



Bill to:
C&M FORWARDING CO INC
45 JETVIEEW DR ,
Rochester,
NY,
14624

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

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
05/15/2024		2550 21st St NW, Altoona, IA 50009, USA - 1099 Jay St Ste 100E, Rochester, NY 14611, USA			
			1	\$2,450.00	\$2,450.00

TOTAL
\$2,450.00

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

C & M FORWARDING CO. INC.
PHONE 800-295-5534
FAX 585-279-0784
LOAD/RATE CONFIRMATION

3457 UNION ST
C&M LOAD#

N CHILI NY 14514
mail or e-mail to:
accountspayable@cmforwarding.com

PAYMENT REQUIREMENTS:
ORIGINAL SIGNED BILL OF LADING
PROOF OF DELIVERIES
load confirmation

Pick Up Date:	Pick Up Time:	Close Time:	PICK UP LOCATION:	DELIVERY INFORMATION
15-May	11 AM	:11 AM	JT Logistics Solutions 2550 21st St NW Suite 100 Alttona, IA 50009	1 ST STOP OFF: Global Health 1099 Jay Street, Dock 6 Rochester, NY 14611
		DRIVER CALL 800-295-5534 IF GOING TO BE LATE		
Carrier Name	Riki Transportation dba BRZ			
State	IL			
Contact	Shawn Popovic	PO# 9033	P/U# SO 501449	
Phone	708-852-5536		20 skids - #20,000 lbs	Deliver 5-17
Fax	shawn@rtbrz.com			
MC #	86875			
		RATE	\$2,450.00	2ND STOP OFF:
Truck Location:		Stop charges	INCLUDED	
TIME AVAILABLE		*****		
ETA TO P/U		NOTE: DRIVER WILL BE GIVEN A SEAL FOR EACH STOP.		
HOURS OF SERVICE		LOAD MUST BE SEALED AT ALL TIMES. IF YOUR DRIVER		
Equipment Type:		FAILS TO SEAL A TRAILER, YOU WILL BE SUBJECTED TO A		
single/team		RATE REDUCTION AND ALL COSTS ASSOCIATED WITH THE		3RD STOP OFF:
HazMat Load:		FAILURE TO COMPLY		
MILES		BY ACCEPTING THIS LOAD, YOU AGREE TO THESE TERMS		

FAX TIME		Carrier Signature:		
FAX BY	Dave R	Print Name:		4TH STOP OFF:
24 HR EMERGENCY #		Please Sign & Refax to	(585) 279-0784	
DRIVER NAME		Carrier on file:	YES	
DRIVER CELL PHONE		If not on file, please fax authority info.		
LOAD TENDERED IS FOR EXCLUSIVE USE OF TRUCK UNLESS OTHERWISE SPECIFIED AND AGREED UPON IN WRITING WITH C&M				5TH STOP OFF:
DRIVER NEEDS TO CALL 800-295-5534 WHEN UNLOADED OTHERWISE A \$25.00 FEE PER OCCURRENCE WILL BE CHARGED				
SERVICE FAILURES MAY BE SUBJECT TO RATE REDUCTION. THERE IS NO DETENTION ON LOADING AT C&M FORWARDING				
PAYMENT REQUIREMENTS: ORIGINAL SIGNED BILL OF LADING PROOF OF DELIVERIES LOAD/RATE CONFIRMATION				
PAYMENT REQUIREMENTS FOR LOADS THAT REQUIRE HANDLING OR LUMPER-DRIVER MUST CALL 800-295-5534 FOR APPROVAL				
AND SUBMIT ALL OF ABOVE PLUS SIGNED BILLS INDICATING LUMPER OR HANDLING WAS REQUIRED OR PREAPPROVED LUMPER RECEIPT.				



Image Word

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Date: 5/15/24		BILL OF LADING		Page 1 of 1	
SHIP FROM Name: JT LOGISTICS - ALTOONA Address: 2550 21ST STREET NW STE 100 City/State/Zip: ALTOONA, IA 50009 SID#: _____		Bill of Lading Number: 9105		BAR CODE SPACE	
SHIP TO Name: GLOBAL HEALTH PRODUCTS Location #: _____ Address: 1099 JAY STREET DOCK 6 City/State/Zip: ROCHESTER, NY 14611 CID#: _____		CARRIER NAME: _____ Trailer number: W94437 Seal number(s): 559765		SCAC: _____ Pro number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO: Name: C&M FORWARDING Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <input checked="" type="checkbox"/> _____		BAR CODE SPACE	
SPECIAL INSTRUCTIONS: SO 501449		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading			
CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
GH PO# 9033			Y N		
			Y N		
			Y N		
KK 4936			Y N		
			Y N		
			Y N		
			Y N		
			Y N		
GRAND TOTAL					
CARRIER INFORMATION					
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE	WEIGHT	LTL ONLY
20	SKD		CASES	19,000	NMFC # CLASS
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: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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 writing between the carrier and shipper, if applicable, 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 and federal regulations					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. <i>Johnny Sandoval</i>		Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
CARRIER SIGNATURE / PICKUP 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. <i>[Signature]</i> 5/15/24					



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