



**Bill to:**  
WEL LOGISTICS  
P.O. BOX 5610 ,  
De Pere,  
WI,  
54115

Invoice Date: 05/08/2024  
Invoice #: PRO # 140617  
Terms: NET 30  
Due Date: 06/08/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
05/06/2024		77 Springlake Blvd, London, KY 40744, USA - 28 Main St N, Minot, ND 58703, USA			
			1	\$2,500.00	\$2,500.00

TOTAL
\$2,500.00

**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**



WEL LOGISTICS, INC  
1625 S BROADWAY  
DE PERE WI 54115

PRO # 140617

Rate Confirmation

05/06/24 11:35:36 (EST)

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JOAR NONO  
(480) 747-9872 x 233 (p)  
(888) 555-2222 (f) (480) 612-8758 (c)  
jnono@gosynergyfreight.com

ZIGI FREIGHT INC  
(630) 485-7370 (p) Att: ROBERT- EXT 302  
(630) 485-6980 (f)  
MC # 944686 Truck # 774  
DOT 2828543 Trailer # W26232  
Driver RODRIGUEZ Cell # (786) 454-5717

Size & Type: 53' VAN  
Pieces: 24  
Blind Shipment

Description: PALLETIZED GOODS  
Weight: 29000

Miles: 1346

CHARGES		DISPATCH NOTES
LINE HAUL RATE	2500.00	PICKUP# BEN-HPC-01 24 PALLETS BLIND SHIPMENT FAILURE TO ADHERE WILL INCUR PENALTY. THIS IS AN ALL-IN RATE. DRIVER MUST SEND SIGNED BOL AFTER GETTING LOADED. FAILURE TO MEET APT TIMES CAN RESULT IN FEES & LOSS OF ACCESSORIALS. ALL PAPERWORK IS REQUIRED 24HRS AFTER DELIVERY ACCESSORIALS WILL BE VOID IF NO PAPERWORK 24HRS AFTER DELIVERY. MACROPOINT IS REQUIRED. NO DRIVER ASSIST UNLESS APPROVED
TOTAL RATE	2500.00	

PICK 1

SHIPPER  
77 SPRINGLAKE BLVD  
LONDON KY 40744  
Hours : 0800-1630

Appointment 05/06/24 @ 15:00  
Ref # BEN-HPC-01

STOP 1

RECEIVER  
28 MAIN ST N  
MINOT ND 58703  
Phone/Contact: (651) 356-9049 JON

Appointment 05/08/24 @ 9:00

**\*\*YOUR DRIVER MAY NEED TO INFORM SHIPPER THE LOAD IS ASSIGNED TO WEL LOGISTICS**  
**\*\*BY ACCEPTANCE OF SHIPMENT, CARRIER GUARANTEES THAT IT IS MANAGING ITS**  
**DRIVER(S) AND OPERATIONS IN ACCORD WITH THE CARRIER AGREEMENT AND ALL STATE**  
**AND FEDERAL REQUIREMENTS FOR AUTHORIZED MOTOR CARRIERS.**  
**\*\*MANY SHIPPERS AND CONSIGNORS REQUIRE A TRAILER NO OLDER THAN 10 YEARS. YOU**  
**MAY BE TURNED AWAY AT THE PICK-UP LOCATION IF YOUR TRAILER IS OLDER THAN 10**  
**YEARS.**  
**\*\*TO COMPLY WITH REGULATORY AND CUSTOMER REQUIREMENTS, CARRIER AGREES TO THE**  
**EXCLUSIVE USE OF ITS TRAILER FOR THE DURATION OF THE TRANSPORT OF THE FREIGHT**  
**IDENTIFIED ON THE RATE CONFIRMATION.**  
**\*\*YOUR DRIVER IS RESPONSIBLE FOR COUNT. ANY TYPE OF DISCREPANCY REGARDING**  
**SHIPMENT MUST BE IMMEDIATELY REPORTED TO AVOID POSSIBLE FREIGHT CLAIM.**  
**\*\* AFTER 3 HRS OF WAITING AT SHIPPER, PLEASE CALL THE NUMBER ON THIS RATE**  
**CONFIRMATION TO REPORT ANY DETENTION.**  
**\*\* PLEASE SEE YOUR CONTRACT REGARDING CARGO CLAIMS AND INCIDENT REPORTING. IF**  
**INCIDENTS OR ACCIDENTS OCCUR RELATING TO A DELAY OF DELIVERY OR DAMAGE TO THE**  
**CARGO. IF YOU REQUIRE A RESET ON DELIVERY DATE AND TIME, CALL THE NUMBER ON**  
**THIS RATE CONFIRMATION FOR ASSISTANCE.**  
**\*\* TO AVOID QUESTIONS REGARDING LOAD SECURITY, THE SHIPPER SHOULD SEAL THE**  
**LOAD AND NOTE THE SEAL NUMBER, THE DOCUMENTATION MATCHES THE SEAL NUMBER**  
**ON THE TRAILER; AND YOUR DRIVER SHOULD ALWAYS BREAK A SEAL IN THE PRESENCE OF**

(Rate Confirmation Details on Next Page)

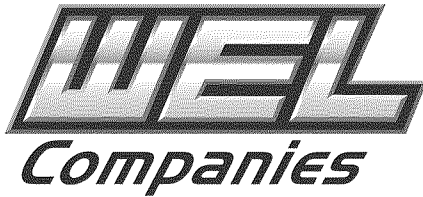
Carrier Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D

Send Carrier Bills to the Address Above

PRO # 140617

must appear on all Invoices



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DE PERE WI 54115

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MC # 944686 Truck # 774  
DOT 2828543 Trailer # W26232  
Driver RODRIGUEZ Cell # (786) 454-5717

A RECEIVER AND HAVE THE RECEIVER NOTE THE SEAL WAS INTACT AT THE TIME ON THE BILL OF LADING.  
\*\*NO DOUBLE BROKERING- BROKER HAS NO DUTY TO PAY FOR TRANSPORTATION COMPLETED BY ANY INDIVIDUAL OR CARRIER OTHER THAN AS LISTED IN THE CARRIER SECTION ABOVE. YOUR AGREEMENT HAS MORE DETAIL ON THIS PROHIBITION.  
\*\*LATE PICKUP OR DELIVER AT THE SET DATE AND TIME, CARRIER WILL BE SUBJECT TO A \$300 CHARGE PER STOP AND ANY OTHER ASSOCIATED FEES IMPOSED BY THE CUSTOMER.. YOUR DRIVERS(S) MUST GET A CLEAR SIGNATURE AND TOTAL COUNT ON DELIVERY RECEIPTS. IF DELIVERY RECEIPT INDICATES OTHER SPECIAL INSTRUCTIONS, PLEASE ADHERE TO THEM AND CALL WITH ANY QUESTIONS. A \$50 FEE WILL BE CHARGED TO THE CARRIER FOR LOST PAPERWORK.  
\*\*CARB NOTICE- TO THE EXTENT ANY SHIPMENTS SUBJECT TO THIS AGREEMENT ARE TRANSPORTED WITHIN THE STATE OF CALIFORNIA, CARRIER SHALL ONLY UTILIZE EQUIPMENT WHICH IS IN FULL COMPLIANCE WITH THE CALIFORNIA AIR RESOURCES BOARD \*\* (ARB) TRU ACTM IN-USE REGULATIONS. CARRIER SHALL BE LIABLE FOR ITS OWN PENALTIES OR OTHER LIABILITIES, COSTS OR DAMAGES ASSESSED AGAINST IT OR PAID BY BROKER OR BROKER'S CUSTOMER, OR AY OTHER THIRD PARTY, BECAUSE OF CARRIER'S USE OF NON-COMPLIANT EQUIPMENT.  
\*\*THIS IS CONFIRMATION OF A VERBAL LOAD/RATE BETWEEN CARRIER AND THIS RATE CONFIRMATION SERVES AS AN ADDENDUM TO THE OUTSOURCED CARRIAGE AGREEMENT AS IT RELATES TO THIS SINGLE SHIPMENT. ALL LOADS TENDERED PURSUANT TO THIS RATE CONFIRMATION SHALL BE SUBJECT AND SUBORDINATE TO THE CURRENT TERMS, CONDITIONS AND PROVISION OF WEL LOGISTICS. OUR SOURCED CARRIAGE AGREEMENT AND ANY APPLICABLE AMENDMENTS THERETO. THE TERMS AND CONDITIONS OF THE OCA ARE HEREBY INCORPORATED BY REFERENCE. CARRIER'S SIGNATURE AND RETURN OF THE TENDER OF BY THE ACTUAL ACCEPTANCE/CONTINUATION OF THE TENDERED SHIPMENTS.  
\*\*PLEASE SIGN AND EMAIL BACK TO THE EMAIL ABOVE.  
\*\*\*PLEASE EMAIL WEL-LOGISTICSAP@WELCOMPANIES.COM FOR PAYMENT STATUS  
\*\*SEND ALL DELIVERY RECEIPTS WITH SIGNATURES ALONG WITH YOUR INVOICE, SIGNED RATE CONFIRMATION TO LOGISTICS-PAPERWORK@WELCOMPANIES.COM  
\*\*QUICKPAY- NEED TO BE EMAIL TO WEL-LOGISTICSAP@WELCOMPANIES.COM  
PLEASE PUT YOUR LOAD NUMBER IN THE SUBJECT LINE ALONG WITH 'QUICK PAY'

Carrier Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D

Send Carrier Bills to the Address Above

PRO # 140617

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<b>Bill Of Lading - Short Form - Not Negotiable</b>		<b>BOL Number:</b> 140617	
<b>Ship From</b>		<b>Pro #</b> : 140617	
WAREHOUSE 1000		<b>Ship Date</b> : 05/06/24	
15218 S 47TH ST		<b>Cust Ref #</b> : BEN-HPC-01	
PHOENIX AZ 85044		<b>PU Ref #</b> : BEN-HPC-01	
		<b>Del Ref #</b> :	
		<b>Del Appt</b> : 05/08/24 9:00	
		<b>Carrier</b> : <del>MM TRUCKING LLC</del> <i>Royal 3 Tr</i>	
<b>Ship To</b>		<b>Carrier Pro#</b> : DECLARES	
WAREHOUSE 1000		<b>References</b>  Trailer # W26232 Seal # 2684876	
15218 S 47TH ST			
PHOENIX AZ 85044			
<b>Bill To</b>			
WEL LOGISTICS, INC			
1625 S BROADWAY			
DE PERE WI 54115			
<b>Special Instructions:</b>		<b>Freight Terms:</b>	
PICKUP# BEN-HPC-01 24 PALLETS		Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>	
<b>QTY</b>	<b>PKG</b>	<b>Wgt</b>	<b>HM</b>
24	Tall High Piece Count	29000	
<b>Item Description</b>		<b>DIMS</b>	<b>Cl</b>
PALLETIZED GOODS			<b>NMFC #</b>

*Mark with an X to designate hazardous materials as defined in title 49 of the code of Federal Regulations. Haz Mat emergency Contact # _____	
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 not to exceed _____ per _____.	<b>COD Amount:</b> \$ _____ <b>Fee Terms:</b> Collect <input type="checkbox"/> , Prepaid <input type="checkbox"/> , Check Acceptable <input type="checkbox"/>
Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 14706(c)(1)(A) and (B)	
<b>For Freight Collect Shipments:</b>	
If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement. The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.	<b>Trailer Loaded:</b> _____ <b>Freight Counted:</b> _____ By Shipper By Shipper By Driver By Driver
Signature of Consignor: _____	Carrier Signature / Date _____
Shipper Signature / Date _____	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.
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.	Carrier: _____ Date: _____
Signature of Shipper: <i>Verdi R. R.</i> Date: <i>5-6-24</i>	
Consignee/Receiver Signature / Date _____	
This is to certify that the above named materials were received in apparent good order (except as noted).	
Signature of Consignee: _____ Date: _____	

<b>Bill Of Lading - Short Form - Not Negotiable</b>				<b>BOL Number:</b> 140617			
<b>Ship From</b>				<b>Pro #</b> : 140617			
WAREHOUSE 1000				<b>Ship Date</b> : 05/06/24			
15218 S 47TH ST				<b>Cust Ref #</b> : BEN-HPC-01			
PHOENIX AZ 85044				<b>PU Ref #</b> : BEN-HPC-01			
				<b>Del Ref #</b> :			
				<b>Del Appt</b> : 05/08/24 9:00			
				<b>Carrier</b> : <del>MM TRUCKING LLC</del> <i>Royal 3 Tr</i>			
				<b>Carrier Pro#</b> : DECLARES			
<b>Ship To</b>				<b>References</b>			
WAREHOUSE 1000				Trailer # W26232			
15218 S 47TH ST				Seal # 2684876			
PHOENIX AZ 85044							
<b>Bill To</b>							
WEL LOGISTICS, INC							
1625 S BROADWAY							
DE PERE WI 54115							
<b>Special Instructions:</b>						<b>Freight Terms:</b>	
PICKUP# BEN-HPC-01 24 PALLETS						Prepaid XXX Collect ___ 3rd Party ___	
<b>QTY</b>	<b>PKG</b>	<b>Wgt</b>	<b>HM</b>	<b>Item Description</b>	<b>DIMS</b>	<b>Cls</b>	<b>NMFC #</b>
24		29000		Tall High Piece Count			
				PALLETIZED GOODS			

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 Haz Mat emergency Contact #

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 COD Amount: \$ \_\_\_\_\_  
 Fee Terms: Collect \_\_\_\_, Prepaid \_\_\_\_, Check Acceptable \_\_\_\_

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Signature of Consignor: \_\_\_\_\_

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.

Signature of Shipper: *[Signature]* Date 5-6-24

Consignee/Receiver Signature / Date

This is to certify that the above named materials were received in apparent good order (except as noted).

Signature of Consignee: *[Signature]* Date 5-8-24

Trailer Loaded: Freight Counted:  
 \_\_\_ By Shipper \_\_\_ By Shipper  
 \_\_\_ By Driver \_\_\_ By Driver

Carrier Signature / Date

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.

Carrier: \_\_\_\_\_ Date: \_\_\_\_\_