



Bill to:
FREIGHT SERVICES BROKERAGE

Invoice Date: 03/09/2024
Invoice #: 1610
Terms: NET 30
Due Date: 04/09/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
03/08/2024		IGT, 1300 Touhy Ave, Elk Grove Village, IL 60007 - 3308 W Miller Rd, Garland, TX 75041, USA			
			1	\$1,800.00	\$1,800.00

TOTAL
\$1,800.00

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

Freight Services Brokerage., LLC

3/8/2024

CARRIER RATE CONFIRMATION

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LOAD NUMBER 1610 MUST APPEAR ON YOUR INVOICE!

BOOKED BY Stan Maliauka

B/L# Original inv# 1610

PO#

CARRIER ZIGI FREIGHT INC

EQUIPMENT REQUIRED 53 van

BOOKED WITH Ana

WEIGHT 39000Lbs

PHONE 216-225-0861

TRAILER # REF #

FAX

CHARGES

TOLL FREE

\$1,800.00 FLAT RATE

204908

\$1,800.00 TOTAL

PICKUP 3/8/2024 12-13:30

IGT

1300 Touhy Ave

Elk Grove Village, IL 60007

CONTACT SHIPPING

PHONE

EMAIL

SHIPMENT DESCRIPTION

DELIVER 3/9/2024 9-14:00

DELIVERY #

Value Personal Limited

3302 W Miller Rd #300

Garland, TX, 75041

CONTACT RECEIVING

PHONE

EMAIL

SHIPMENT DESCRIPTION

Special Instructions:

- Charges may apply for late pick-ups and deliveries.
- It is the driver's responsibility to ensure that the load is safe, secure and legal for transport.
- Driver is required to check call daily by 10:00AM.

Carrier warrants that it is duly and legally qualified to provide the transportation services herein and holds at least \$1,000,000 in auto liability and cargo insurance of at least \$100,000. Accessorial charges must be stated above or agreed to in a subsequent signed rate confirmation between Broker and Carrier. Carrier must submit signed carrier confirmation(s) with Carrier's invoice, a legible copy or original proof of delivery. Unauthorized delayed service shall be charged to Carrier, not to exceed the actual charges assessed against Broker for which Carrier's actions are at fault. A minimum charge of \$100 shall apply to missed appointments. Carrier is prohibited from subcontracting this Load to any other Carrier or broker. Broker reserves the right to pay the delivering carrier directly and Carrier named below shall remain primarily liable as provided herein. Carrier shall defend, indemnify and hold harmless Broker, its shipper customer, and the bill of lading parties from any claims, actions or damages, arising out of Carrier's performance hereunder, including damages of any kind asserted against Broker for negligent hiring of Carrier, cargo loss and damage, theft, delay, damage to property, and personal injury or death. Carrier represents it has adequate coverage for towing and any towing invoice in excess of coverage shall be Carrier's sole responsibility. Broker shall be permitted to offset carrier payables for any loss, delay, shortage or damage. Carrier agrees that any loss or damage to customer's food grade cargo shall be considered a total loss. Carrier forfeits its right to be paid in the event Broker's freight is held hostage. Carrier payment terms are net 30 days from the date Broker receives Carrier's invoice, a legible copy or original proof of delivery, matching confirmation(s), and reimbursable receipts. If Fuel Surcharge is not separately stated, then Flat Rate is all inclusive. The Carrier, and any connecting Carrier, shall not receive for transport any freight that shall be excluded from coverage under its primary cargo policy. Delivery and pick-up dates and hours will not require the driver to violate hours of service regulations. Routing instructions are for informational purposes only. Carrier agrees that Broker's charges to its customers are confidential and need not be disclosed to Carrier. Carrier waives any rights it may have under 49 CFR §371.3 or any related or successor law or regulation. Food Safety: Carrier agrees to comply with the terms at: <https://carterms.modetransportation.com/regulatory/>

Carrier submit invoices via email to billing@fsbrokerage.org Load# must be included on your invoice with a copy of the P.O.D!

Invoices will not be paid without a P.O.D!

DRIVER MUST CALL FOR DISPATCH AT: Stan Maliauka, 216-312-0146

Signature _____ Position _____ Date _____

Carrier Signature Asta Mijao Position _____ MC# _____ Date _____

3/8/24, 2:41 PM

Bill of Lading Form | Printable Template

Bill of Lading

Ship From: SCD LOGISTICS 1300 TOUHY AVE ELK GROVE VILLAGE IL 60007 717-679-8919 SID#: _____ <input type="checkbox"/> FOB				Date: 8-March-2024 Bill of Lading No: <div style="text-align: center; font-weight: bold; font-size: 1.2em;">BARCODE SPACE</div>			
Ship To: _____ Location No: _____ Value Personal Limited 3302 W Miller Rd # 300, Garland, TX 75041 NAIKANG WANG 617-982-4483 CID#: _____ <input type="checkbox"/> FOB				Carrier Name: _____ Trailer No: _____ Seal Number(s): 183685 SCAC: _____ Pro No: _____ <div style="text-align: center; font-weight: bold; font-size: 1.2em;">BARCODE SPACE</div>			
Third Party Freight Charges - Bill To: _____				Freight Charge Terms (prepaid unless marked otherwise) <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> Master BOL: w/attached underlying BOLs			
Special Instructions: _____							

Customer Order Information				
Customer Order No.	# Pkgs.	Weight	Pallet/Slip (Y/N)	Additional Shipper Info
Totals				

Carrier Information							
Handling Unit		Package		Commodity Description		LTL Only	
QTY	TYPE	QTY	TYPE	Weight	H.M. (X)	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. <small>See Section 2(e) of NMFC Item 366</small>	NMFC No. / Class
3		113				98801184643 6661133975 TH-PO-VP-03294	
3		116				78439944715 6661135705 TH-PO-VP-03422	
1		27				78439944704 6661135683 TH-PO-VP-03409	
4		120				18015593266 6661129874 TH-PO-VP-03104	
11		376		Totals			

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 _____ FOB _____."	COD Amt. \$ _____ Fee Terms: <input type="checkbox"/> Collect <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer Check Acceptable		
NOTE: Liability Limitation for loss or damage in 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, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature _____		
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. Shipper Signature _____ Date _____	<table style="width:100%;"> <tr> <td style="width:50%;"> Trailer Loaded <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width:50%;"> Freight Counted <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces </td> </tr> </table>	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
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 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. Carrier Signature _____ Pickup Date _____		

Bill of Lading

Ship From: SCD LOGISTICS 1300 TOUHY AVE ELK GROVE VILLAGE IL 60007 717-679-8919 SID#: <input type="checkbox"/> FOB	Date: 8-March-2024 Bill of Lading No: <div style="text-align: center; font-weight: bold; font-size: 1.2em;">BARCODE SPACE</div>
Ship To: Location No: Value Personal Limited 3302 W Miller Rd # 300, Garland, TX 75041 NAIKANG WANG 617-982-4483 CID#: <input type="checkbox"/> FOB	Carrier Name: Trailer No: Seal Number(s): 183685 SCAC: Pro No: <div style="text-align: center; font-weight: bold; font-size: 1.2em;">BARCODE SPACE</div>
Third Party Freight Charges - Bill To:	Freight Charge Terms (prepaid unless marked otherwise) <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> Master BOL: w/attached underlying BOLs

Special Instructions:

Customer Order Information				
Customer Order No.	# Pkgs.	Weight	Pallet/Slip (Y/N)	Additional Shipper Info
Totals				

Carrier Information						LTL Only		
Handling Unit		Package		Weight	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(a) of MNMFC Item 368</small>	NMFC No.	Class
QTY	TYPE	QTY	TYPE					
3		113				98801184643 6661133975 TH-PO-VP-03294		
3		116				78439944715 6661135705 TH-PO-VP-03422		
1		27				78439944704 6661135683 TH-PO-VP-03409		
4		120				18015593266 6661129874 TH-PO-VP-03104		
11		376				Totals		

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

_____ FOB _____.

COD Amt. \$ _____

Fee Terms: ☐ Collect ☐ Prepaid☐ Customer Check Acceptable

NOTE: Liability Limitation for loss or damage in 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, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature _____

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.

Trailer Loaded

☐ By Shipper☐ By Driver

Freight Counted

☐ By Shipper☐ By Driver/pallets said to contain☐ By Driver/Pieces

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.

Shipper Signature _____ Date _____

Carrier Signature _____ Pickup Date _____