

**Bill to:**

AM TRANS EXPEDITE, INC
710 WEST BELDEN AVENUE SUITE B,
Addison,
IL,
60101

Invoice Date: 04/18/2024

Invoice #: 564121

Terms: NET 30

Due Date: 05/18/2024

| Date | Customer Ref # | Origin - Destination | Quantity | Rate | Amount |
|------------|----------------|---|----------|------------|------------|
| 04/17/2024 | | 120 Hidden Lake Circle, Greenville SC 29615 - 5401 Baumhart Rd, Lorain, OH 44053, USA | | | |
| | | | 1 | \$1,200.00 | \$1,200.00 |

| |
|--------------|
| TOTAL |
| \$1,200.00 |

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



AM TRANS EXPEDITE, LLC
FUSION TRANSPORT P.O BOX 24498
INVOICES@AMTRANSEXPEDITE.COM
NEW YORK NY 10087-4498

PRO # 564121

Rate Confirmation

04/17/24 15:02:49 (EST)

F
R
O
M

RIO SACCO
X 707 (p)
(847) 238-0400 (f) (616) 358-2944 (c)
rsacco@amtransexpedite.com

C
A
R
R
I
E
R

BRZ
(708) 303-5150 (p)
(708) 303-5150 (f)
MC # 86875 Truck # 831
DOT 3119062 Trailer # W94924
Driver LUIS Cell # (732) 522-5785

Size & Type: 53' VAN
Pieces: 699

Description: MACHINERY
Weight: 1000

Miles: 565

| CHARGES | | DISPATCH NOTES |
|----------------|---------|--|
| LINE HAUL RATE | 1200.00 | 2478736 // dedicated TRUCK, NO PARTIALS // DRIVER MUST SEND PICTURE OF BOL AND FREIGHT ONCE LOADED/UNLOADED BEFORE LEAVING SHIPPER/RECEIVER. \$150 RATE REDUCTION IF PPW & PICTURE OF LOADED FREIGHT IS NOT SENT BEFORE LEAVING // macropoint required // Name on POD must be signed and printed |
| TOTAL RATE | 1200.00 | |

PICK 1

TIMKEN CORPORATION
120 HIDDEN LAKE CIRCLE
GREENVILLE SC 29615

Appointment 04/17/24 @ 16:45

STOP 1

COMPREHENSIVE LOGISTIC
5401 BAUMHART RD
LORAIN OH 44053
Hours : 0800-1700

Appointment 04/18/24

EMAIL INVOICE AND POD TO INVOICES@AMTRANSEXPEDITE.COM FOR STANDARD PAY TERM
DRIVER IS RESPONSIBLE FOR COUNTING PIECES AND SIGNING FOR NUMBER OF PIECES
RECEIVED. IF FOR ANY REASON THERE IS A PROBLEM WITH THE COUNT, DRIVER MUST
CONTACT BROKER FOR ASSISTANCE. The rate quoted by the BROKER, AM Trans
Expedite, Inc. to the CARRIER addressed on this agreement, herein and is hereby
confirmed and agreed to as the rate assessed for the shipment. Further more,
by accepting this shipment at the rate quoted, the CARRIER agrees to hold
harmless the SHIPPER, CONSIGNEE, and BROKER for any billing in excess of the
rate and charges as quoted in the agreement. Carrier agrees to be responsible
for cargo insurance on a full value basis for all shipments in their care,
custody, and control. Carrier assumes the liability of a common carrier
(i.e. Carmack Amendment liability) for loss, delay, damage to or destruction o
any and all of Customer's goods or property while under Carrier's care, custod
or control. Carrier shall pay Broker, or allow Broker to deduct from the amount
Broker owes Carrier, Customer's full actual loss for the kind and quantity of
commodities so lost, delayed, damaged or destroyed. Carrier shall be liable to
Broker for all economic loss, including consequential damages that are incurred
by Broker or the Customer for any freight loss, damage or delay claim.
Carrier assumes the liability of a common carrier (i.e. Carmack Amendment
liability) for loss, lets fees, damage to or destruction of any and all of
Customer's goods or property while under Carrier's care, custody or control.
Carrier shall pay Broker, or allow Broker to deduct from the amount Broker owes
Carrier, Customer's full actual loss for the kind and quantity of commodities
so lost, delayed, damaged or destroyed. Carrier shall be liable to Broker for

(Rate Confirmation Details on Next Page)

Carrier Signature _____

Date _____ / _____ / _____
M D

Send Carrier Bills to the Address Above

PRO # 564121

must appear on all Invoices



AM TRANS EXPEDITE, LLC
FUSION TRANSPORT P.O BOX 24498
INVOICES@AMTRANSEXPEDITE.COM
NEW YORK NY 10087-4498

PRO # 564121

Rate Confirmation

04/17/24 15:02:49 (EST)

F
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O
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RIO SACCO
X 707 (p)
(847) 238-0400 (f) (616) 358-2944 (c)
rsacco@amtransexpedite.com

C
A
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R
I
E
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BRZ
(708) 303-5150 (p)
(708) 303-5150 (f)
MC # 86875 Truck # 831
DOT 3119062 Trailer # W94924
Driver LUIS Cell # (732) 522-5785

all economic loss, including consequential damages that are incurred by Broker or the Customer for any freight loss, damage or delay claim. Carrier could be held responsible for late fees provided from the customer.

Carrier Signature _____

Date _____ / _____ / _____
M D

Send Carrier Bills to the Address Above

PRO # 564121

must appear on all Invoices

TIMKEN

Bill of Lading Number: BL00839915



BL00839915

Print Date: 04/17/2024 3:43 PM

BILL OF LADING

NON NEGOTIABLE

Ship From

DUNCAN DISTRIBUTION CENTER
120 Hidden Lake Circle
DUNCAN, SC 29334

CONSIGNED TO

Ship To

FORD MOTOR CO FAALB
5401 BAUMHART RD DOCK HM
HM - COMPREHENSIVE LOGISTICS INC
LORAIN, OH 44053

Carrier Name: NLMI

Delivery Carrier:

Trailer Number: W94924

Seal number(s):

Pro #:

13599186

Place Pro Number Sticker Here

Third Party Freight Charges Bill To:

Incoterms:

Forwarder Order:

☐
(check box)

Master Bill of Lading: with attached underlying Bills of Lading

Fee Terms:

Collect: ☒ Prepaid: ☐

WayBill No:

Pro Number:

Customer Order Information

| CUSTOMER ORDER NUMBER | DELIVERY NUMBER | CUSTOMER ORDER NUMBER | DELIVERY NUMBER | CUSTOMER ORDER NUMBER | DELIVERY NUMBER |
|-----------------------|-----------------|-----------------------|-----------------|-----------------------|-----------------|
| 5700251979 | 0703398041 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Carrier Information

| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION | LTL ONLY | |
|---------------|---------|---------|-------|--------|-------------|--|----------|-------|
| QTY | TYPE | QTY | TYPE | | | Commodities requiring special or additional attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. | NMFC # | CLASS |
| 1 | Pallets | 15 | Cases | 419.25 | | Bearings/Iron or Steel | 114820 | 77.5 |
| | | | | | | | | |
| | | | | | | | | |
| 1 | | 15 | | 419.25 | | GRAND TOTAL | | |

SPECIAL INSTRUCTIONS:

AETC Number:

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/DATE

This is to certify that the above named materials are properly classified, described, 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

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.

4-17-24

TIMKEN

Bill of Lading Number: BL00839915



BL00839915

Print Date: 04/17/2024 3:43 PM

BILL OF LADING
NON NEGOTIABLE
Ship From
DUNCAN DISTRIBUTION CENTER
120 Hidden Lake Circle
DUNCAN, SC 29334
CONSIGNEE TO**Ship To**
FORD MOTOR CO FAALB
5401 BAUMHART RD DOCK HM
HM - COMPREHENSIVE LOGISTICS INC
LORAIN, OH 44053

Carrier Name: NLMI
Delivery Carrier:
Trailer Number: W94924
Seal number(s):
Third Party Freight Charges Bill To:
Pro #: 13599186
Place Pro Number Sticker Here
Incoterms:

Forwarder Order:



(check box)

Master Bill of Lading: with attached underlying
Bills of Lading
Customer Order Information

| CUSTOMER ORDER NUMBER | DELIVERY NUMBER | CUSTOMER ORDER NUMBER | DELIVERY NUMBER | CUSTOMER ORDER NUMBER | DELIVERY NUMBER |
|-----------------------|-----------------|-----------------------|-----------------|-----------------------|-----------------|
| 5700251979 | 0703398041 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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Trailer Loaded:

- ☐
- By Shipper
-
- ☐
- By Driver

Freight Counted:

- ☐
- By Shipper
-
- ☐
- By Driver/pallets said to contain
-
- ☐
- By Driver/Pieces

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4-17-24

