

**Bill to:**

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

Invoice Date: 03/08/2024

Invoice #: 2257943

Terms: NET 30

Due Date: 04/08/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
03/07/2024		2424 N Westmoreland Rd, Dallas, TX 75212, USA - 1010 Imperial Ln, Huffman, TX 77336, USA			
			1	\$600.00	\$600.00

TOTAL
\$600.00

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 ***

Team 26A

Page 1

Load #
2257943

Phone: 800-568-2240 Ext. 597

Carrier: ZIGI FREIGHT INC CHICAGO IL 60638	Contact: Mike Phone: Fax:	Driver: Hernandez Cell: (571) 223-8045 Tractor: 736 Trailer: W94929
Date: 03/07/2024		

Order	Commodity: Dry Goods (Non Food)	Weight: 38346.0
	Miles: 239.0	Trailer: 53 dry van
	Temp: CONTINUOUS	Reference: LD002626171
	Pallets:	Cases/Pieces: 1

PU 1	Name: METTLER PACKAGING	Date: 03/07/2024 1300	Pallets in:
	Address: 2424 N WESTMORELAND RD		Pallets out:
	DALLAS TX 75212	Contact: DTTW3@dallastransfer.com Lisa.	
	Phone: (214) 631-5060	Driver Load: N	
Reference number:	11 61384	Pieces: 0	Weight: 0.0
Reference number:	BM LD002626171	Pieces: 0	Weight: 0.0
Reference number:	CN LD002626171	Pieces: 0	Weight: 0.0
Reference number:	CO LD002626171	Pieces: 0	Weight: 0.0
Reference number:	PO 7356326	Pieces: 1176	Weight:
Reference number:	SI LD002626171	Pieces: 0	Weight: 0.0
Reference number:	SI SN457311	Pieces: 0	Weight: 0.0

DEL2	Name: CVS-HOUSTON	Date: 03/08/2024 0900	Pallets in:
	Address: 19802 IMPERIAL DRIVE 100		Pallets out:
	HOUSTON TX 77073	Contact: VERONICA CLARK Debra.Bickford	
	Phone: (936) 125-1501	Driver Load: N	
Reference number:	CO LD002626171	Pieces: 0	Weight: 0.0
Reference number:	PO 7356326	Pieces: 1176	Weight:
Reference number:	SI SN457311	Pieces: 0	Weight: 0.0
Reference number:	AO 5564168	Pieces:	Weight:

Payment	Carrier Freight Pay:	\$600.00
	Total Carrier Pay:	\$600.00

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 #
2257943

FACTORING COMPANIES DIRECT ALL INQUIRIES TO FACTOR@CHOPTANKTRANSPORT.COM

CHECK OUT OUR WEBSITE AT WWW.CHOPTANKTRANSPORT.COM

Mike

Zivanovic

(X) Accept

() Decline



Choptank Transport has contracted with Pegasus/TRANSFLO Express to get all of your documents in easier, faster and with more certainty than in the past. You will be able to get your trip information to us in a matter of minutes instead of days.

TRANSFLO Express allows you to have your documents scanned at 500 truck stop locations throughout the country and get immediate confirmation that the documents have been sent. In addition, you will be able to log onto the Internet and not only view your documents, but also see exactly when they were delivered to Choptank Transport. This process is integrated with our billing and payroll systems, helping to ensure accurate, on-time settlement of your trips.

How does it work

Fax to 410-673-2724 (no fee charged)

E-mail to "ebilling@choptanktransport.com" (no fee charged)

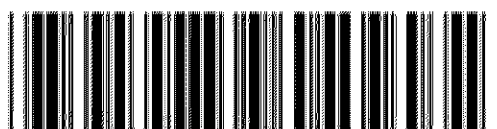
or via TRANSFLO (instructions below)

- Fill out your trip sheet
- Remove all staples & paper clips
- Place the documents you normally mail in a neat stack behind the trip sheet
- Hand the documents to the cashier at the fuel desk at any of 500 scan stations nationwide
- The cashier scans your documents, prints a receipt and hands back to you immediately after scanning
- You pay nothing at the truck stop for the service
- It is billed to Choptank Transport and will be deducted from your settlement just like TripPak is today.

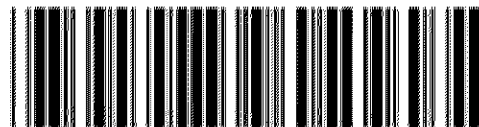
CARRIER NAME: _____

ORDER NUMBER: _____

NUMBER OF PAGES (Include this page in your count): _____



C K T H

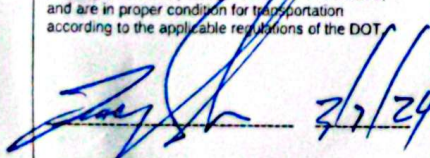


C K T H

Date: 08 Mar 2024

BILL OF LADING

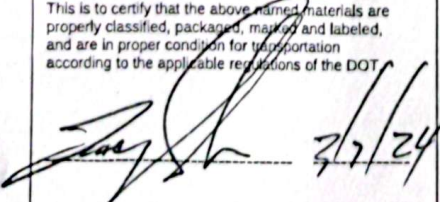
Page 1

SHIP FROM									
Name: METTLER PACKAGING				Bill of Lading Number: LD002626171					
Address: 2424 WESTMORELAND ROAD				Quote #:					
City/State/Zip: DALLAS, TX 75212									
SID#: SUP 30579 75212 01									
SHIP TO				CARRIER NAME: HUB GROUP					
Name: CVS-HOUSTON				Trailer Number:					
Address: 19802 IMPERIAL DRIVE 100				Seal Number(s) 57391486					
City/State/Zip: HOUSTON, TX 77073				SCAC: HUBG					
CID#:				Pro Number: 13955529001					
THIRD PARTY FREIGHT CHARGES BILL TO:				Services:					
Name: CVS Health									
Address: 1 CVS Drive									
MC 5035									
City/State/Zip: Woonsocket, RI 02895									
Special Instructions: Dallas Transfer Warehouse				Freight Charge Terms: (freight charges are prepaid unless marked otherwise)					
				Prepaid Collect <input checked="" type="checkbox"/> 3rd Party					
PO NUMBER(s): 7356326,				<input type="checkbox"/> Master Bill of Lading: with attached <input type="checkbox"/> (check box) Underlying Bills of Lading					
CUSTOMER ORDER INFORMATION									
PURCHASE ORDER NUMBER		# CASES		PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO			
7356326 - 982827		1176.0		Y N		PRESC BAGS CVS			
GRAND TOTAL									
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION/ SPECIAL INSTRUCTIONS			LTL ONLY		
QTY	TYPE	QTY	TYPE	WEIGHT	DIMS	H.M. (X)	<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 360</small>	NMFC #	
42.0	PLT	1176.0	CAS	38346.0	48.0 X 40.0 X 46.0 in		paper bags	70.0	
						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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
NOTE Liability Limitation for loss or damage is this shipment may be applicable. See 49 U.S.C. 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 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.									
SHIPPER SIGNATURE / DATE <small>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.</small>  3/7/24				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 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 DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.</small> 	

Date: 08 Mar 2024

BILL OF LADING

Page 1

SHIP FROM Name: METTLER PACKAGING Address: 2424 WESTMORELAND ROAD City/State/Zip: DALLAS, TX 75212 SID#: SUP 30579 75212 01							Bill of Lading Number: LD002626171 Quote #:		
SHIP TO Name: CVS-HOUSTON Address: 19802 IMPERIAL DRIVE 100 City/State/Zip: HOUSTON, TX 77073 CID#:							CARRIER NAME: HUB GROUP Trailer Number: Seal Number(s) E7391486		
THIRD PARTY FREIGHT CHARGES BILL TO: Name: CVS Health Address: 1 CVS Drive MC 5035 City/State/Zip: Woonsocket, RI 02895 Special Instructions: Dallas Transfer Warehouse							SCAC: HUBG Pro Number: 13955529001 Services:		
PO NUMBER(s): 7356326,							Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid Collect <input checked="" type="checkbox"/> 3rd Party		
<input type="checkbox"/> Master Bill of Lading: with attached Underlying Bills of Lading									
CUSTOMER ORDER INFORMATION									
PURCHASE ORDER NUMBER			# CASES		PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
7356326 - 982827			1176.0		Y N		PRESC BAGS CVS		
GRAND TOTAL									
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION/ SPECIAL INSTRUCTIONS			LTL ONLY		
QTY	TYPE	QTY	TYPE	WEIGHT	DIMS	H.M. (X)	NMFC #	CLASS	
42.0	PLT	1176.0	CAS	38346.0	48.0 X 40.0 X 46.0 in			70.0	
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 360									
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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
NOTE Liability Limitation for loss or damage is this shipment may be applicable. See 49 U.S.C. 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 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 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.  3/7/24				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 type="checkbox"/> 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 DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. _____	

CVS Pharmacy - Houston

19802 Imperial Valley Drive

Houston, TX 77073

PO#

Receiver

Date

Comments Below (Over/Short/Damaged)

1176cs