



Bill to:
ARMSTRONG TRANSPORT GROUP INC
86 WILKINSON CT,
CONCORD,
NC,
28025

Invoice Date: 05/03/2024
Invoice #: #2849912-1
Terms: NET 30
Due Date: 06/03/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
05/02/2024		1433 Western Ave, Plymouth, IN, 46563 - 318 East 2nd Street, Henrietta, MO, 64036			
			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

BRZ**MC: 086875 | DOT: 3119062**Attn: Luke Miche
Phone: 708-852-5668
Email: luke@rtbrz.com**Mode:** Full TruckLoad**Equipment:** V53, 53' Van**Product:** foil backed paper**Temperature:****Driver:****Truck #:****Trailer #:****RATE DETAILS**Line Haul **USD \$1,200.00**Total: **USD \$1,200.00****SPECIAL INSTRUCTIONS:****INVOICE INSTRUCTIONS****Why wait 30 days to get paid? Armstrong offers QuickPay via TriumphPay at just 2.5%. Have your funds within two business days.****Email:** ap@armstrongtransport.com**QuickPay:** quickpay@armstrongtransport.com**Mail:** 1120 S Tryon Street, Suite 500

Charlotte, NC 28203

*All invoices submitted via email and mail will be paid in net 31-day terms.**Any invoice submitted for QuickPay will be processed in 1-2 business days.*Please reference the Armstrong load number (**#2849912-1**) on your invoice.**Advances:** EFS checks will be charged the larger of \$5 or 4%.**Check Payment Status****Online:** <https://www.atgr8.com/CarrierPortal>**Email:** payments@armstrongtransport.com**General load questions:**

jcwendel@armstrongtransport.com

CORPORATE INFORMATION******For specific information about this load, please contact (Jordan Wendel) at (jcwendel@armstrongtransport.com and 574-780-5958)******

Armstrong Transport Group

MC: 555609

P: 877-240-1181

carriers@armstrongtransport.com

www.armstrongtransport.com**STOPS**

Stop	Location	Time	Items	Net Weight	Pick/Drop #
5/2/2024 Pickup	US Graunules Laura 1433 Western Ave Plymouth, IN, 46563 574-936-2146	8am-2pm	• 1 Items	44000.00lbs	For US Granules
5/3/2024 Dropoff	US Granules 318 East 2nd Street Henrietta, MO, 64036 816-494-5585	8am-3pm	• 1 Items	44000.00lbs	For US Granules

Please Sign and Email to Jordan Wendel (jcwendel@armstrongtransport.com)

Luke Miche

Carrier Signature

Driver Phone #

Brz

Carrier Name

Jordan Wendel

Agent Name

All rates referenced here amend Armstrong Transport Group, LLC's (hereinafter "Armstrong") Carrier Agreement. Armstrong is a freight broker (MC No.: 555609), as defined by 49 CFR § 371.2, and is not a motor carrier. All freight moved for Armstrong and its customers is time sensitive. Unless stated otherwise, all loads are to be hauled using a dedicated trailer. Loads must be delivered on the delivery dates and times referenced herein. Loads that do not meet the set date, time, or exclusivity criteria, will be subject to any and all applicable fines, unless waived in writing and acknowledged by an Armstrong agent. Any and all relevant exclusions on a carrier's cargo insurance policy must be disclosed. Cargo claims that result in a denial of coverage by the carrier's cargo insurance policy are the exclusive responsibility of the carrier. Carriers shall, at their own cost and expense, procure and maintain all such licenses and permits required to haul the freight referenced herein. UNAUTHORIZED REBROKERING IS PROHIBITED AND WILL CONSTITUTE FORFEITURE OF LINE HAUL TO THE HAULING CARRIER. CARRIERS THAT VIOLATE MAP 21, AS DEFINED 49 CFR 371.2, ARE SUBJECT TO FINES, WILL BE REPORTED AND SHALL BE DEACTIVATED IN ARMSTRONG'S SYSTEM IMMEDIATELY.

PLEASE NOTE: DOUBLE BROKERING IS PROHIBITED AND WILL CONSTITUTE FORFEITURE OF PAYMENT.

STRAIGHT BILL OF LADING

ORIGINAL - NOT NEGOTIABLE

Shipper No. 21392
Carrier No. _____
Date 05/02/2024

APLUS

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(Name of Carrier)

(SCAC)

On Collect on Delivery shipments, the letters "COD" must appear before consignee's name or as otherwise provided in item 430. Sec 1

TO: U.S GRANULES CORPORATION 318 East 2nd St Henrietta MO 64036 USA			FROM: U.S. GRANULES CORPORATION Shipper 1433 WESTERN AVE PLYMOUTH IN 46563 USA Emergency Contact _____ Ext. _____ Origin _____ Vehicle/Container Number: _____ Seal Number: _____		
P.O. Number: Release Number: Freight Charges: Prepaid					

Number and Type of Packages	DESCRIPTION OF ARTICLES	TOTAL QTY	WEIGHT (lbs.)	WEIGHT (kg)	
			(Subject to Correction)		
1 SKID	MIXER GEAR BOX	1.000	2246		0 Gross
			0		0 Tare
	RECEIVED IN PLYMOUTH		0		0 Net
7 BALES	CALDWELL LAMINATED FOIL	7.000	39095		0 Gross
11 SKIDS BALES/ROLLS			900		0 Tare
	RECEIVED IN PLYMOUTH		38195		0 Net

IF PROBLEM WITH LOAD CALL 816-494-5585

BILLING VIA MAIL:
ARMSTRONG TRANSPORT GOUPE
PO BOX 560687
CHARLOTTE, NC 28256
VIA FAX: 980-225-0554
VIA EMAIL: ap@armstrongtransport.com

		REMIT C.O.D. TO ADDRESS:	
Driver Certifies that he has a Department of Transportation EMERGENCY RESPONSE GUIDE _____ or has received suitable response information from the shipper _____	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 Department of Transportation. _____ Signature	COD Amt: \$ 0.00	C.O.D. FEE: PREPAID <input checked="" type="checkbox"/> \$ COLLECT <input type="checkbox"/> \$ TOTAL CHARGES \$ FREIGHT CHARGES ARE PREPAID UNLESS MARKED COLLECT CHECK BOX IF COLLECT <input type="checkbox"/>
		Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
		_____ Signature	
		_____ Signature	

RECEIVED, subject to the classification and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destinations, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each property at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

SHIPPER U.S. GRANULES CORPORATION	CARRIER APLUS BRZ
PER	PER
DATE	DATE 05/02/24

Permanent post-office address of shipper

STRAIGHT BILL OF LADING

ORIGINAL - NOT NEGOTIABLE

Shipper No. 21392

Carrier No.

Date 05/02/2024

APLUS

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(Name of Carrier)

(SCAC)

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TO: U.S GRANULES CORPORATION
318 East 2nd StHenrietta
USA

MO

64036

FROM: U.S. GRANULES CORPORATION
Shipper 1433 WESTERN AVEPLYMOUTH
USA

IN

46563

Emergency Contact

Ext.

Origin

Vehicle/Container Number:

Seal Number:

P.O. Number:

Release Number:

Freight Charges: Prepaid

Number and Type of Packages	DESCRIPTION OF ARTICLES	TOTAL QTY	WEIGHT (lbs.)	WEIGHT (kg)	
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ARMSTRONG TRANSPORT GOUPR

PO BOX 560687

CHARLOTTE, NC 28256

VIA FAX: 980-225-0554

VIA EMAIL: ap@armstrongtransport.com

USG/ALMEG
m Wilson
5/3/24

REMIT C.O.D. TO ADDRESS:	
COD Amt: \$ 0.00	
C.O.D. FEE: PREPAID <input checked="" type="checkbox"/> COLLECT <input type="checkbox"/> \$	
TOTAL CHARGES \$	
FREIGHT CHARGES ARE PREPAID UNLESS MARKED COLLECT	
CHECK BOX IF COLLECT <input type="checkbox"/>	
Driver Certifies that he has a Department of Transportation EMERGENCY RESPONSE GUIDE _____ or has received suitable response information from the shipper _____	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 Department of Transportation. Signature _____
Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Signature _____	

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Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

SHIPPER U.S. GRANULES CORPORATION

CARRIER APLUS

PER

PER

DATE

DATE

Permanent post-office address of shipper