

Bill to:

Best Logistics

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Invoice Date: 04/15/2024 Invoice #: 1599246 Terms: NET 30 Due Date: 05/15/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
04/12/2024		1045 N Service Road W, Sullivan, MO 63080 - 1406 S MEBANE ST, BURLINGTON, NC 27215			
			1	\$1,800.00	\$1,800.00

TOTAL	
\$1,800.00	

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 TEAM: Charlotte Team

Best Logistics P.O. Box 336

Kernersville, NC 27285

PHONE: (704) 869-2174 * FAX: 1 (866) 356-3436 *

Carrier: ZIGI FREIGHT INC

Carrier ID: ZIGLOM Phone: 630-485-7370

Fax:

Date: 04/12/2024

Order: 1599246

ORDER # MUST APPEAR ON ALL BILLING *DRIVER MUST CALL IN FOR DISPATCH*

Contact: Charlotte Team *PLEASE NOTE OUR NEW CONTACT NUMBERS BELOW:

Phone: (704) 869-2174 *

Fax: 1 (866) 356-3436 *

Reference:

Instructions / Comments:

Order Miles: 806.0 Weight: 9100.0 PU # ATLAS 58034 Trailer: 53' Van Only

Commodity: BOL:

PU 1 Name: SLP Lighting Date: 04/12/2024 1200

> Address: 1005 N Service Road W 04/12/2024 1600 Contact: (704) 869-2174 SULLIVAN MO 63080

> > Driver Assist: N

SO 2 Name: ATLAS LIGHTING Date: 04/15/2024 0700

Address: 1406 SOUTH MEBANE ST 04/15/2024 1000

> BURLINGTON Contact: (704) 869-2174 NC 27215

> > Driver Assist: N

Pavment Total Carrier Pav: \$1,800.00

IN ORDER TO HAUL FOR BEST, ALL CARRIERS MUST INFORM DRIVERS OF MACROPOINT TRACKING REQUIREMENT. AT THE TIME OF BOOKING, ALL CARRIERS MUST PROVIDE VALID DRIVER PHONE NUMBER. DRIVERS MUST ACCEPT AND DOWNLOAD MACROPOINT APP BEFORE ARRIVING TO SHIPPER. SHOULD CARRIER/DRIVER NOT COMPLY, A \$100 FINE WILL BE IMPOSED. SUBMISSION OF SIGNED RATE CONFIRMATION VALIDATES THIS AGREEMENT. NOTE: ELD COMPLIANCE VIA MACROPOINT IS ALSO ACCEPTABLE.

Agreement Please sign below

STANDARD TERMS ARE PAYMENT MADE 28 DAYS FROM RECEIPT OF LEGIBLE SIGNED BILL OF LADING, INVOICE, AND LUMPER RECEIPT (IF APPLICABLE). ALL EXTRA CHARGES MUST BE PRE-APPROVED BY BEST REPRESENTATIVE THAT BOOKED LOAD. ALL EXTRA CHARGES MUST BE BILLED WITH RECEIPT & BOL. DRIVER MUST REPORT ANY OVERAGES, SHORTAGES, OR DAMAGED PRODUCT IMMEDIATELY.

CARRIER CERTIFIES THAT THEY HOLD THE APPROPRIATE LISCENCES AND AUTHORITIES AND MAINTAIN THE APPROPRIATE INSURANCE COVERAGES AS REQUIRED BY REGULATION TO PERFORM THIS TRANSPORTATION ON BEHALF OF BEST LOGISTICS.

ANY DOUBLE BROKERAGE WILL RESULT IN NON-PAYMENT. CONFIRMATION OF THE ACTUAL CARRIER OF THIS LOAD WILL BE MADE BEFORE PAYMENT IS RELEASED.

To Expedite Payment: Email All invoices and Signed POD as attachments to: CarrierAP@shipwithbest.com

(PICTURES IN EMAIL BODY WILL NOT BE ACCEPTED) In the SUBJECT LINE Reference ORDER NUMBER 1599246

605 1-27-16

04/12/2024 Mike Zivanovic

267 779 6940

Acosta

(X) Accept 755

PTLZ244746

() Decline



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	tate/Zip: S						T	7			DAIL GODA G		
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The state of the s	ss: 1406 S			ST						al number	(S):73830MI		
	tate/Zip: BI				0			7	10,000	AC: o number:			
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City/S	tate/Zip:									rked otherw	rge Terms: <i>(freight chai</i> vise)		
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peckaged ma	ty that the above na rked and labeled, ar according to the ap-	med materials	are properly diessi	fed. By	Shipper		By Shippe	er	1		CARRIER SIGNATURE Certier acknowledges receipt of peckag emergency response information was in emergency response guidebook or each	es and required placards. (arriar cartifica
1	11/1	1	4-12-	7020 By I	Oriver		By Driver/	palle	ts sal	d to contain	emergency response guidebook or equi- property described above is received	valent documentation in the fin good order, except as	has the DOT valide. noted.
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Date:4/12/2024		BIL	L 0	FLA	BILL OF LADING	Page 1 of
SHIP FROM	OM	No. of Street,			0700017	
Name: SLP Lighting Address: 1005 N Service Road W						
City/State/Zip: SULLIVAN, MO 63080 SID#:	0		FOB	FOB:	8 3000 Rea	SPACE
OT GIRS ONITION 134 ITA GROWN	TO Location #:	# uc			田红	411.
Address: 4406 SOLITH MEBANE ST					しかったかん	
City/State/Zip: BLIBL INGTON NG 27215	7215				SCAC:	
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Name:					BAR CODE SPACE	PACE
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City/State/Zip:					Charge lerm otherwise)	ges are prepaid unless
SPECIAL INSTRUCTIONS:						Collect 3" Party X Master Bill of Lading: with attached underlying
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NOTE Liability Limitation for loss o	r damage in t	his shipm	ent may	be appl	cable. See 49 U.S.C. = 14706(c)(1)(A) and (B)	
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SNATURE / DATE a spore named metertals are pro labeled, and are in proper cond to the spojloable regulators of		Trailer Loaded: By Shipper By Driver		Counted Shipper Drivenpalle	AND	PICKUP DATE of Packing pleases, Carrier cardiles are listed and the carrier has the DOT of documentation in the vertice.
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OI-19-34