

**Bill to:**

Associated Logistics Group

,
,
,

Invoice Date: 04/19/2024

Invoice #: 64920553

Terms: NET 30

Due Date: 05/19/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
04/17/2024		820 Highway 7 N Holly Springs, MS 38365 - 1 Memorial Dr, Richford, VT 05476, USA			
			1	\$3,300.00	\$3,300.00

TOTAL
\$3,300.00

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



Please email your carrier invoice to:

AP@associatedlogistics.com

Dispatcher:
Work Phone:

Mailing Address
2550 University Ave W , STE 224-N
Saint Paul, MN 55114
Phone: (877) 744-7254
Fax: (651) 340-6916

Load: 64920553

Dispatch Information

Carrier Information

ZIGI FREIGHT INC
Phone: (630) 485-7370
Fax:
Contact: dispatch@royal3inc.com
MC #: 944686
DOT #: 2828543

Pickup #: N/A

Ship Date: 4/17/2024

Ready: 9:00 AM Close: 2:00 PM

Delivery Window: 4/19/2024 7:00 AM - 4/19/2024 3:00 PM

Shipper Information

KP Building Products
820 Highway 7 N Holly
Holly Springs, MS 38635
Phone: (662) 252-9991 Fax: n/a
Contact:
Email: helen.smith@kpproducts.com
Notes:

Consignee Information

Kaytec
1 Memorial Dr
Richford, VT 05476
Phone: n/a Fax: n/a
Contact:
Email:
Notes:

BOL #:
Shipper No: racks
PO Ref: racks
Pro No: N/A
Equipment: Van

3RD PARTY BILL FREIGHT PREPAID TO:
Associated Logistics Group
2550 University Ave W , STE 224-N
Saint Paul, MN 55114

Shipping Units	HM*	Kinds of Packaging, Description of Articles Special Marks and Exceptions	WEIGHT	
1 Truckloads		Empty Racks	25000.00 LB	
1 Truckloads			Linear Feet: 48.00	Miles: 1354.49
Released Value: 100000.00 (4.00 per pound)			Total Weight: 25000.00	

* HM indicates Hazardous Material

Carrier Charges:

Shipping Charges \$3300.00

Total: \$3300.00

Payable in USD

Additional Notes:

NO REEFERS

PLEASE SEND YOUR CARRIER INVOICE TO AP@ASSOCIATEDLOGISTICS.COM

1. Associated Logistics Group shall at all times, be acting in the capacity of an independent contractor to the Carrier, and does not hire, or in any way exercise control, over the carriers drivers or other employees or agent or the Carrier.
2. Carrier will bill Associated Logistics Group directly for all services provided unless otherwise agreed to in writing.
3. Freight charges will be submitted to Associated Logistics Group with a bill of lading and will be paid within 30 days of receipt of freight bill.
4. Carrier will be responsible for verifying piece counts at the time of pick up. Discrepancies will be reported within 48 hours of pick up. Notations such as STC (said to contain) and SWP (shrink wrap pallet) will not insulate carrier from liability in the event of a cargo claim.
5. Carrier agrees to provide cargo insurance in the amount listed above and a minimum of \$100,000 to compensate owner of property in the event of loss or damage. Carrier also agrees to provide a current certificate of cargo insurance with Associated Logistics Group named as the certificate holder. In the event of a cargo claim, carrier will be liable for the full invoice value of the loss.
6. Transportation services requested herein will be provided by the carrier named above. This shipment may not be tendered to another carrier, brokered out, sub hauled, etc. without written consent by Associated Logistics Group. Carrier specifically agrees that all freight tendered to it under this agreement shall be transported on equipment operated only under the authority of the Carrier and shall not in any manner sub contract, broker, or in any other form arrange for the freight to be transported by a third party.
7. Shipment will be delivered on a non revenue bill and in no case will freight charges be accessible to anyone other than Associated Logistics Group.
8. Rate is subject to change if there are any service failures and/or missed deliveries.
9. Carriers consent to pick up shipment acknowledges and constitutes carriers acceptance of the terms and conditions outlined herein.
10. All cargo claims will be presented to carrier within nine (9) months of delivery expected delivery or loss or damage. Concealed damage claims will be reported to the carrier within 15 days of delivery. Carrier agrees to acknowledge and respond to claims presented in a timely manner in accordance with guidelines established in NMF 100.
11. Carrier agrees to deliver freight and adhere to transit times requested herein. In the event of delay, carrier will notify Associated Logistics Group in writing of any anticipated service failures 24 hours in advance of the originally expected delivery date.
12. The venue and jurisdiction for any dispute arising from this agreement and/or relationship between Associated Logistics Group and other parties to this agreement, including but not limited to disputes over individual shipments, shall be brought in the courts in the local jurisdiction of Associated Logistics Group's location.
13. The rates set forth herein are comprehensive and inclusive for any fuel surcharges unless otherwise noted. No additional charges (including, but not limited to stop off, unloading, storage, etc.) will be paid unless approved by Associated Logistics Group prior to such charges being incurred. Approval, if any, will be evidenced by issuance of a revised confirmation sheet authorizing extra charges by Associated Logistics Group.
Other conditions for supplemental insurance:
Excluding electrical and mechanical derangement unless caused by an insured peril
Excluding damage due to rust, oxidation and discoloration, bruising and denting unless due to an insured peril.
Excluding damage due to unprotected or unpacked goods.
Subject to institute replacement clause. Printed on Tuesday, April 16, 2024.

Accepted:
Load #: 64920553

Bill Carson

Date: 4/16/2024

4/17/2024

BILL OF LADING:

Carrier

SHIP From

Name KP Bldg. Products
Address: 820 Hwy 7 North
City/State/Zip: Holly Springs, MS. 38635
Phone 662-252-9991

FOB: ☐

Bill of Lading Number: RACKS

BAR CODE SPACE

Ship TO

Name: KAYTEC
Address: 1 Memorial Dr.
City/State: Richford, VT
Phone# 802-848-7010

FOB: ☐

CARRIER: ESTES

Trailer number:

Seal number(s):

SCAC:

Pro number:

BAR CODE SPACE

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: KP BUILDING PRODUCTS
Address: 820 HWY 7 NORTH
City/State/Zip: HOLLY SPRINGS, MS 38635
PH. 662-252-9991 Fax: 662-252-9991
Contact: Lenora Thomas/ Helen Smith

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

Prepaid x

3rd Party

Collect



(check box)

Master Bill of Lading: with attached
underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		Weight	H. M (X)	COMMODITY DESCRIPTION <small>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</small>	NMFC #	CLASS 60
QTY	TYPE	QTY	Type					
48	Racks					Blue Metal Racks		
						Length 153 3/4		
						Width 44x49		
				22,550		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: \$85,000.00
"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

COD Amount: \$

Fee Terms: Collect: ☐ Prepaid: ☐
Customer check acceptable: ☐

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.

Signature _____ Consignee

SHIPPER SIGNATURE / Lenora Thomas

Trailer Loaded:

Freight Counted:

CARRIER SIGNATURE / PICKUP DATE

4/17/2024

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Carrier

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City/State/Zip: Holly Springs, MS. 38635
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Contact: Lenora Thomas/ Helen Smith

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unless marked otherwise)

Prepaid x ☐
3rd Party ☐ Collect

☐
(check box)

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CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	

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Signature *B. Spear* 4/19/24 Consignee

SHIPPER SIGNATURE / *Lenora Thomas*

Trailer Loaded:

Freight Counted:

CARRIER SIGNATURE / PICKUP DATE