



**Bill to:**  
ECHO GLOBAL LOGISTICS(ECHO)  
,  
,  
,

Invoice Date: 03/12/2024  
Invoice #: 57375671  
Terms: NET 30  
Due Date: 04/12/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
03/08/2024		10000 N Galena Rd, Peoria, IL 61615, USA - 337 Rochester Rd, Pittsburgh, PA 15237, USA			
			1	\$1,800.00	\$1,800.00

<b>TOTAL</b>
\$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**



Transportation Simplified™



Search, Bid, Book, Manage, Track, Get Paid.

Sign Up for EchoDrive Here:  
<https://echodrive.echo.com/>

Download EchoDrive from the App Store or Google Play store today!



## LOAD CONFIRMATION

24/7 DRIVER SUPPORT (855) 786-3246

Report All Issues, Delays and Additional Charges Immediately to 24/7 Driver Support  
Electronic Tracking Must Be Provided Throughout Transit

Call the Driver Support line and ask for Load Number 57375671

### ORDER 57375671

CARRIER	BRZ	***ORDER NUMBER(S) MUST APPEAR ON ALL BILLING***
Echo Rep	Colin Bickler	MODE: TL
Rep Phone	(312) 784-7490	
Rep Email	Colin.Bickler@echo.com	TRAILER TYPE: Van 53' TRAILER #:
Distance	606.94 Miles	Equipment Notes:
Note:		

Pursuant to our verbal agreement of 3/7/2024 between Echo Global Logistics, hereafter referred to as ECHO, and BRZ, MC086875/DOT3119062, hereafter referred to as CARRIER. Both parties agree that Broker's load number 57375671, moving on 03/08/2024 from PEORIA, IL to PITTSBURGH, PA (number of stops shown below) will move at the following rate:

Service for Load # 57375671	Amount	Rate	Extended
Line Haul	1.00	\$1,800.00	\$1,800.00
		Total	\$1,800.00

PAY SUMMARY	
Line Haul	\$1,800.00
Total:	\$1,800.00

BY MEANS OF EITHER SIGNING THIS LOAD CONFIRMATION OR ITS PROVISION OF SERVICE, CARRIER ACKNOWLEDGES AND AGREES THAT IT WILL TRANSPORT THE LOAD SUBJECT TO THE TERMS AND CONDITIONS OF ITS CARRIER AGREEMENT (THE "AGREEMENT") WITH ECHO AND THAT IT AGREES TO COMPLY WITH THE TERMS OF THIS LOAD CONFIRMATION. CARRIER AGREES THAT THE SHIPPER AND CONSIGNEE ARE EACH A THIRD-PARTY BENEFICIARY OF THE AGREEMENT AND THE TERMS OF THIS LOAD CONFIRMATION.

1. Echo tenders this Load as a broker only and Carrier accepts this Load as the motor carrier responsible for its transportation. This Load Confirmation governs the rate for this Load as of the date specified and hereby amends and is incorporated by reference and becomes part of the Agreement. Carrier represents and warrants that it agrees to the rate herein, said mutually agreed upon rates are reasonable and compensatory, that the freight would not have been tendered to Carrier at higher rates, and that no shipments handled under such rates will subsequently be subject to a later claim of undercharges.
2. All travel directions provided by Echo are for informational purposes only. It is Carrier's sole responsibility to lawfully and safely operate all vehicles and their contents over any road, highway, bridge and/or route in strict compliance with all applicable laws, rules and regulations. Carrier shall provide electronic tracking throughout transit of the Load. Carrier must immediately advise Echo if any delivery schedules, specifications, instructions, or requirements cannot be legally accomplished or if the avoidance of any fines, penalties or deductions would require or result in the violation of any laws or regulations. Carrier agrees to be CARB compliant when traveling to, from or through California and shall indemnify Echo and its customers from any loss or damage resulting from Carrier's failure to so comply.
3. Only the Carrier identified in this Load Confirmation is authorized to transport this shipment. Compensation may be withheld if this Load is double-brokered, moved by rail, consolidated with any other freight or if the agreed terms hereunder are not satisfied. Carrier agrees, and authorizes its factoring company, if any, to reimburse Echo for all amounts paid on this Load if it is transported by any carrier other than the Carrier identified herein. Carrier waives

all rights to payment from the shipper and/or consignee.

4. Carrier hereby confirms current and valid insurance coverage without exclusions in conflict with this Load, in amounts no less than the following: one million dollars (\$1,000,000) auto liability coverage, one million dollars (\$1,000,000) general liability coverage, \$100,000.00 cargo coverage, and workers compensation as required by law. If carrier's insurance policy contains a schedule of covered vehicles, Carrier will only transport this shipment using a vehicle that is listed as a scheduled vehicle on their insurance policy. Carrier further confirms that its cargo insurance covers the Item(s) listed below without exclusion.
5. Carrier confirms that the driver assigned to this load is licensed, qualified and has available hours of service sufficient to pick up, transport and deliver this Load as required hereunder. Driver is responsible for an accurate count of crates, pallets/skids, and pieces.
6. Trailer seals must be applied, with the seal number noted on the bill of lading, prior to departure from the shipper. A seal may not be broken with prior written approval from Echo management. Failure to deliver at the designated consignee with the proper seal intact will result in a claim for full value of the Load.

Pickup	
Cibes - Bella Elevator - Peoria	PKU#
10000 N GALENA RD	Earliest: 03/08/2024 10:00
PEORIA IL 61615	Latest: 03/08/2024 13:00
309-689-8090	Weight: 5000
: 0	Crates: 0
Item: Elevator Equipment	
Pickup INSTRUCTIONS	

Pickup	
Cibes Symmetry Bella - Roanoke	PKU#
509 W FRONT ST	Earliest: 03/08/2024 13:00
ROANOKE IL 61561	Latest: 03/08/2024 16:00
309-689-8090	Weight: 12000
: 0	Crates: 0
Item: Elevator Equipment	
Pickup INSTRUCTIONS	

Drop	
Access Elevator - Pittsburgh	DELV#
341 ROCHESTER RD	Earliest: 03/11/2024 09:00
PITTSBURGH PA 15237	Latest: 03/11/2024 09:00
412-855-0164	Weight: 17000
: 0	Crates: 0
Item: Elevator Equipment	
Drop INSTRUCTIONS	

#### INVOICE PAYMENT REQUIREMENTS:

- SIGNED BOL / SIGNED DELIVERY RECEIPT / SIGNED RATE CONFIRMATION SHEET.
- LOAD / UNLOAD / LUMPER RECEIPTS MUST ACCOMPANY INVOICING OR THEY WILL NOT BE PAID.
- MUST REFERENCE LOAD # ON ALL CORRESPONDENCES.
- ALL ACCESSORIAL CHARGES MUST BE PRE-APPROVED & BILLED WITH RECEIPT & POD.

#### SUBMIT INVOICE TO:

EMAIL  
[APTRUCKLOAD@ECHO.COM](mailto:APTRUCKLOAD@ECHO.COM)  
PHONE: (312) 824-6483



INSTAPAY  
[INSTAPAY@ECHO.COM](mailto:INSTAPAY@ECHO.COM)  
InstaPay Payment - 1.9% Fee\*  
IP Fax: (312) 784-2380  
\*Subject to terms and conditions as outlined in the Echo carrier packet

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

BILL OF LADING				BOL Number: 57375671					
<b>SHIP FROM</b>				Carrier: BRZ					
Name: Cibes - Bella Elevator - Peoria				Pro #:					
Address: 10000 N GALENA RD.,				BAR CODE SPACE					
City/State/Zip: PEORIA, IL, 61615				Pick up date: 3/8/2024					
Deb P: 309-689-8090 Ext.				Trailer #: Seal #:					
Stop Notes:									
<b>SHIP TO</b>				<b>REFERENCE INFORMATION</b>					
Name: Access Elevator - Pittsburgh									
Address: 341 ROCHESTER RD									
City/State/Zip: PITTSBURGH, PA, 15237									
Eric P: 412-855-0164 Ext.									
Stop Notes:									
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>									
Echo Global Logistics 600 W. Chicago, Suite 725 Chicago, IL 60654 UNITED STATES									
Freight Charge Terms: Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/>				Carrier Acct #: Quote ID:					
Special Instructions:   ECHO is not liable for any accessorial charges unless pre-approved by Echo or noted on this bill of lading.				<i>Please see attach detail</i>					
LTL or Partial Only: # of Pallets: 0 Pallet Type: Skid Spots: Stackable: No Pallet Dimensions: L: W: H:				<div style="display: flex; justify-content: space-between;"> <div> <u>Shipper Instructions</u>            Pickup #:            Loc Type:            Special Services:         </div> <div> <u>Consignee Instructions</u>            Delivery #:            Loc Type:            Special Services:         </div> </div>					
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	HM (X)	OD (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to</small>	LTL Only	
QTY	TYPE	QTY	TYPE					NMFC#	CLASS
0	Crates	0		5000 lb			Elevator Equipment		
0		0		5000 lb			GRAND TOTAL		
<small>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 _____."</small>					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 in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).									
<small>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.</small>					<small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. (Section 7)</small>  <div style="text-align: right;">Shipper Signature _____</div>				
<b>SHIPPER SIGNATURE / DATE</b> <small>This is to certify that the above-named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.</small> Shipper: _____ Date: _____				<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		<b>CARRIER SIGNATURE / PICKUP DATE</b> <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent documentation in the vehicle.</small> Carrier: _____ Date: _____	



BILL OF LADING					BOL Number: 57375671			
<b>SHIP FROM</b>					Carrier: BRZ			
Name: Cibes Symmetry Bella - Roanoke					<div style="font-size: 2em; font-weight: bold;">BAR CODE SPACE</div>			
Address: 509 W FRONT ST.,								
City/State/Zip: ROANOKE, IL, 61561								
Deb P: 309-689-8090 Ext.								
Stop Notes:					Pick up date: 3/8/2024			
					Trailer #: Seal #:			
<b>SHIP TO</b>					<b>REFERENCE INFORMATION</b>			
Name: Access Elevator - Pittsburgh								
Address: 341 ROCHESTER RD								
City/State/Zip: PITTSBURGH, PA, 15237								
Eric P: 412-855-0164 Ext.								
Stop Notes:								
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>								
Echo Global Logistics 600 W. Chicago, Suite 725 Chicago, IL 60654 UNITED STATES								
Freight Charge Terms: Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/>					Carrier Acct #:			
					Quote ID:			
Special Instructions:          ECHO is not liable for any accessorial charges unless pre-approved by Echo or noted on this bill of lading.					<u>Shipper Instructions</u> Pickup #: Loc Type: Special Services:			
LTL or Partial Only: # of Pallets: 0 Pallet Type: Skid Spots: Stackable: No Pallet Dimensions: L: W: H:					<u>Consignee Instructions</u> Delivery #: Loc Type: Special Services:			
<b>CARRIER INFORMATION</b>								
HANDLING UNIT		PACKAGE		HM (X)	OD (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to</small>	LTL Only	
QTY	TYPE	QTY	TYPE				WEIGHT	NMFC#
0	Crates	0		12000 lb			-	
0		0		12000 lb			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 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. (Section 7)			
<b>SHIPPER SIGNATURE / DATE</b> <small>This is to certify that the above-named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.</small> Shipper: _____ Date: _____				<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		
<b>CARRIER SIGNATURE / PICKUP DATE</b> <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent documentation in the vehicle.</small> Carrier: _____ Date: _____							Shipper Signature _____	

# From Peoria to Pittsburgh

91929	35594-V	J. J. ROOD	3/8/2024	TRUCK 1-pc	NY(PA)	PARTS	(1) VAP-W237 VPC FRONT SKIN WELDMENT - 48" - INDOOR IVORY
-------	---------	------------	----------	---------------	--------	-------	--

## From Roanoke to Pittsburgh

9-Feb	E-FLT-CC		IGD	SYM-NY(PA)	MIGNOGNA RESIDENCE ROSENTHAL 2-pc 3-pnl gate 1-pc	101323-04	35891
1-Mar	E-FLT-CC	3	IGD	SYM-NY(PA)	3-KD frames pc	091923-05	35990



BILL OF LADING				BOL Number: 57375671			
<b>SHIP FROM</b>				<b>SHIP TO</b>			
<b>Name:</b> Cibes - Bella Elevator - Peoria <b>Address:</b> 10000 N GALENA RD., <b>City/State/Zip:</b> PEORIA, IL, 61615 <b>Deb</b> P: 309-689-8090 Ext. <b>Stop Notes:</b>				<b>Carrier:</b> BRZ <b>Pro #:</b> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">BAR CODE SPACE</div> <b>Pick up date:</b> 3/8/2024 <b>Trailer #:</b> <span style="float: right;"><b>Seal #:</b></span> <div style="text-align: center; font-size: 1.2em;">10840645 - 10840630</div>			
<b>SHIP TO</b>				<b>REFERENCE INFORMATION</b>			
<b>Name:</b> Access Elevator - Pittsburgh <b>Address:</b> 341 ROCHESTER RD  <b>City/State/Zip:</b> PITTSBURGH, PA, 15237 <b>Eric</b> P: 412-855-0164 Ext. <b>Stop Notes:</b>				<i>Please see attach detail</i>			
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>							
<b>Echo Global Logistics</b> 600 W. Chicago, Suite 725 Chicago, IL 60654 UNITED STATES							
<b>Freight Charge Terms:</b> Prepaid <input checked="" type="checkbox"/> <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/>				<b>Carrier Acct #:</b> <b>Quote ID:</b>			
<b>Special Instructions:</b>   ECHO is not liable for any accessorial charges unless pre-approved by Echo or noted on this bill of lading.  LTL or Partial Only: # of Pallets: 0 Pallet Type: Skid Spots: Stackable: No Pallet Dimensions: L: W: H:				<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>Shipper Instructions</b>            Pickup #:            Loc Type:            Special Services:         </div> <div style="width: 45%;"> <b>Consignee Instructions</b>            Delivery #:            Loc Type:            Special Services:         </div> </div>			
<b>CARRIER INFORMATION</b>							
HANDLING UNIT		PACKAGE		HM	OD	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE	(X)	(X)	LTL Only	
0	Crates	0				NMFC# CLASS	
0		0				Elevator Equipment	
						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 _____. NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).						<b>COD Amount:</b> \$ _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> <b>Customer check acceptable:</b> <input type="checkbox"/>	
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. (Section 7)	
<b>SHIPPER SIGNATURE / DATE</b> <small>This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.</small> Shipper: _____ Date: _____				<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
<b>CARRIER SIGNATURE / PICKUP DATE</b> <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent documentation in the vehicle.</small> Carrier: _____ Date: _____							



BILL OF LADING				BOL Number: 57375671							
<b>SHIP FROM</b>				<b>SHIP TO</b>							
Name: Cibes Symmetry Bella - Roanoke Address: 509 W FRONT ST., City/State/Zip: ROANOKE, IL, 61561 Deb P: 309-689-8090 Ext. Stop Notes:				Carrier: BRZ Pro #: <div style="text-align: center; font-size: 1.2em; font-weight: bold;">BAR CODE SPACE</div> Pick up date: 3/8/2024 Trailer #:                      Seal #:							
<b>SHIP TO</b>				<b>REFERENCE INFORMATION</b>							
Name: Access Elevator - Pittsburgh Address: 341 ROCHESTER RD City/State/Zip: PITTSBURGH, PA, 15237 Eric P: 412-855-0164 Ext. Stop Notes:											
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>											
Echo Global Logistics 600 W. Chicago, Suite 725 Chicago, IL 60654 UNITED STATES											
<b>Freight Charge Terms:</b> Prepaid <input checked="" type="checkbox"/> Carrier Acct #: Collect <input type="checkbox"/> Quote ID: 3rd Party <input checked="" type="checkbox"/>				<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>Shipper Instructions</b>            Pickup #:            Loc Type:            Special Services:         </div> <div style="width: 45%;"> <b>Consignee Instructions</b>            Delivery #:            Loc Type:            Special Services:         </div> </div>							
<b>Special Instructions:</b>  ECHO is not liable for any accessorial charges unless pre-approved by Echo or noted on this bill of lading.											
<b>LTL or Partial Only:</b> # of Pallets: 0    Pallet Type:    Skid Spots:    Stackable: No Pallet Dimensions:    L:    W:    H:											
<b>CARRIER INFORMATION</b>											
HANDLING UNIT		PACKAGE		WEIGHT	HM (X)	OD (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to</small>	LTL Only			
QTY	TYPE	QTY	TYPE					NMFC#	CLASS		
0	Crates	0		12000 lb			Elevator Equipment				
0		0		12000 lb			GRAND TOTAL				
<small>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 _____."</small>						COD Amount: \$ _____ Fee Terms:    Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>					
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).</b>											
<small>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.</small>						<small>This carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. (Section 7)</small>					
<b>SHIPPER SIGNATURE / DATE</b> <small>This is to certify that the above-named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.</small> Shipper: _____ Date: _____						<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		<b>CARRIER SIGNATURE / PICKUP DATE</b> <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available (under carrier has the Department of Transportation emergency response placard or equivalent documentation in the vehicle).</small> Carrier: _____ Date: _____	

# From Peoria to Pittsburgh

91929	35594-V		J. J. ROOD	3/8/2024	TRUCK 1-pc	NY(PA)	PARTS	(1) VAP-W237 VPC FRONT SKIN WELDMENT - 48" - INDOOR IVORY
-------	---------	--	------------	----------	---------------	--------	-------	--

# From Roanoke to Pittsburgh

9-Feb	E-FLT-CC		IGD	SYM-NY(PA)	MIGNOGNA RESIDENCE ROSENTHAL 3-pnl gate 2-pc 1-pc	2-pc	101323-04	35891
1-Mar	E-FLT-CC	3	IGD	SYM-NY(PA)	3-KD frames N pc		091923-05	35990



BILL OF LADING				BOL Number: 57375671	
<b>SHIP FROM</b>				Carrier: BRZ Pro #:	
Name: Cibes - Bella Elevator - Peoria				<b>BAR CODE SPACE</b>  Pick up date: 3/8/2024 Trailer #: <span style="font-size: 1.2em;">10840645 - 10840630</span> Seal #:	
Address: 10000 N GALENA RD.,					
City/State/Zip: PEORIA, IL, 61615					
Deb P: 309-689-8090 Ext.					
Stop Notes:					
<b>SHIP TO</b>				<b>REFERENCE INFORMATION</b>	
Name: Access Elevator - Pittsburgh				<div style="font-size: 1.5em; font-family: cursive;">3-12-24</div> <div style="font-size: 1.5em; font-family: cursive;">Mital Furber</div>  <div style="font-size: 1.5em; font-family: cursive;">* Please see attach detail</div>	
Address: 341 ROCHESTER RD					
City/State/Zip: PITTSBURGH, PA, 15237					
Eric P: 412-855-0164 Ext.					
Stop Notes:					
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>					
Echo Global Logistics 600 W. Chicago, Suite 725 Chicago, IL 60654 UNITED STATES					
Freight Charge Terms:			Carrier Acct #:		
Prepaid <input checked="" type="checkbox"/>			Quote ID:		
Collect <input type="checkbox"/>					
3rd Party <input checked="" type="checkbox"/>					
Special Instructions:					
ECHO is not liable for any accessorial charges unless pre-approved by Echo or noted on this bill of lading.					
LTL or Partial Only:					
# of Pallets: 0		Pallet Type:		Skid Spots:      Stackable: No	
Pallet Dimensions:		L:      W:      H:			
<b>CARRIER INFORMATION</b>					
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE	HM (X)	OD (X)
0	Crates	0			
0		0			
WEIGHT				LTL Only	
5000 lb				NMFC#      CLASS	
5000 lb				Elevator Equipment	
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 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. (Section 7)					
_____ Shipper Signature					
<b>SHIPPER SIGNATURE / DATE</b>		<b>Trailer Loaded:</b>		<b>Freight Counted:</b>	
This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.		By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/>		By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces <input type="checkbox"/>	
Shipper: _____ Date: _____					
<b>CARRIER SIGNATURE / PICKUP DATE</b>					
Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent documentation in the vehicle.					
Carrier: <span style="font-size: 1.2em; font-family: cursive;">Royal-3 inc</span> Date: _____					