



Bill to:
BRAND EXPRESS, INC.
P.O. BOX 1524,
Blue Springs,
MO,
64013

Invoice Date: 04/15/2024
Invoice #: 41224MN2
Terms: NET 30
Due Date: 05/15/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
04/12/2024		3804 Cook Blvd Suites 22 & 23, Chesapeake, VA 23323, USA - 6701 Queens Ave NE, Otsego MN 55330			
			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

Rate Confirmation

Brand Express, Inc.

PO Box 1524
Blue Springs, MO 64013-1524

816-228-9400 Cell 816-806-8764

SEND INVOICES TO NEW EMAIL:

apbrandexpress@gmail.com

Reference# **41224MN2**

Carrier: **BRZ**

Email:

Phone: **708 8525536**

ATTN.:

TRUCK SIGNAGE MUST MATCH
NAME ON CONFIRMATION OR HAVE
DOCUMENTATION STATING SUCH.

PU DATE

4/12 till 2pm

DEL DATE

4/15/2024 1215PM

SHIPPER

CBT Integrated Log.
3804 Cook Blvd Ste 15
Chesapeake VA 23323

CONSIGNEE

Bobcat
6701 Queens Ave NE
Otsego MN 55330

TOTAL PAY

AGREED RATE:

US FUNDS

\$2,200

Brand Express, Inc.

Bryan Dodd

Bryan Dodd

Carrier

BRZ

Signed:

Driver must call Brand Express for dispatch, when loaded, empty or with any discrepancies of overages, shortages, or damages. Failure to do so may result in a deduction from settlement. To insure prompt payment, return this signed confirmation along with the original signed bill of lading. This shipment has been tendered to the carrier for contract carriage only and is not subject to any common carrier authority carrier may possess.

Please send POD/Invoices to apbrandexpress@gmail.com

This constitutes an original document
Addendum to Contract

SHIP FROM

Name: CBT INTEGRATED LOGISTICS LLC
Address: 3804 COOK BLVD SUITE 15
City/State/Zip: Chesapeake VA 23323
SID#: FOB:
Expected Ship Date: 04/12/2024
Pickup/Delivery Number: ACLU9695994
Shipping/Receiving Contact:

SHIP TO

Name: Bobcat Company
Address: 6701 Queens Ave Ne
City/State/Zip: Otsego MN 55330-6655
CID#: FOB:
Expected Delivery Date: 04/15/2024
Pickup/Delivery Number: ACLU9695994
Shipping/Receiving Contact:

THIRD PARTY FREIGHT CHARGES BILL TO

Name: Proactive Specialized Logistics Inc.
Address: 300 Gibraltar Road
City/State/Zip: Vaughan, ON L4H 4Z8

SPECIAL INSTRUCTIONS:

ACLU9695994

**PROACTIVE**
SUPPLY CHAIN GROUP

Bill of Lading Number: 972848

CARRIER NAME: Brand Express

Container/Trailer Number: ACLU9695994

Booking Number:

Purchase Order #:

Maximum Liability: Max Cargo Liability of US\$100,000 or \$2.00/lb

Trailer Number:

Seal Number(s):

2202025

SCAC:

PRO Number:

Freight Charge Terms (freight charges are prepaid unless marked otherwise):

Prepaid _____ Collect _____ Third Party X

Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
		39,550 lbs	Y N	
GRAND TOTAL		39,550 lbs		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE			
QTY	TYPE	QTY	TYPE	WEIGHT	COMMODITY DESCRIPTION
32	Pieces			39,550 lbs	HYDRAULIC MOTORS
32				39,550 lbs	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

Declared Valuation \$
Maximum liability of \$2.00 per pound (4.41 per kilogram) computed on the total weight of the shipment unless declared valuation states otherwise.

Notice of Claim
a) No carrier is liable for loss, damage or delay to any goods carried under the bill of lading unless notice thereof setting out particulars of the origin, destination and date of shipment of the goods and estimated amount claimed in respect of such loss, damage or delay is given in writing to the originating carrier of delivering carrier within sixty (60) days after the delivery of the goods or in the case of failure to make delivery, within nine (9) months from the date of shipment together with a copy of the paid freight bill.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature

CONSIGNEE SIGNATURE / DATE

Any loss or damage must be noted by the receiver (not our driver) on signature copy at time of delivery. Otherwise consignee's signature will constitute clear receipt, and claims will not be honored. C.O.D. collections must be cash or marked cheque.

Trailer Loaded: Freight Counted:

By Shipper:

By Shipper:

By Driver:

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.

04-12-24

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Prepaid ___ Collect ___ Third Party ___X___

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04/12-24

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