



Bill to:
AMERICAN CARRIERS, INC.
1411 EASTGATE,
Garland,
TX,
75040

Invoice Date: 04/05/2024
Invoice #: 28599
Terms: NET 30
Due Date: 05/05/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
04/04/2024		6405 Inducon Dr W, Sanborn, NY 14132, USA - 901 W Morrison St, Frankfort, IN 46041, USA			
			1	\$1,000.00	\$1,000.00

TOTAL
\$1,000.00

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

**AMERICAN CARRIERS****Bill To Information**

Please send invoices and backup information to:
Email: accounting@american-carriers.com
Fax: 952-942-6190

Sent By: Rob Lukas**Email** rob@american-carriers.com**Phone** (952) 942-6090**Fax****Office** AMERICAN CARRIERS**Rate/Route Confirmation for RIKI TRANSPORTATION INC \$1,000.00****Shipment Details**

Shipment #	28599	BOL #		Carrier Miles	527.23
Cust Ref/PO #	PO11746JS-1R /PO11746JS-1R	Pallet Count	26	Temperature	-
Todays Date	4/2/2024 13:11	Eq Type	53' Van		
Description of Merch:	HOUSEWARES PIECES @ 13000.00 Pounds	Eq ID			

Carrier Details

Carrier	RIKI TRANSPORTATION INC	Driver Name	Dwight (682) 558-3026
MC	086875	Dispatch Phone	(708) 852-5536
DOT #	3119062	Fax	
SCAC		Carrier Ref	

Stop Details

Stop	Type	Pcs/Type/Wt	Address	Appt Date	Appt Time	PU/Deliv #
1	Pickup		PERFECT SHAKER 6405 INDUCON DRIVE WEST SANBORN, NY, 14132 PN: (416) 822-8302	4/4/24	08:00 - 12:00	PO11746JS-1R
2	Delivery		VALUE MERCHANDISE-IN 901 W MORRISON ST. FRANKFORT, IN, 46041 ATTN: FAITH 763-277-8571 PN: (763) 277-8571	4/5/24	10:30	PO11746JS-1R

Shipment Line Items

Pcs/Type	Pallets	Weight	STCC	Description
0	26	13000 lbs		HOUSEWARES

Carrier Rate Agreement

Item #	Charge Description	Unit Price	Unit Type	Unit Quantity	Rate	Note
1	Linehaul	\$1,000.00	Flat Rate	1	\$1,000.00	
	Total:				\$1,000.00	

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

Signature _____ Date _____

Bill of Lading - Short Form - Not Negotiable

Ship From				Bill of Lading Number: 28599					
Name: PERFECT SHAKER				Customer Ref: PO11746JS-1R					
Address: 6405 INDUCON DRIVE WEST				PO: PO11746JS-1R					
City/State/Zip: SANBORN, NY 14132									
Tel: (416) 822-8302				FOB: <input type="checkbox"/>					
Ship To				Carrier Name: RIKI TRANSPORTATION INC					
Name: VALUE MERCHANDISE-IN		Location: _____		Trailer number: _____					
Address: 901 W MORRISON ST.				Serial number(s): _____					
City/State/Zip: FRANKFORT, IN 46041				Container number: _____					
Tel: (763) 277-8571		FOB: <input type="checkbox"/>		Seal number: _____					
Third Party Freight Charges Bill to				SCAC:					
Name: American Carriers		Tel: 952-942-6090		Carrier Pro: _____					
Address: 9955 W 69th Street									
Suite 103									
City/State/Zip: Eden Prairie, MN 55344									
Fax: 952-942-6190									
Special Instructions:				Freight Charge Terms (Freight charges are prepaid unless marked otherwise):					
				Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/>					
				_____ Master bill of lading with attached underlying bills of lading.					
Customer Order Information									
Customer Order No.		# of Packages	Weight	Pallet/Slip (circle one)		Additional Shipper Information			
Order Number:		0	13000.00 lbs	Y	N	Ship Ref:	PO11746JS-1R		
				Y	N	Pickup From:	04/04/2024 08:00 AM		
				Y	N	Pickup To:	04/04/2024 05:00 PM		
				Y	N	Delivery Info			
				Y	N	Cons Ref:	PO11746JS-1R		
				Y	N	Delivery From:	04/05/2024 10:30 AM		
Grand Total			13000.00 lbs	Y	N	Delivery To:			
Carrier Information									
Handling Unit		Cartons		Commodity Description			LTL Only		
Qty	Type	Qty	Type				Weight	HazMat	NMFC No.
26	Pallets	0	PIECES	13000.00		HOUSEWARES			
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: \$ _____			
						Terms: Collect _____ Prepaid _____ Cust. check acceptable _____			
Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 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 charges and all other lawful fees. Shipper Signature _____		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.	
Shipper Signature/Date <i>Ben Kelly</i> 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. 04.04.24				Trailer Loaded By: ____ Shipper ____ Driver		Freight Counted By: ____ Shipper ____ Driver/pallets ____ Driver/pieces			

2024

Bill of Lading - Short Form - Not Negotiable

Page 1 of 1

Ship From				Bill of Lading Number: 28599			
Name: PERFECT SHAKER Address: 6405 INDUCON DRIVE WEST City/State/Zip: SANBORN, NY 14132 Tel: (416) 822-8302				Customer Ref: PO11746JS-1R PO: PO11746JS-1R			
Ship To				Carrier Name: RIKI TRANSPORTATION INC			
Name: VALUE MERCHANDISE-IN Location: _____ Address: 901 W MORRISON ST. City/State/Zip: FRANKFORT, IN 46041 Tel: (763) 277-8571				Trailer number: _____ Serial number(s): _____ Container number: _____ Seal number: _____			
Third Party Freight Charges Bill to				SCAC: _____			
Name: American Carriers Tel: 952-942-6090 Address: 9955 W 69th Street Suite 103 City/State/Zip: Eden Prairie, MN 55344 Fax: 952-942-6190				Carrier Pro: _____			
Special Instructions:				Freight Charge Terms (Freight charges are prepaid unless marked otherwise): Prepaid _____ Collect _____ 3rd Party <u>X</u>			
				_____ Master bill of lading with attached underlying bills of lading.			
Customer Order Information							
Customer Order No.		# of Packages		Weight		Pallet/Slip (circle one)	
Order Number:		0		13000.00 lbs		Y N	
						Y N	
						Y N	
						Y N	
						Y N	
						Y N	
Grand Total		13000.00 lbs				Ship Ref: PO11746JS-1R Pickup From: 04/04/2024 08:00 AM Pickup To: 04/04/2024 05:00 PM Delivery Info Cons Ref: PO11746JS-1R Delivery From: 04/05/2024 10:30 AM Delivery To: _____	
Carrier Information							
Handling Unit		Cartons		LTL Only			
Qty	Type	Qty	Type	Weight	HazMat	Commodity Description	NMFC No. Class
Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC item 360							
26	Pallets	0	PIECES	13000.00		HOUSEWARES	
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: \$ _____ Terms: _____ Collect _____ Prepaid _____ Cust. check acceptable _____
Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 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 charges and all other lawful fees. Shipper Signature: _____	
Shipper Signature/Date <i>Ben Hill</i> 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. 04.04.24		Trailer Loaded By: _____ Shipper _____ Driver		Freight Counted By: _____ Shipper _____ Driver/pallets _____ Driver/pieces		Carrier Signature/Pickup Date <i>[Signature]</i> 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.	

IN: 10:00
Out: 10:45

Skid: 26
Sign: *[Signature]*

4/5/24