

Bill to: AVENUE LOGISTICS, INC. 55 EAST JACKSON SUITE 2150, Chicago, IL,

60604

Invoice Date: 03/14/2024 Invoice #: 70550729 Terms: NET 30 Due Date: 04/14/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
03/14/2024		628 E NEWRESS LN, GREENWOOD, IN 46143 - 15555 LA SALLE ST, SOUTH HOLLAND, IL 60473			
			1	\$500.00	\$500.00

TOTAL	
\$500.00	

## 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



#### **Bill To Information**

Please send invoices and backup information

Email: ap@avenuelogistics.com

Sent By: Austen Collins

**Email** acollins@avenuelogistics.com

Phone (773) 943-6252

Fax

Office KANSAS CITY OFFICE

#### **REVISED**

### Rate/Route Confirmation for RIKI TRANSPORTATION INC \$500.00

Shinment	Details

70550729 BOL# Shipment # **Carrier Miles** 178.34

Temperature

Cust Ref/PO # 31124-2 /PO SMYTH4 Eq Type 53' Van

**Todays Date** 3/13/2024 16:34 Eq ID **Description of Merch:** Empty Totes 90.00 TOTES @ 10980.00 Pounds

**Carrier Details** 

**RIKI TRANSPORTATION INC PRIMARY** Carrier **Driver Name** 

086875 (708) 303-5150 MC Dispatch Phone

DOT # 3119062 Fax

**SCAC** RIKN Carrier Ref

			Stop Details			
Stop	Type	Pcs/Type/Wt	Address	Appt Date	Appt Time	PU/Delv #
1	Pickup	90 TOTES 10980 lbs	ALLIANCE CONTAINER 2615 ENDRESS PLACE GREENWOOD, IN, 46143 PN: (000) 000-0000	3/14/24	08:00	31124-2
2	Delivery	90 TOTES 10980 lbs	CENTURION CONTAINER 15555 LA SALLE ST SOUTH HOLLAND, IL, 60473 PN: (708) 713-4329	3/14/24	06:30 - 14:00	PO SMYTH4

FCFS - Closed 1200-1300 for lunch (detention will not be paid during the lunch time frame)

#### Shipment Line Items

Total Weight: 10980 lbs Total Pcs: 90 TOTES **Total Pallets:** 

### **Carrier Rate Agreement**

Item # Charge Description Unit Price Unit Type **Unit Quantity** Rate Note

\$500.00 Flat Rate \$500.00 \$500.00 Total:

### **RIKI TRANSPORTATION INC**

8225 LECLAIRE AVE, BURBANK, IL (If this is not your information, notify dispatch immediately)

Signature Date

# Terms of Agreement

- 2. PLEASE HAVE DRIVER CALL 773-945-0999
- 3. Carrier must advise 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.
- 4. The rate includes fuel surcharge, and no other rates or charges, including carrier tariffs, shall apply. By signing this Contract for Transportation or accepting the load, the carrier agrees to the Motor Carrier Agreement terms.
- 5. CARRIER confirms insurance coverage of at least \$1,000,000 in auto and general liability, and \$100,000 in cargo coverage.
- 6. Compensation may be withheld for double-brokering, rail movement, freight consolidation, or non-fulfillment of services.
- 7. Trailer Seals: Apply a seal and note its number on the bill of lading before leaving the shipper. Seals can only be broken with Avenue Logistics Management's written approval. Delivering without the intact seal may lead to a claim.
- 8. Travel directions from Avenue Logistics are informational. Carriers must ensure lawful and safe operation of vehicles and contents, complying with all laws and regulations.

9.

10. BILLING INSTRUCTIONS: Email- ap@avenuelogistics.com Documentation Required- Invoice and POD. If applicable, Lumper Receipt, Scale Ticket, Escort Receipt, Detention Slip or IN/OUT times on POD. Direct Line: 773-945-1006 Fax: 312-661-9150

BILL OF LADING

(800) 953-5967

-					Shipper Number	
Order Number:	ımber:			31124-2	Trailer Number	
PO Number:	ber:			PO SMYTH4 verbal		03/14/24 @ 8AM
Delivery Date:	Date:			03/14/24		STRAIGHT NON NEGOTIABLE
Delivery Time:	Time:				SHIPPER	
					Name	Alliance Container
0.00					Address:	2615 Endress Place
CONSIGNEE	GNEE			Centurion Container, LLC	Address:	
Address:			15555 La	15555 La Salle Street	City:	enwood
Address:					State:	IN Zip: 46143
City:			South Holland	lland	Contact Name:	Michael McGuire
State:			1	Zip: 60473	Contact Phone:	765 243 1936
Contact:			Matt Barnhart		Contact Email:	michael@ac-ibc.com
Phone:			641-373-2302	2302	Dock Hours:	8am-4pm
Email:			matt.barnh	matt.barnhart@c-containers.com	Special Instructions:	
Dock Hrs:	S:		6:30am-2:00pm	::00pm		
ΔTΩ	TYPE	SIZE	1"	SHIPPING NAME	ME	CLASS (LBS)
06	Bottles	275		Bottles Viton QD Vented Lids		10,980
						TOTAL WT (I he)
Troilor 9	Trailer Seal Number	her			Bill Freight To:	Core Plastech
I allo					Address:	
					Address:	
					City:	
					State:	Zip:
This is t	o certify the	hat th	e above-na ition accord	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.	described, packaged, m e Department of Transpo	arked and labeled, and are in proper rtation.
3						
Freight Carrier:	Carrier:		Avenue			
		-	TIM GD/	HIS BILL OF LADING AT THE TIME OF PICKUP.,	AE OF PICKUP.,	
PLEASE	E PROVIE	DE DI	KIVEIN VIII			

Authorized Signature for RECEIVER

Authorized Signature for CARRIER

Ship per 6 03/14/24

BILL OF LADING

(800) 953-5967

				Shipper Number		
Order	and an		33124-2	Trailer Number		
Order Number.	mber:		DO SMYTH4 verbal	Pickup Date	03/14/24 @ 8AM	
Polingar, De	ber:		N3/14/24		STRAIGHT NON NEGOTIABLE	
Delivery Date.	Date:		100	SHIPPER		
Delivery I ime:	I Ime:			Name	Alliance Container	
				Address:	2615 Endress Place	
CONSIGNEE	PANEE		Centurion Container, LLC	Address:		
Address.	GINEE	1555512	15555 I a Salle Street	City:	Greenwood	
Addross.				State:	IN  Zip:   46143	
City:		South Holland	lland	Contact Name:	Michael McGuire	
State:		=	Zio: 60473	Contact Phone:	765 243 1936	
Contact		Matt Barnhart	nhart	Contact Email:	michael@ac-ibc.com	
Phone:		641-373-2302	2302	Dock Hours:	8am-4pm	
Email:		matt.barn	matt.barnhart@c-containers.com	Special Instructions:		
Dock Hrs:	S:	6:30am-2:00pm	2:00pm			E .
YTO	TYPE SIZE	Щ	SHIPPING NAME	IME	) CLASS	(LBS
06		5	Bottles Viton QD Vented Lids			10,9
					L WT (Lbs)	10,98
Trailer Se	Trailer Seal Number			nt To:	Core Plastech	
				Address:		
				Address:		
				City:		
				State:	Zip:	
This is to c	ertify that the	above-nar	This is to certify that the above-named materials are properly classified, described, packaged, marked a	, described, packaged, m	This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper	
					Tradion.	
reight Carrier:		Avenue			/	
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1		History	STORE LO LEWIT LITTE TA CHARACTER LO LING OF THE	Jan Diolo To Tu		
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Authorized Signature for CARRIER

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