



Bill to:
TQL

,
,
,

Invoice Date: 03/25/2024
Invoice #: 27550344
Terms: NET 30
Due Date: 04/25/2024

| Date | Customer Ref # | Origin - Destination | Quantity | Rate | Amount |
|------------|----------------|----------------------------------------------------------------------------------|----------|------------|------------|
| 03/22/2024 | | 5200 6th Ave, Altoona, PA 16602, USA - 1500 US Hwy 75, Sioux City, IA 51105, USA | | | |
| | | | 1 | \$1,900.00 | \$1,900.00 |

| |
|--------------|
| TOTAL |
| \$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



DRIVER/CARRIER INFORMATION SHEET TQL PO# 27550344

Pickup Dates
3/22/24

Delivery Dates
3/25/24

TQL CONTACT INFO

| Name | Phone | Email | Fax |
|---------------|---------------------|-----------------|------------|
| Joseph Wedner | 800-580-3101 x55518 | jwedner@TQL.com | 5137324355 |

CARRIER CONTACT

| Name | Dispatcher | Driver |
|----------|------------|----------|
| Brz (il) | linda | Fernando |

LOAD INFORMATION

| Mode | Trailer Type | Trailer Size | Temperature | Pallet/Case Count | Hazmat | Load Requirements |
|------|--------------|--------------|-------------|-----------------------|---------------|-------------------|
| FTL | Van | 53 ft | | 30 pallets/1356 cases | Non-Hazardous | |

Special Temp Instructions

CARRIER RESPONSIBLE FOR

| | | | | | |
|-----------|---------------------------------|-----------------|------|------------------|-------|
| Unloading | None w/ valid unloading receipt | Pallet Exchange | None | Estimated Weight | 30500 |
|-----------|---------------------------------|-----------------|------|------------------|-------|

PICKUPS

| Shed | City | State | Zip | PU# | Date | Time |
|---------------------------------|----------------------------------------|-----------|--------------------------------------|-------|-----------|---------------------|
| BENZEL'S PRETZELS (ALTOONA, PA) | Altoona | PA | 16602 | 33111 | 3/22/2024 | FCFS 08:00 to 17:00 |
| | Information: | | | | | |
| | 5200 Sixth Avenue Altoona, PA 16602 | | | | | |
| | Commodities: | | | | | |
| | Quantity | Unit | Commodity | | | Notes |
| | 1 | Truckload | Crisps or chips or pretzels or mixes | | | |



DROPS

| Consignee | City | State | Zip | Delivery PO | Date | Time |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------|-------|-------------|-----------|------------|
| PALMER CANDY SOUTH WAREHOUSE | Sioux City | IA | 51105 | 33111 | 3/25/2024 | Appt 07:00 |
| <div>Information:</div> <div>STREET ADDRESS: 1500 US Highway 75</div> <div>Take I-29 NORTH to exit 143, turn RIGHT off exit, turn LEFT onto S. LEWIS BLVD [aka US 75 BUSINESS], Sara Lee is 4 miles down on the RIGHT</div> | | | | | | |

**Note to
Carrier**

**Has to be 53/102
53' DRY VAN ONLY!!! NO REEFERS!!!**

TQL PO# 27550344

THIS AGREEMENT IS SUBJECT TO THE TERMS OF THE BROKER/CARRIER AGREEMENTS SIGNED BY THE CARRIER AND TQL. THIS AGREEMENT IS AN ADDENDUM TO THE BROKER/CARRIER AGREEMENT. THIS DOCUMENT IS ONLY FOR INFORMATIONAL PURPOSES.



| | |
|-----------------|-------------------------------|
| SHIP FROM | |
| Name: | BENZEL'S BRETZEL BAKERY, INC. |
| Address: | 5200 SIXTH AVENUE |
| City/State/Zip: | ALTOONA, PA 16602 |
| SID#: | FOB |

Bill of Lading Number: 143191

BAR CODE SPACE

| SHIP TO | |
|----------|-----------------|
| Name: | PALMER CANDY CO |
| Address: | 2600 HWY 75 N |

CARRIER NAME: BRE
Trailer number:
Seal number(s): 0537

City/State/Zip: SIOUX CTY, IA 51105
CID#: FOB:

SCAC:
Pro number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
Address: _____

BAR CODE SPACE

City/State/Zip:

Freight Charge Terms:

SPECIAL INSTRUCTIONS:

| | | |
|---------------|----------------------|-----------------------------|
| Prepaid _____ | Collect <u> X </u> | 3 rd Party _____ |
|---------------|----------------------|-----------------------------|

☐ Master Bill of Lading: with attached underlying Bills of Lading**CUSTOMER ORDER INFORMATION**

| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP (CHECK ONE) | | ADDITIONAL SHIPPER INFO |
|-----------------------|--------|--------|---------------------------------------|----------------------------|----------------------------|
| PO 33111 | 1260 | 28980 | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | LOT CODE: SEP 07, 24 40 CS |
| | | | <input type="checkbox"/> Y | <input type="checkbox"/> N | SEP 12, 24 1086 CS |
| PALLETS | 30 | 1500 | <input type="checkbox"/> Y | <input type="checkbox"/> N | SEP 13, 24 134 CS |
| | | | <input type="checkbox"/> Y | <input type="checkbox"/> N | |
| | | | <input type="checkbox"/> Y | <input type="checkbox"/> N | |
| GRAND TOTAL | 1260 | 30480 | | | |

CARRIER INFORMATION

[illegible]

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: ☐ 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

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.

Trailer Loaded:

☒ By Shipper
☐ By Driver

Freight Counted:

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

SUBJECT TO COUNT AND INSPECTION

DATE: 3-25-24

SIGNATURE