 336

Kernersville, NC 27285

PHONE: (704) 869-2174 ***FAX: 1 (866) 356-3436 *****Order: 1581658*****ORDER # MUST APPEAR ON ALL BILLING******DRIVER MUST CALL IN FOR DISPATCH*****Carrier: ZIGI FREIGHT INC**
Carrier ID: ZIGLOM**Phone:****Fax:****Date: 02/23/2024****Contact: Charlotte Team*****PLEASE NOTE OUR NEW CONTACT NUMBERS BELOW:****Phone: (704) 869-2174 *****Fax: 1 (866) 356-3436 *****Reference:****Instructions / Comments:**

Expeditors- Charlotte - EXPCLT: SEND COPY OF POD TO SCULLOP@SHIPWITHBEST.COM. Must be sent within 30 minutes of delivery or else carrier will receive a rate reduction.

Expeditors- Charlotte - EXPCLT: ****PLEASE SEND ALL PAGES OF THE POD AS SOON AS THE ORDER HAS DELIVERED****

Expeditors- Charlotte - EXPCLT: SEND COPY OF POD TO SCULLOP@SHIPWITHBEST.COM.

All PODs must be sent as soon as delivered.

Rate reductions on any PODs after 14 days will apply-

14 days- \$50

30+ days- \$100

Order	Miles: 807.0 PU # BOL:	Weight: 45000.0 Trailer: 53' Van Only Commodity:
PU 1	Name: Expeditors- Charlotte Address: 3101 Yorkmont Rd. Suite 2400 CHARLOTTE NC 28208	Date: 02/25/2024 0800 02/25/2024 1500 Contact: (704) 869-2174 Driver Assist: N
SO 2	Name: MENARDS DC Address: 14310 COUNTY ROAD 15 HOLIDAY CITY OH 43543	Date: 02/26/2024 0800 02/26/2024 1200 Contact: (704) 869-2174 Driver Assist: N
SO 3	Name: Menards INC Address: 3239 Plano DC bldg 221 eldamain rd, 2623 PLANO IL 60545	Date: 02/27/2024 0800 02/27/2024 1600 Contact: (704) 869-2174 Driver Assist: N
Payment	Total Carrier Pay:	\$1,850.00

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 1581658

605 1-27-16

Marisa S.

02/23/2024

Nathan

818 314 1485

726

H03262

(X) Accept

() Decline



Ship Date	Origin	Dest
02/23/24	CLT	DTW

Contract of Carriage

For Service Conditions, please refer to:
https://www.expeditors.com/Transcon_Service_Conditions

H250266504
Page 1 of 1

SHIPPER INFORMATION				CONSIGNEE INFORMATION			
Shipper Account # G3946454				Consignee Account # G1867864			
Shipper Name (From) AR Shelving Inc.				Consignee Name (To) Menards			
Address 8601 Six Forks Rd Suite 400				Address 14502 County Road 15			
City Raleigh	State NC	Country US	Code 27615	City Holiday city	State OH	Country US	Code 43554
Contact Ales Cantera		Phone 980-748-6530		Contact Joe Anderson		Phone 4194856900	
Shipper Reference				Consignee Reference HCD21847138			

Payment Method <input checked="" type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <small>If no payment method is selected, Shipper will be billed for all charges.</small>				Service Requested Dedicated		Handling Information	
THIRD PARTY INFORMATION				If no service level is selected, shipment moves Next Day or actual service provided. Special Instructions			
Third Party Account #							
Third Party Name (To)							
Address							
City	State	Country	Code				
Contact		Phone					
Third Party Billing Reference							

PIECES	DESCRIPTION	ACTUAL WEIGHT	LENGTH	WIDTH	HEIGHT	Declared Value for Carriage
17	SHELVING UNITS		60	20	50	<small>Expeditors liability for loss or damage shall be limited per the reverse hereof unless a higher amount is specified here</small> <u>\$ N.V.D.</u>
17	TOTAL PIECES	TOTAL WEIGHT 24850				Amount of Insurance <small>Insurance if insurance is requested in accordance with the conditions hereof, indicate amount to be insured here.</small> <u>\$ NIL</u>
						International Customs Value <u>\$ N.V.D.</u>

Does this shipment contain dangerous goods? ONE BOX MUST BE CHECKED

☒ No
 ☐ Yes - as per attached Shippers Declaration
 ☐ Yes - Shippers Declaration Not Required

SHIPPER HEREBY CONSENTS TO A SEARCH OR INSPECTION OF THE CARGO PURSUANT TO ANY APPLICABLE LAW OR REGULATION, INCLUDING 49 C.F.R. § 1548.9(b)

Shipper's Signature _____

Print Name _____

Date / Time _____

Received By: _____

I certify the goods have been received in good order and condition.

Print Name _____

Date _____ Time _____

Received By: _____

I certify the goods have been received in good order and condition.

Print Name _____

Date _____ Time _____

Received By: _____

I certify the goods have been received in good order and condition.

Print Name _____

Date _____ Time _____



H250266504

An original version of this image, which can always be generated upon request, sets forth terms and conditions of service on the reverse side of this page.

All services provided are subject to these terms and conditions.

ELECTRONIC IMAGE
 SUBJECT TO TERMS AND CONDITIONS

Ship Date	Origin	Dest
02/23/24	CLT	ORD

Contract of Carriage

For Service Conditions, please refer to:
https://www.expeditors.com/Transcon_Service_Conditions

H250266506

Page 1 of 1

SHIPPER INFORMATION

Shipper Account # G3946454			
Shipper Name (From) AR Shelving Inc.			
Address 8601 Six Forks Rd Suite 400			
City Raleigh	State NC	Country US	Code 27615
Contact Ales Cantera	Phone 980-748-6530		
Shipper Reference			

CONSIGNEE INFORMATION

Consignee Account # G2461970			
Consignee Name (To) MENARDS INC			
Address 3239 PLANO DC Bldg 221,2623 ELDAMAIN RD, 2623 Eld			
City PLANO	State IL	Country US	Code 60545
Contact Mr. John Button	Phone 630-552-2332		
Consignee Reference PLDC21847137			

Payment Method	<input checked="" type="checkbox"/> Prepaid	<input type="checkbox"/> Collect	<input type="checkbox"/> 3rd Party
----------------	---	----------------------------------	------------------------------------

If no payment method is selected, Shipper will be billed for all charges.

THIRD PARTY INFORMATION

Third Party Account #			
Third Party Name (To)			
Address			
City	State	Country	Code
Contact	Phone		
Third Party Billing Reference			

Service Requested Dedicated	Handling Information
If no service level is selected, shipment moves Next Day or actual service provided.	
Special Instructions	

PIECES	DESCRIPTION	ACTUAL WEIGHT	LENGTH	WIDTH	HEIGHT	Declared Value for Carriage
12	SHELVING		60	20	50	Expeditors liability for loss or damage shall be limited per the reverse hereof unless a higher amount is specified here <u>\$ N.V.D.</u>
12	TOTAL PIECES	TOTAL WEIGHT 17603				Amount of Insurance Insurance if insurance is requested in accordance with the conditions hereof, indicate amount to be insured here. <u>\$ NIL</u>
						International Customs Value <u>\$ N.V.D.</u>

Does this shipment contain dangerous goods? ONE BOX MUST BE CHECKED		
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - as per attached Shippers Declaration	<input type="checkbox"/> Yes - Shippers Declaration Not Required

Shipper's Signature	SHIPPER HEREBY CONSENTS TO A SEARCH OR INSPECTION OF THE CARGO PURSUANT TO ANY APPLICABLE LAW OR REGULATION, INCLUDING 49 C.F.R. § 1548.9(b)
Print Name	
Date / Time	

Received By:	
I certify the goods have been received in good order and condition.	
Print Name	
Date	Time

Received By:	
I certify the goods have been received in good order and condition.	
Print Name	
Date	Time

Received By:	
I certify the goods have been received in good order and condition.	
Print Name	
Date	Time



H250266506

An original version of this image, which can always be generated upon request, sets forth terms and conditions of service on the reverse side of this page.
 All services provided are subject to these terms and conditions.

ELECTRONIC IMAGE
 SUBJECT TO TERMS AND CONDITIONS

Ship Date	Origin	Dest
02/23/24	CLT	DTW

SPUT WAD

Contract of Carriage

For Service Conditions, please refer to:
https://www.expeditors.com/Transcon_Service_Conditions

H250266504
Page 1 of 1

SHIPPER INFORMATION				CONSIGNEE INFORMATION			
Shipper Account # G3946454				Consignee Account # G1867864			
Shipper Name (From) AR Shelving Inc.				Consignee Name (To) Menards			
Address 8601 Six Forks Rd Suite 400				Address 14502 County Road 15			
City Raleigh	State NC	Country US	Code 27615	City Holiday city	State OH	Country US	Code 43554
Contact Ales Cantera		Phone 980-748-6530		Contact Joe Anderson		Phone 4194856900	
Shipper Reference				Consignee Reference HCDC21847138			
Payment Method <input checked="" type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <small>If no payment method is selected, Shipper will be billed for all charges.</small>				Service Requested Dedicated 504058 <small>If no service level is selected, shipment moves Next Day or actual service provided.</small>			
THIRD PARTY INFORMATION				Handling Information 2024 FEB 26 AM 7:04 NEITHER PARTY ACCEPTS LIABILITY FOR LOSS OR DAMAGE TO CARGO			
Third Party Account #				Special Instructions Menards Inc. subject to count 02/26/24 apw			
Third Party Name (To)							
Address							
City	State	Country	Code				
Contact		Phone					
Third Party Billing Reference							
PIECES	DESCRIPTION	ACTUAL WEIGHT	LENGTH	WIDTH	HEIGHT	Declared Value for Carriage	
17	SHELVING UNITS		60	20	50	Expeditors liability for loss or damage shall be limited per the reverse hereof unless a higher amount is specified here \$ N.V.D.	
17	TOTAL PIECES	TOTAL WEIGHT	24850				
						Amount of Insurance	
						Insurance if insurance is requested in accordance with the conditions hereof, indicate amount to be insured here. \$ NIL	
						International Customs Value \$ N.V.D.	

Does this shipment contain dangerous goods? ONE BOX MUST BE CHECKED

☒ No ☐ Yes - as per attached Shippers Declaration ☐ Yes - Shippers Declaration Not Required

SHIPPER HEREBY CONSENTS TO A SEARCH OR INSPECTION OF THE CARGO PURSUANT TO ANY APPLICABLE LAW OR REGULATION, INCLUDING 49 C.F.R. § 1548.9(b)

Shipper's Signature

Print Name

Date / Time

Received By:

I certify the goods have been received in good order and condition.

Print Name

Date Time

Received By:

I certify the goods have been received in good order and condition.

Print Name

Date Time

Received By:

I certify the goods have been received in good order and condition.

Print Name

Date Time



An original version of this image, which can always be generated upon request, sets forth terms and conditions of service on the reverse side of this page.

All services provided are subject to these terms and conditions.

ELECTRONIC IMAGE
SUBJECT TO TERMS AND CONDITIONS

Ship Date	Origin	Dest
02/23/24	CLT	ORD

Contract of Carriage

For Service Conditions, please refer to:
https://www.expeditors.com/Transcon_Service_Conditions

H250266506

Page 1 of 1

SHIPPER INFORMATION

Shipper Account # G3946454			
Shipper Name (From)			
AR Shelving Inc.			
Address 8601 Six Forks Rd Suite 400			
City	State	Country	Code
Raleigh	NC	US	27615
Contact		Phone	
Ales Cantera		980-748-6530	
Shipper Reference			

CONSIGNEE INFORMATION

Consignee Account # G2461970			
Consignee Name (To)			
MENARDS INC			
Address 3239 PLANO DC Bldg 221,2623 ELDAMAIN RD, 2623 Eld			
City	State	Country	Code
PLANO	IL	US	60545
Contact		Phone	
Mr. John Button		630-552-2332	
Consignee Reference			
PLDC21847137			

Payment Method	<input checked="" type="checkbox"/> Prepaid	<input type="checkbox"/> Collect	<input type="checkbox"/> 3rd Party
If no payment method is selected, Shipper will be billed for all charges.			

THIRD PARTY INFORMATION

Third Party Account #			
Third Party Name (To)			
Address			
City	State	Country	Code
Contact		Phone	
Third Party Billing Reference			

Service Requested	Handling Information
Dedicated	
If no service level is selected, shipment moves Next Day or actual service provided.	
Special Instructions	

PIECES	DESCRIPTION	ACTUAL WEIGHT	LENGTH	WIDTH	HEIGHT
12	SHELVING		60	20	50
12	TOTAL PIECES	TOTAL WEIGHT	17603		

Declared Value for Carriage
Expeditors liability for loss or damage shall be limited per the reverse hereof unless a higher amount is specified here.
\$ N.V.D.
Amount of Insurance
Insurance if insurance is requested in accordance with the conditions hereof, indicate amount to be insured here.
\$ NIL
International Customs Value
\$ N.V.D.

Does this shipment contain dangerous goods? ONE BOX MUST BE CHECKED		
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - as per attached Shippers Declaration	<input type="checkbox"/> Yes - Shippers Declaration
		<input type="checkbox"/> Not Required

Shipper's Signature	SHIPPER HEREBY CONSENTS TO A SEARCH OR INSPECTION OF THE CARGO PURSUANT TO ANY APPLICABLE LAW OR REGULATION, INCLUDING 49 C.F.R. 1548.9(b)
Print Name	
Date / Time	

Received By:	
I certify the goods have been received in good order and condition.	
Print Name	
Date	Time

Received By:	
I certify the goods have been received in good order and condition.	
Print Name	
Date	Time



H250266506

An original version of this image, which can always be generated upon request, sets forth terms and conditions of service on the reverse side of this page.
 All services provided are subject to these terms and conditions.

ELECTRONIC IMAGE
 SUBJECT TO TERMS AND CONDITIONS

PL153765471

AT TIME OF DEPARTURE - NONSEALED VAN DOORS MUST BE OPEN FOR INSPECTION.
CARRIER TO GIVE COMPLETED FORM TO GATE GUARD UPON LEAVING YARD.

DATE _____

MENARDS

DISTRIBUTION CENTER DISCHARGE SLIP

PL153765471

THIS IS YOUR AUTHORITY TO EXIT THE PREMISES.

AT TIME OF DEPARTURE - NONSEALED VAN DOORS MUST BE OPEN FOR INSPECTION.
CARRIER TO GIVE COMPLETED FORM TO GATE GUARD UPON LEAVING YARD.

CARRIER NAME: ROYAL 3

TRAILER #: 80362

☒ EMPTY VAN

☐ EMPTY FLAT

☐ NON DC MERCHANDISE

☐ _____ EMPTY PALLETS

OUTBOUND SEAL #: _____

NUMBER OF PALLETS: _____

VAN FLAT IS BEING FORWARDED TO: ☐

☐

☐ BLDG 6A

☐ BLDG 21/22

☐ TRANS. OFFICE

☐ MIDWEST TRUSS

BOARD PLANT

STEEL PLANT

OTHER: _____

Brian Gensler

AUTHORIZED (READABLE) SIGNATURE

2/27/24

DATE

Ship Date	Origin	Dest
02/23/24	CLT	ORD

Contract of Carriage

For Service Conditions, please refer to:
https://www.expeditors.com/Transcon_Service_Conditions

H250266506
Page 1 of 1

SHIPPER INFORMATION				CONSIGNEE INFORMATION			
Shipper Account # G3946454				Consignee Account # G2461970			
Shipper Name (From) AR Shelving Inc.				Consignee Name (To) MENARDS INC			
Address 8601 Six Forks Rd Suite 400				Address 3239 PLANO DC Bldg 221,2623 ELDAMAIN RD, 2623 E1d			
City Raleigh	State NC	Country US	Code 27615	City PLANO	State IL	Country US	Code 60545
Contact Ales Cantera		Phone 980-748-6530		Contact Mr. John Button		Phone 630-552-2332	
Shipper Reference				Consignee Reference PLDC21847137			
Payment Method <input checked="" type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <small>If no payment method is selected, Shipper will be billed for all charges.</small>				Service Requested Dedicated			
THIRD PARTY INFORMATION Third Party Account # Third Party Name (To) Address City State Country Code Contact Phone Third Party Billing Reference				Handling Information If no service level is selected, shipment moves Next Day or actual service provided. Special Instructions			

*Blomberg N: 2-2-2
 MENARDS INC: 4444
 2/27/24
 SUBJECT TO COUNT*

PIECES	DESCRIPTION	ACTUAL WEIGHT	LENGTH	WIDTH	HEIGHT	Declared Value for Carriage
12	SHELVING		60	20	50	Expeditors liability for loss or damage shall be limited per the reverse hereof unless a higher amount is specified here. \$ N.V.D.
12	TOTAL PIECES	TOTAL WEIGHT 17603				Amount of Insurance Insurance if insurance is requested in accordance with the conditions hereof, indicate amount to be insured here. \$ NIL
						International Customs Value \$ N.V.D.

Does this shipment contain dangerous goods? ONE BOX MUST BE CHECKED

☒ No ☐ Yes - as per attached Shippers Declaration ☐ Yes - Shippers Declaration Not Required

SHIPPER HEREBY CONSENTS TO A SEARCH OR INSPECTION OF THE CARGO PURSUANT TO ANY APPLICABLE LAW OR REGULATION, INCLUDING 49 C.F.R. § 1548.9(b)

Shipper's Signature
 Print Name
 Date / Time

Received By:
 I certify the goods have been received in good order and condition.
 Print Name
 Date Time

Received By:
 I certify the goods have been received in good order and condition.
 Print Name
 Date Time

Received By:
 I certify the goods have been received in good order and condition.
 Print Name
 Date Time



H250266506

An original version of this image, which can always be generated upon request, sets forth terms and conditions of service on the reverse side of this page.
 All services provided are subject to these terms and conditions.

ELECTRONIC IMAGE
 SUBJECT TO TERMS AND CONDITIONS

DISTRIBUTION CENTER DISCHARGE SLIP

THIS IS YOUR AUTHORITY TO EXIT THE PREMISES.
AT TIME OF DEPARTURE - NONSEALED VAN DOORS MUST BE OPEN FOR INSPECTION.
 CARRIER TO GIVE COMPLETED FORM TO GATE GUARD UPON LEAVING YARD.

TRAILER #: H03236

☐ EMPTY FLAT

☐ _____ EMPTY PALLETS

OUTBOUND SEAL #: _____

NUMBER OF PALLETS: 812

☐

☐ BLDG 21/22

☐ TRANS. OFFICE

BOARD PLANT

STEEL PLANT

OTHER: _____

AUTHORIZED (READABLE) SIGNATURE

DATE _____

349