



Bill to:
ALSTAR LOGISTICS LLC
P.O. BOX 1449,
Dothan,
AL,
36301

Invoice Date: 04/05/2024
Invoice #: 5077
Terms: NET 30
Due Date: 05/05/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
04/03/2024		1585 County Hwy 99, Carey, OH 43316 - 41232 B PARK 290 DRIVE, Waller, TX 77484			
			1	\$2,200.00	\$2,200.00

TOTAL
\$2,200.00

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

Alstar Logistics, LLC
P.O. Box 1449
Dothan, AL 36302
Phone# 334-693-4723
Fax# 888-965-9690
Kevin Kirksey

Load Confirmation and Rate Agreement

Alstar Load# K 5077

ORIGIN 04/03/2024

THE ANDERSONS

1855 COUNTY HWY 99

CAREY, OH 43316

8AM TO 2PM

DEST 4/5/2024

HELENA AGRI

41232 B PARK 290 DRIVE

WALLER, TX 77484

8AM TO 3PM THUR

8A TO NOON FRI

PU# 3112795

EST WEIGHT: 44,000 LBS.

BAGGED MINERALS/ NO TOUCH/ NON HAZ

53FT CLEAN DRY VAN WITH SWING DOORS IS REQUIRED

Comments:

Please call when loaded/
unloaded!

Special Instructions: Have driver call 334-693-4723 for dispatch

Service for Load:

Flat Rate/ Rate:

NA

NA

NA

NA

Amount

1.00

0.00

0.00

0.00

Rate

\$2,200.00

\$0.00

\$0.00

\$0.00

Extended

\$2,200.00

\$0.00

\$0.00

\$0.00

TOTAL

\$2,200.00

TRUCK # _____

TRL # _____

Driver Name: _____

Driver Cell# _____

Carrier: ZIGI FREIGHT INC.

Broker: Alstar Logistics, LLC

Name(Print) Jim Dujanovic

PHONE: 630 485 7370
X145

Submit Freight Bill to:

Alstar Logistics, LLC

P.O. Box 1449

Dothan, AL 36302

Accounting Email: wwhewes@gmail.com

Accounting Contact: Whit Hewes 334 791 0576

*****Quick Pay available*****

To ensure prompt payment, all billing must be accompanied by an invoice with the Carriers name, Alstar Logistics load number, and original Bill of Lading.

Alstar Logistics should be notified immediately if any problems arise. Penalties will be applied for any late delivery or pickups. If Alstar Logistics has to issue a Tchek or any kind of wire transfer, a \$35 service charge will be deducted from this confirmation rate.

Bill of Lading

PO Box 119
Maumee OH 43537-0119
Phone (660)341-6619

Ship To
2001864
Helena Agri-Enterprises LLC
41232 Park 290 Dr, Bldg B
Waller TX 77484-6692

Sold To
Kelly Limestone LLC
PO Box 708
Lake Ozark MO 65049-0708

Information
 BOL 83581240
 Document Date 04/03/2024
 Customer PO 0000953
 Sales Order 3112795
 Shipping Point OH
 Customer Reference
 Customer Reference 2
 Telephone
 External Ref.

Shipping Information
 Carrier
 Incoterms FOB FOB Origin
 Shipping Conditions Pick up
 Shipping Type

BOL Text

15 - Kellys ~~the~~ Gypsum micros

Pkg	HM	Item	Material/Description	Quantity	Weight	Batch No.
Class: 50						
840 BAG		10	10003846 KELLYS GYPSUM GRN 50#X56	840.000 BAG	43,134.000	
Total Pallets					15	
Total Net Wt					42,000.000	LB
Total Weight					43,134.000	LB

24 Hr Emergency (800)-757-8951

STRAIGHT BILL OF LADING-SHORT FORM - ORIGINAL-NOT NEGOTIABLE
 RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and the 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.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Loader Signature _____ Date _____

The Driver confirms with his signature, that he has accepted the goods in a correct and packed condition.

Driver Signature *M-O* _____ Date _____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED MATERIALS ARE PROPERLY ASSIGNED, DESCRIBED, PACKAGED, MARKED AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

Date _____ Signature _____

Customer Acknowledges receipt of goods in good condition.
 WE MUST BE NOTIFIED BY PHONE OR IN WRITING OF ANY DAMAGE OR SHORTAGE WITHIN 5 DAYS.

Customer Signature _____ Date _____

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Driver Signature

Date

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