



**Bill to:**  
INLAND TRANSPORT INC/FL  
5036 DR PHILLIPS BLVD,  
Orlando,  
FL,  
32808

Invoice Date: 05/16/2024  
Invoice #: PRO # 194006  
Terms: NET 30  
Due Date: 06/16/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
05/14/2024		750 S UNION ST, FREMONT NE 68025 - 917 INDUSTRIAL ROAD, WALTERBORO SC 29488			
			1	\$2,800.00	\$2,800.00

<b>TOTAL</b>
\$2,800.00

**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**



INLAND TRANSPORT, INC.  
777 PALM DRIVE  
OCOE FL 34761

F  
R  
O  
M  
  
C  
A  
R  
R  
I  
E  
R

GREGORY BONOMO  
(407) 858-3039 X 240 (p)  
(407) 858-3021 (f)  
GREGORY@SHIPINLAND.COM

BRZ  
(708) 303-5150 (p) Att: LUKE  
(708) 303-5150 (f)  
MC # 86875 Truck # 822  
DOT 3119062 Trailer # 289474  
Driver JUNIOR Cell # (786) 930-9567

Size & Type: 53' VAN  
Pieces: 18

Description: TOTES / PALLETS  
Weight: 40000

Miles:

CHARGES		DISPATCH NOTES
LINE HAUL RATE	2800.00	THIS IS A 1 AND 1. PICKUP BEFORE 1600 AND MUST DELIVER BY 830AM ON 05/16/24. IF DRIVER IS LATE, LATE FEES OF \$250 WILL BE APPLIED NO EXCEPTIONS. POD MUST BE SENT TO GREGORY@SHIPINLAND.COM WITHIN 24 HRS OF DELIVERY OR \$250 DEDUCTION WILL BE APPLIED
TOTAL RATE	2800.00	

#### PICK 1

NUTRIEN SOLUTIONS - FR  
750 S UNION ST  
FREMONT NE 68025  
Phone/Contact: (970) 290-0744

Appointment 05/14/24 @ 16:00  
Seal # 708 852 5668  
Ref # PO 83107

#### PICK 2

NUTRIEN SOLUTIONS - MARYVILLE  
3131 EAST 1ST ST  
MARYVILLE MO 64468  
Phone/Contact: (970) 290-0743

Appointment 05/15/24

#### STOP 1

CLEAN MANAGEMENT #1  
917 INDUSTRIAL ROAD  
WALTERBORO SC 29488  
Phone/Contact: (800) 538-8131

Appointment 05/16/24 @ 08:30  
Seal # 708 852 5668

Late pick up and late deliveries will result in a \$250 fine per day per stop  
Late to appointments subject to late fees.  
SIGNED POD REQ WITHIN 24 HRS or a 250\$ penalty will be charged,  
DRIVER MUST CALL WHEN LOADED AND EMPTY or \$150 FINE,  
NO DOUBLE BROKERING ALLOWED, if double brokered carrier will not be paid,  
attempts of back soliciting will result in non-payment, Rate con must be signed  
Carrier responsible to count and inspect the load. Original POD required.  
Carrier agrees to be bound by this confirmation as well as all terms and  
conditions of the current inland transport broker-carrier agreement by  
accepting the load described herein, regardless of whether carrier executed  
this confirmation and or broker-carrier agreement, and by partial performance  
of the transportation services described herein. This rate confirmation is only  
valid if received from @SHIPINLAND.COM email address and confirmed  
by an employee or agent of Inland Transport, Inc.  
Subject to \$150 fine for no approval of dropped trailer or broken seals.  
If applicable, carrier layover charges will not exceed \$150 per 24hours.  
Driver must accept Macro-Point tracking or \$100 penalty will be charged.  
- SEND INVOICES TO: Inland Transport, Inc. 777 PALM DRIVE OCOEE, FL 34761

(Continued On Next Page)

Carrier Signature

*Luke Mische*

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

Send Carrier Bills to the Address Above

PRO # 194006

must appear on all Invoices

PRO # 194006

Rate Confirmation

05/14/24 11:11:42 (EST)



INLAND TRANSPORT, INC.  
777 PALM DRIVE  
OCOEE FL 34761

F  
R  
O  
M  
  
C  
A  
R  
R  
I  
E  
R

GREGORY BONOMO  
(407) 858-3039 X 240 (p)  
(407) 858-3021 (f)  
GREGORY@SHIPINLAND.COM

BRZ  
(708) 303-5150 (p) Att: LUKE  
(708) 303-5150 (f)  
MC # 86875 Truck # 822  
DOT 3119062 Trailer # 289474  
Driver JUNIOR Cell # (786) 930-9567

- INVOICES@INXI.ALJEX.COM UPON REQUEST: QUICKPAY is available at 5%
- ONLY SEND 'QUICKPAY INVOICES' TO: AP@SHIPINLAND.COM
- MUST INCLUDE INLAND'S PRO NUMBER IN THE SUBJECT LINE

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

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

Send Carrier Bills to the Address Above

PRO # 194006

must appear on all Invoices

↑ GENERATOR ↓	<b>NON-HAZARDOUS WASTE MANIFEST</b>	1. Generator ID Number <b>C E S Q G</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>970-290-0744</b>	4. Waste Tracking Number <b>5 8 4 4 2</b>
	5. Generator's Name and Mailing Address <b>NUTRIEN AG SOLUTIONS 750 S UNION ST FREEMONT NE 68025</b> Generator's Phone: <b>970 290-0744</b>				
↑ TRANSPORTER ↓	6. Transporter 1 Company Name				U.S. EPA ID Number
	7. Transporter 2 Company Name				U.S. EPA ID Number
	8. Designated Facility Name and Site Address <b>CMEG, INC. 917 INDUSTRIAL ROAD WALTERBORO SC 29488</b> Facility's Phone: <b>800 538-8131</b>				U.S. EPA ID Number
	<b>S C R 0 0 0 0 0 3 4 4 2</b>				
	9. Waste Shipping Name and Description		10. Containers		11. Total Quantity
			No.	Type	12. Unit Wt./Vol.
	1. <b>PESTICIDES, FERTILIZERS, AND HERBICIDES, #20790 NON HAZARDOUS/NON REGULATED</b>		<b>0 0 9</b>	<b>TP</b>	
	2.				
	3.				
	4.				
↑ DESIGNATED FACILITY ↓	13. Special Handling Instructions and Additional Information <b>1) 20790 PO#83107</b>				
	14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.				
	Generator's/Offor's Printed/Typed Name <b>Mitch Christensen</b>		Signature <i>Mitch Christensen</i>		Month Day Year <b>05 14 24</b>
	15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter Signature (for exports only): _____ Date leaving U.S.: _____				
	16. Transporter Acknowledgment of Receipt of Materials				
	Transporter 1 Printed/Typed Name <b>Junior Herard</b>		Signature <i>[Signature]</i>		Month Day Year <b>05 14 24</b>
	Transporter 2 Printed/Typed Name		Signature		Month Day Year
	17. Discrepancy				
	17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection				
	17b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number _____ Facility's Phone: _____				
17c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____					
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a Printed/Typed Name _____ Signature _____ Month Day Year _____					



GENERATOR

TRANSPORTER

DESIGNATED FACILITY

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>CESQG</b>		2. Page 1 of 1		3. Emergency Response Phone <b>970-290-0744</b>		4. Waste Tracking Number <b>58442-1</b>	
5. Generator's Name and Mailing Address <b>NATURAL SOLUTIONS Midwest Warehouse 750 S UNION ST FREMONT NE 68025 - Noddyville, MO 64468</b>						Generator's Site Address (if different than mailing address)			
Generator's Phone: <b>970 290-0744</b>						U.S. EPA ID Number			
6. Transporter 1 Company Name <b>ERT TIX 822 TC 289474</b>						U.S. EPA ID Number			
7. Transporter 2 Company Name						U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>CMEG, INC. 917 INDUSTRIAL ROAD WALTERBORO SC 29488</b>						U.S. EPA ID Number <b>SCR000003442</b>			
Facility's Phone: <b>800 538-8131</b> <i>18 pallets</i>									
9. Waste Shipping Name and Description						10. Containers		11. Total Quantity	12. Unit Wt./Vol.
						No.	Type		
1. <b>PESTICIDES, FERTILIZERS, AND HERBICIDES, #20790 NON HAZARDOUS/NON REGULATED</b>						<b>0-0-0</b>	<b>TP</b>		
2. <b>Dyna-Shield Imidacloprid 5</b>						<b>10</b>	<b>pallets</b>	<b>19,944</b>	<b>lbs.</b>
3. <b>2X2.5</b>									
4.									
13. Special Handling Instructions and Additional Information <b>1) 20790 FO#83107</b> <i>Seal: 1019569</i> <i>10 pallets</i> <i>bad Dyna-Shield Imidacloprid 5</i>									
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.									
Generator's/Offeror's Printed/Typed Name <b>L. Hart</b>						Signature <i>[Signature]</i>		Month Day Year <b>15   14   24</b>	
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____									
16. Transporter Acknowledgment of Receipt of Materials									
Transporter 1 Printed/Typed Name <b>Junior Herald</b>						Signature <i>[Signature]</i>		Month Day Year <b>15   15   24</b>	
Transporter 2 Printed/Typed Name						Signature		Month Day Year	
17. Discrepancy									
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
17b. Alternate Facility (or Generator)						Manifest Reference Number: _____ U.S. EPA ID Number			
Facility's Phone:									
17c. Signature of Alternate Facility (or Generator)						Signature		Month Day Year	
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a									
Printed/Typed Name <b>Antonio Smith</b>						Signature <i>[Signature]</i>		Month Day Year <b>10   16   24</b>	