



Bill to:  
TA SERVICE  
,  
,  
,

Invoice Date: 03/11/2024  
Invoice #: TA#1166019  
Terms: NET 30  
Due Date: 04/11/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
03/08/2024		325 allied chemical road, GREEN RIVER, WY 82935 - 651 INDUSTRIAL DRIVE, NEOSHO, MO 64850			
			1	\$1,900.00	\$1,900.00

<b>TOTAL</b>
\$1,900.00

**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**

10866090  
LOGO

## Shipment Confirmation



**TA#:1166019**

**Driver must call TA Services for Dispatch**

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***Fax or Email signed confirmations to:***

Dana Shook  
Email: dshook@taservices.com  
Phone: 205-489-5335 ext: 4221

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**Carrier:** BRZ

Burbank

IL

604592734

**Contact:** Shawn Popovic

**Email:** shawn@rtbrz.com

**Phone:** 708-852-5539

**Fax:**

**Driver:** Mark

**Driver Cell:** 518-965-302-333-2768

**Truck #:** 822

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**TA #:** 1166019

**Miles:** 1047.0

**Items:** 0

**Commodity:** BAGGED ANIMAL FEED

**Weight:** 44720.0

**Trailer:** Van (DAT)

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**Pickup Info:**

Name: church & Dwight

Address: 325 allied chemical road

GREEN RIVER WY 82935

Phone: Main

307-872-8153

Date/Time

03/08/2024 0001

03/08/2024 2359

**Shipper Instructions**

Shipping hours

Open 24 hours including holidays

FCFS

1/10/23- CG

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**Delivery Info:**

Name: NUTRA BLEND RECEIVING

Address: 651 INDUSTRIAL DRIVE

NEOSHO MO 64850

Phone: MAIN

(800) 657-5657

Date/Time

03/11/2024 0800

03/11/2024 1600

**Consignee Instructions**

FCFS

DRIVER WILL CHECK IN AT DELIVERY ADDRESS AND BE DIRECTED TO OFFLOADING WAREHOUSE

**Payment Info: BRZ**

**Freight Pay:** \$1,900.00

**Total Carrier Pay:** \$1,900.00

**Terms & Conditions**

This contract is bound by the terms and conditions as stated in our carrier/broker agreement on file with your company. The TA Control Number listed above along with a SIGNED PROOF OF DELIVERY will be necessary for payment on this shipment. Your signature on this agreement acknowledges the required terms as stated on this load including pickup and delivery times. Any changes need to be communicated to TA services Inc dispatch to avoid late charges. \*\*\*It is the driver's responsibility to stay in compliance with FMC Guidelines as it relates to WEIGHT, WIDTH, and LENGTH of all cargo loaded from TA Services. Drivers will be responsible for all charges associated with any WEIGHT, WIDTH and LENGTH issues.\*\*\*

**\*Please submit invoices by one of the following\***

**Email:** [accounting@taservices.com](mailto:accounting@taservices.com)

**Fax:** 817-549-0286

**Mail:** TA Services Inc.  
PO Box 2127  
Birmingham, AL 35201

**\*\*\*Required documents for billing:\*\*\***

Invoice, Signed Rate Confirmation & Legible BOL (ALL PAGES)

**\*\*\*Settlements are paid through TRIUMPH PAY\*\*\***

Logon to [www.triumphpay.com](http://www.triumphpay.com) to set up your payment profile.

**Driver Name:**

Driver Cell:

Driver Email:

Tractor:

Trailer:

**10665050**

Date: 3/8/2024

## Bill of Lading

Page 1 of 1

SHIP FROM				Bill of Lading Number: 8005632030					
Name: Church & Dwight Co., Inc. Address: 325 ALCHEM RD City/State/Zip: GREEN RIVER, WY 82935				8005632030					
SID# 8005632030		<input type="checkbox"/> FOB		Carrier Name: PICK-UP ONLY					
SHIP TO				Trailer Number: 244742					
Name: NUTRA BLEND CORP		Location:		Seal Number(s): 097273					
Address: 3200 E 2ND ST NEOSHO, MO 64850				SCAC: ZZZZ					
City/State/Zip:				PRO NUMBER:					
CID#		<input type="checkbox"/> FOB							
THIRD PARTY FREIGHT CHARGES BILL TO									
Name:				Freight Charge Terms:					
Address:				<input type="checkbox"/> Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> Third Party					
City/State/Zip:				<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading					
If necessary for CPSIA 2008 General Certificate of Conformity information, please refer to: <a href="http://www.churchdwight.com/cpsc/certificates">http://www.churchdwight.com/cpsc/certificates</a>									
SPECIAL INSTRUCTIONS:									
[[ REQUEST DELIVERY ON 03/08/2024 ]] MUST SHIP ONE LOT PER PALLET PLEASE SEND COA's FOR ALL PRODUCTS TO: COC@nutrablend.net									
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (Circle One)		ADDITIONAL SHIPPER INFORMATION			
1397024		880	45808 lbs	(Y) N Y N		Ord# 0015038805			
GRAND TOTALS		880	45808 lbs						
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M (X)	COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional care or attention in handling or stowing must be marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360		NMFC#	CLASS
16	W	880	BG	44880 lbs		Sodium Bicarbonate		46220-2	55
				928 lbs		PALLET/SLIP			
16		880		45808 lbs		GRAND TOTALS (Weight in lbs)			
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 _____					For Freight Collect Shipments: If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement. The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges. Signature of Shipper _____				
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 _____				
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.  Kenia Ham-Hun				Trailer Loaded <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted <input checked="" 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.  5032805 03/08/2024 Mark Somkey	



AND SmartBOL Enterprise v10.2.9