



Bill to:
TQL
,
,
,

Invoice Date: 05/03/2024
Invoice #: TQL PO# 27847795
Terms: NET 30
Due Date: 06/03/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
05/01/2024		3721 W 112th St, Hialeah, FL 33018, USA - 822 Middlebury St, Elkhart, IN 46516, USA			
			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



TQL RATE CONFIRMATION FOR PO# 27847795

FIND YOUR NEXT LOAD BY VISITING
[CARRIERDASHBOARD.TQL.COM](https://carrierdashboard.tql.com)

TO ENSURE PROMPT PAYMENT, SUBMIT THIS RATE CONFIRMATION, COMPLETE BOL(S)/POD, RECEIPTS
AND OTHER APPLICABLE PAPERWORK WITHIN 24 HOURS OF DELIVERY TO CINVOICES@TQL.COM. FOR
OTHER OPTIONS, SEE NEXT PAGE.

TQL CONTACT INFO

Name	Phone	Email	Fax
William Heard	800-580-3101 x44102	WHeard@TQL.com	5136886794

CARRIER CONTACT

Office Staffed 24/7

MC#/DOT#	Name	Phone	Terms	Fax
086875 / 3119062	Brz (il)	708-303-5150	28DAYS	630-485-0000

Address

COMPASS FUNDING SOLUTIONS PO BOX 205154 DALLAS, TX 75320-5154

Dispatcher	Driver	Truck #	Trailer #
Luke	Felix	858	W94927

LOAD INFORMATION

Rate	Type	Unit	Quantity	Total
\$1,800.00	Line Haul	Flat	1	\$1,800.00

Rates that are based on weight or count will be calculated from the quantities loaded.

Total: \$1,800.00 USD

Mode	Trailer Type	Trailer Size	Linear Feet	Temperature	Pallet/Case Count	Hazmat	Load Requirements
FTL	Van	53 ft			0 pallets/0 cases	Non-Hazardous	
Special Temp Instructions						LxWxH	

Pick-up Location	Date	Time
Hialeah, FL	4/30/2024	FCFS 09:00 to 17:00

Commodities:

Pick Up #	Quantity	Unit	Commodity	Notes
1	1	Truckload	Soft drinks	

Delivery Location	Date	Time
Elkhart, IN	5/2/2024	FCFS 08:00 to 12:00

CARRIER RESPONSIBLE FOR

Unloading	None w/ valid unloading receipt	Pallet Exchange	None	Estimated Weight	44000
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Note to
Carrier

T Q Y L





If this box is checked, Carrier is required to mail original paperwork to TQL at the below address.

CARRIER INVOICE #

FOR STANDARD MAIL

TQL
PO Box 799
Milford, OH 45150

OVERNIGHT INVOICING

TQL
1701 Edison Drive
Milford, OH 45150

QUICK PAY

If your default payment terms are not Quick Pay and you would like Quick Pay on this load, please check one of the boxes below. Send your invoice to the Quick Pay email or fax listed below or via one of the document scanning options.

☐ 1 Day Quick Pay 5%

☐ 7 Day Quick Pay 3%

METHODS TO SUBMIT PAPERWORK

Submit completed and signed paperwork within 24 hours of delivery.

EMAIL

Quick Pay - Quickpay@tql.com
Standard - cinvoices@tql.com

DOCUMENT SCANNING

[TQL Carrier Dashboard](#) - Send paperwork
for FREE via our web and mobile app

FAX

Quick Pay - 513-688-8895
Standard - 513-688-8782

TRANSFLO Express allows you to scan and send invoices
and POD's to TQL for \$3.50 from participating truck stops.

TQL must approve all accessorial terms/charges in advance and in writing. Payment of detention is determined on a load-by-load basis. Unauthorized charges will not be paid. Detention payment does not begin for at least 3 hours unless otherwise agreed to in writing. To qualify for additional compensation, the Carrier MUST notify TQL at least 30 minutes before beginning detention time and when arriving-on-time/departing from all shippers/receivers (unless the shipper/receiver will notate check in/out times on the paperwork).



BOOK SELECT LOADS ONLINE WITH BOOK IT NOW
ON TQL CARRIER DASHBOARD

SIGN IN >

USE TQL TRACKING
TO CUT DOWN ON CHECK CALLS



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T Q Y L



Carrier Representative Signature

*By electronically signing below and acknowledging acceptance, I confirm I have the authority to act on behalf of, and bind the undersigned individual and/or entity and have agreed to the terms

Name* S/ **Luke Miche**



Pickup Dates
4/30/24

Delivery Dates
5/2/24

TQL CONTACT INFO

Name	Phone	Email	Fax
William Heard	800-580-3101 x44102	WHeard@TQL.com	5136886794

CARRIER CONTACT

Name	Dispatcher	Driver
Brz (il)	Luke	Felix

LOAD INFORMATION

Mode	Trailer Type	Trailer Size	Temperature	Pallet/Case Count	Hazmat	Load Requirements
FTL	Van	53 ft		0 pallets/0 cases	Non-Hazardous	
Special Temp Instructions						

CARRIER RESPONSIBLE FOR

Unloading	None w/ valid unloading receipt	Pallet Exchange	None	Estimated Weight	44000
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PICKUPS

Shed	City	State	Zip	PU#	Date	Time
TRITON (HIALEAH, FL)	Hialeah	FL	33018	KOSU4931118	4/30/2024	FCFS 09:00 to 17:00
Information: Triton 3621 W 112th Place, Hialeah, FL 33018, USA						
Commodities:						
Quantity	Unit	Commodity	Notes			
1	Truckload	Soft drinks				

DROPS

Consignee	City	State	Zip	Delivery PO	Date	Time
Profarma Distributors LLC	Elkhart	IN	46516	4741	5/2/2024	FCFS 08:00 to 12:00
Information: 822 Middlebury St Elkhart, Indiana 46516						

Note to Carrier



TQL PO# 27847795

THIS AGREEMENT IS SUBJECT TO THE TERMS OF THE BROKER/CARRIER AGREEMENTS SIGNED BY THE CARRIER AND TQL. THIS AGREEMENT IS AN ADDENDUM TO THE BROKER/CARRIER AGREEMENT. THIS DOCUMENT IS ONLY FOR INFORMATIONAL PURPOSES.





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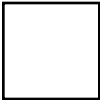
Unloading	None w/ valid unloading receipt	Pallet Exchange	None	Estimated Weight	44000
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T Q Y L



Carrier Representative Signature

*By electronically signing below and acknowledging acceptance, I confirm I have the authority to act on behalf of, and bind the undersigned individual and/or entity and have agreed to the terms

Name* S/ **Luke Miche**



Bill of Lading				TQL PO Number: 27847795		
Ship From				4741 - KOSU4931118		
3621 W 112th Place Hialeah FL 33018				Pickup Date: 4/30/2024 Carrier: Total Quality Logistics		
Ship To				References		
822 Middlebury St Elkhart IN 46516				KOSU4931118		
Prepaid, 3rd Party Bill To						
Total Quality Logistics PO Box 9049 Louisville, KY 40209-0049						
Special Instruction:					Freight Terms:	
Accessorials:					Third Party: <u> X </u> Collect: <u> </u> Prepaid: <u> </u>	
Qty	Type	Weight	Dims	NMFC	Item Description	LTL Class
22	PCTs					
					GRAND TOTALS:	
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 <u> </u> Prepaid <u> </u> Check Acceptable <u> </u>	
Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 14706(c)(1)(A) and (B).						
For Freight Collect Shipments: <small>If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign following statement: <i>The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.</i></small> Signature of Consignor: _____					Trailer Loaded: ____ By Shipper ____ By Driver	Freight Counted: ____ By Shipper ____ By Driver
Shipper Signature/Date <small>This is to certify that 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.</small> Shipper: <u> Dorian G. </u> Date: <u> 5/1/24 </u>				Carrier Signature/Pickup Date: <small>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.</small> Carrier: _____ Date: _____		

Seal! 217228

5-1-24

Bill of Lading				TQL PO Number: 27847795			
Ship From				4741 - KOSU4931118			
3621 W 112th Place Hialeah FL 33018				Pickup Date: 4/30/2024 Carrier: Total Quality Logistics			
Ship To				References			
822 Middlebury St Elkhart IN 46516				KOSU4931118			
Prepaid, 3rd Party Bill To							
Total Quality Logistics PO Box 9049 Louisville, KY 40209-0049							
Special Instruction:						Freight Terms:	
Accessorials:						Third Party: <u> X </u>	
						Collect: <u> </u> Prepaid: <u> </u>	
Qty	Type	Weight	Dims	NMFC	Item Description	LTL Class	
22	PET						
					GRAND TOTALS:		
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Shipper Signature/Date <small>This is to certify that 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.</small> Shipper: <u>Darian G.</u> Date: <u>5/1/24</u>				Carrier Signature/Pickup Date: <small>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.</small> Carrier: _____ Date: _____			

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