



**Bill to:**  
COWAN LOGISTICS , LLC  
4555 HOLLINS FERRY ROAD,  
BALTIMORE,  
MD,

Invoice Date: 04/29/2024  
Invoice #: 800877753  
Terms: NET 30  
Due Date: 05/29/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
04/26/2024		255 Fort Collier Rd, Winchester, VA 22603 - 2125 Sunset Rd, Des Moines, IA 50317			
			1	\$1,500.00	\$1,500.00

<b>TOTAL</b>
\$1,500.00

**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**



Cowan Logistics, LLC | MC044801  
LOAD AND RATE CONFIRMATION  
\*DRIVER MUST CALL FOR DISPATCH\*



PHONE: 443-297-1283 | FAX: 443-575-4852 | EMAIL: jmcnab@cowanlogistics.com

Daily check calls by 9 am required. "Loaded calls" and "Empty calls" required. Failure to call: \$25.00 per day per occurrence. 4/25/2024 9:51 AM

<b>CARRIER:</b> RIKI TRANSPORTATION INC	<b>ORDER:</b> 800877753	<b>*MUST APPEAR ON ALL BILLING*</b>	
<b>CARRIER CODE:</b> CGRIKBU	<b>Driver:</b> JOHN	<b>Truck:</b> 851	<b>Weight:</b> 29000
<b>EMAIL:</b> linda@rtbrz.com	<b>Phone:</b> (520) 499-9166	<b>Container:</b> UNKNOWN	<b>Pieces:</b> 0.00
<b>PHONE:</b> (708) 852-5654 <i>ATTN: linda</i>	<b>MinTemp:</b> Frn hgt	<b>Trailer:</b> TTL232153	
<b>FAX:</b>	<b>MaxTemp:</b> Frn hgt	<b>Chassis:</b> UNKNOWN	
		<b>Req. Trl Type:</b> 53' Van	

**REMARKS:** no early arrival for delivery

**NOTES:** Broker must be notified 15 minutes  
prior to entering detention to be eligible  
to receive compensation for detention

PICK UP	LOAD TIME:	04/26/2024 08:00 - 04/26/2024 15:00
SOLARIS PAPER FORT COLLIER 255 Fort Collier Rd. WINCHESTER, VA 22603	<b>Directions:</b> <div></div>	<b>Ref Numbers:</b> Ref Numbers provided after driver calls in empty for dispatch <b>Stop Notes:</b>
<b>NOTES:</b>		
DELIVERY	DROP TIME:	04/29/2024 09:00
CAPITAL SANITARY SUPPLY 2125 Sunset Rd DES MOINES, IA 50317	<b>Directions:</b> <div></div>	<b>Ref Numbers:</b> Ref Numbers provided after driver calls in empty for dispatch <b>Stop Notes:</b>
<b>NOTES:</b>		

<b>CARRIER PAY:</b>	Comcheck fees:
Load Broker Line Haul : \$1,500.00	5% fee on Advances
<b>TOTAL: \$1,500.00</b>	\$3 Fee on Lumper Advances
	We DO NOT give advances to first time carriers. We DO NOT make final payments via comcheck.

**Bill To Address:**  
Cowan Logistics, LLC  
4555 Hollins Ferry Rd.  
Baltimore, MD 21227

Driver First & Last Name: \_\_\_\_\_ Driver Cell Phone #: \_\_\_\_\_

Truck #: \_\_\_\_\_ Trailer #: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_ Manufacture Year of Trailer: \_\_\_\_\_

Estimated Empty information Prior to Pick-up: City, State: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

CARRIER SIGNATURE: *Linda Ferrer*

DATE: \_\_\_\_\_

By accepting this tender and executing this Load and Rate Confirmation, I agree to the assignment of my Broker- Carrier agreement with Cowan Logistics, a division of Cowan Systems, LLC to Cowan Logistics, LLC and that the terms of that Broker Carrier Agreement apply to this load. If I have already signed a carrier contract with Cowan Logistics, LLC, acceptance of this tender is subject to the Cowan Logistics, LLC Broker Carrier Agreement.



PLEASE FAX TO: 443-575-4852  
OR EMAIL TO JMCNAB@COWANLOGISTICS.COM  
Broker: McNab, Jennifer



## **Cowan Logistics, LLC TERMS AND CONDITIONS**

In addition to the provisions of your carrier agreement with Cowan Logistics, LLC, the following terms shall apply to all transportation services supplied hereunder:

1. THIS LOAD MAY NOT BE DOUBLE BROKERED. Carrier is reminded that it is strictly prohibited from subcontracting this load to any other carrier or broker. Cowan Logistics, LLC reserves the right to pay the delivering carrier directly and the carrier named on this confirmation shall remain primarily liable as provided herein.
2. Carrier agrees that it will look solely to Broker for the payment of its charges and that it will not contact or pursue Broker's customers, shippers or consignee for payment of freight, accessorial or other charges owed to carrier.
3. Carrier agrees that, at the time of transport, Carrier's driver is in compliance with all FMCSA regulations and applicable laws.
4. Carrier must request all accessorial pay (including lumpers) directly with broker listed on bottom of rate confirmation at time of occurrence. Payment for any accessorial will not be made without Cowan's Broker approving the charge by way of an updated rate confirmation. Carrier must receive an updated rate confirmation listing all charges prior to submitting their invoice to the carrier settlements department at Cowan. Carriers will have 2 hours free time for detention and must notify Cowan Logistics, LLC 1 hour prior to free time running out for detention to be considered. Failure of carrier to report or provide supporting documentation will result in non-payment of accessories. All accessories must be preapproved by your Cowan Logistics Broker (bottom right of page) within 24 hours of event to be reimbursed.
5. All drivers must notify Cowan Logistics, LLC of any overages, shortages, or damages as they occur.
6. All problems/reschedules must be handled through our office.  
Driver/dispatchers are not to call shippers/receivers.
7. Carrier shall be named on the bill of lading as the carrier of record.
8. BOL, proof of delivery, signed Rate Confirmation Sheet, any revised rate confirmation showing accessorial charges and other supporting documentation must accompany all invoices.
9. TONUs are not eligible unless driver has called in empty for pickup numbers on day of pick up.

**All PODs must be faxed within 24 hours of delivery. Email your invoices to [carrierinvoices@cowanlogistics.com](mailto:carrierinvoices@cowanlogistics.com) with the Cowan Order # in the subject line. Please inquire about our ACH or Quick Pay options. Contact our Carrier Settlements Department @ 410-247-0800 x 1507 or access our carrier payment portal for payment updates at <https://cowanlogistics.com/carrierpayments>**



**PLEASE FAX TO: 443-575-4852  
OR EMAIL TO [JMCNAB@COWANLOGISTICS.COM](mailto:JMCNAB@COWANLOGISTICS.COM)  
Broker: McNab, Jennifer**



Date: Friday, April 26, 2024

## BILL OF LADING

Page 2 of 2

SHIP FROM		Bill of Lading Number: 9104285467
Name:	WINCHESTER - FG	Stage Lane#:
Address:	255 FORT COLLIER ROAD	
City/State/Zip:	WINCHESTER VA 22603	SO NO. 9100320302
SHIP TO		
Name:	CAPITAL SANITARY SUPPLY	Carrier Name: COWAN
Address:	2125 SUNSET RD	Trailer Number: 44897973
City/State/Zip:	DES MOINES IA 50321	Seal Number(s): 44897973
THIRD PARTY FREIGHT CHARGES BILL TO		SCAC:
Name:	SOLARIS PAPER PRE AUDIT C/O TL	Pro Number:
Address:	2050 S. SANTA CRUZ STREET, SUITE 2300	
City/State/Zip:	ANAHEIM, CA 92805	Freight Charge Terms: (Freight Charges are prepaid unless marked with Prepaid: XX Collect: 3rd Party:

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLETS SLIP (CIRCLE ONE)	SPECIAL INSTRUCTIONS		
085339	28PAL	25743.32	Y      N			
GRAND TOTAL	28PAL	25743.32				
CARRIER INFORMATION						
PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE			Commodities requiring special or additional care or a	NMFC#	CLASS
110.000	CS	3061.300		;LC LHRT 1P 8x1000FT LVL 1000FTx6		
28PAL		25743.32		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 _____ per _____"		COD Amount \$	
NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. -14706(c) (1) (A) and (B)		Fee Terms: Collect: Prepaid: Customer check acceptable:	
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in the writing between the carrier and the shipper, 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		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, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT		Shipper Signature	
Appoint Date/Time: 04-26-2024/00:00:00		CARRIER SIGNATURE/PICKUP DATE	
Arrival Date/Time: _____/_____ Departure Date/Time: _____/_____		Arrival Departure	
CUSTOMER Seal intact? YES NO Date Received:			



Date: Friday, April 26, 2024

## BILL OF LADING

Page 2 of 2

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Address:	255 FORT COLLIER ROAD	Stage Lane#:				
City/State/Zip:	WINCHESTER VA 22603	SO NO. 9100320302				
FOB:						
SHIP TO		Carrier Name:				
Name:	CAPITAL SANITARY SUPPLY	COWAN				
Address:	2125 SUNSET RD	Trailer Number: 44897973				
City/State/Zip:	DES MOINES IA 50321	Seal Number(s): 44897973				
FOB:		SCAC:				
THIRD PARTY FREIGHT CHARGES BILL TO		Pro Number:				
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085339	28PAL	25743.32	Y N			
GRAND TOTAL	28PAL	25743.32				
CARRIER INFORMATION						
PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE			Commodities requiring special or additional care or a	NMFC#	CLASS
110.000	CS	3061.300		LC LHRT 1P 8x1000FT LVL 1000FTx6		
28PAL		25743.32		GRAND TOTAL		

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RECEIVED, subject to individually determined rates or contracts that have been agreed upon in the writing between the carrier and the shipper, 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		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, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT		Shipper Signature	
Appoint Date/Time: 04-26-2024/00:00:00		CARRIER SIGNATURE/PICKUP DATE	
Arrival Date/Time: _____/_____/_____		Arrival Departure	
Departure Date/Time: _____/_____/_____			
CUSTOMER			
Seal intact? YES NO			
Date Received:			



Date: Friday, April 26, 2024

## BILL OF LADING

Page 1 of 2

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City/State/Zip:	DES MOINES IA 50321	Seal Number(s): 44897973
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THIRD PARTY FREIGHT CHARGES BILL TO		Pro Number:
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CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLETS SLIP (CIRCLE ONE)	SPECIAL INSTRUCTIONS
085339	28PAL	25743.32	Y N	
GRAND TOTAL	28PAL	25743.32		

CARRIER INFORMATION					
PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY
QTY	TYPE			Commodities requiring special or additional care or a	NMFC# CLASS
60.000	CS	432.600		;LVS FTFB 2P 8.37X8.07 PLN ED 100X1X30 N	
120.000	CS	3742.800		;LVS BT 1P 4.06X3.98 PLN 1000X1X1X80	
168.000	CS	5169.360		;LV BT 2P 4.06X3.66 LVL 500X1X1X96	
200.000	CS	3660.000		;LVS JRT 2P 3.3X1000FT PLN 1000FTX12	
168.000	CS	3724.560		;LC LBT 2P 3.85X4.05 PLN 1000X9X4X56	
40.000	CS	990.400		;LC LJBT 2P 3.3X1200FT PLN 1200FTX12	
60.000	CS	926.400		;LV MF 1P 9.06X9.45 FUL 250X1X1X16	
55.000	CS	1225.400		;LVS HRT 1P 8X800FT FUL 800FTX6	
110.000	CS	2810.500		;LC LHRT 1P 8X800FT LVL 800FTX6	

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 \$

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 the writing between the carrier and the shipper, 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

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

Shipper Signature

SHIPPER SIGNATURE/DATE

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

Appoint Date/Time: 04-26-2024/00:00:00

Arrival Date/Time: 4/25

Departure Date/Time: 4/10

CARRIER SIGNATURE/PICKUP DATE

Arrival

Departure

CUSTOMER

Seal intact?

YES

NO

Date Received: