

**Bill to:**

Central Logistics inc.
308 Cothren St,
Wilkesboro,
NC,
28697

Invoice Date: 05/22/2024

Invoice #: 1505

Terms: NET 30

Due Date: 06/22/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
05/21/2024		1800 S Wolf Rd, Des Plaines, IL 60018-1905 - 355 Redville Rd, Oxford, PA 19363			
			1	\$1,899.00	\$1,899.00

TOTAL
\$1,899.00

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



90 S FAIRBANK ST
ADDISON, IL 60101
Docket: MC1101239
Phone: 708-546-3100

LOAD CONFIRMATION

Load # 1505
Date 05/21/2024
Equipment Van
Equipment Length 48'
Weight 44074 lbs
Commodity Dry Goods (General)
Power Unit 727
Distance 745 miles

Carrier Information

ZIGI FREIGHT INC
6850 W 63RD STREET
CHICAGO, IL 60638
(630) 485-7370

MC Number MC00944686
Primary Contact Bill
Phone 6305661257
Fax

Driver Robert
Phone 5172752317
Email undefined
Fax

Notes and References

Notes 53 Van Only-Your Pick up # is 81616406
Double brokering will not be tolerated, Any evidence of double brokering including but not limited to another company signing for pick up or delivery or another companies name on the side of the truck will result in your surrendering your line haul and the MC that hauled paid for the work. POD must be sent to bill@movecli.com within 24 hours of delivery. Please send invoice to bill@movecli.com and accounting@movecli.com . Failure to send POD over within 24 hours of delivery will result in a line haul rate reduction of \$75. Failure to have proper equipment will result not result in TONU if trailer is rejected by shipper.
Dispatcher or Driver must call or txt When Driver arrives at shipper, When Driver leaves, When Driver arrives at the receiver and when he leaves.

Reference(s) DD# 81616406 7271

Stops / Actions

#	Action	Date/Time	Location	Contact
1	Pickup	05/21/24 09:00 - 14:00	LaGrou Distribution Inc. 1800 S Wolf Rd Des Plaines, IL 60018-1905 USA	Primary Contact Phone: +1 847-298-8195
References: 53 Van Only-Your Pick up # is 81616406 Cargo: 21 Pallets of Pineapple Products Driver Instructions: 53 Van Only-Your Pick up # is 81616406 Door 37				
2	Delivery	05/22/24 09:00 - 16:00	Sunny Dell Specialty, LLC. 355 Reedville Rd Oxford, PA 19363 USA	Primary Contact Phone: +1 610-932-5164

Pay Items

Description	Notes	Quantity	Rate	Amount
Flat Rate		1	1899.00	1899.00
Total				1899.00

Driver Name

Driver Cell Phone #

Bill Carson

Bill Carson

5/21/2024

Print Name

Signature

Date

RAP 06/05/2024

BILL OF LADING

SHIP FROM

LAGROU DIST. AS AGENT FOR

Name: DEL MONTE FOODS 302550
Address: 1800 S. WOLF ROAD
City/State/Zip: DES PLAINES, IL 60018
SID#:

FOB: ☐

SHIP TO

Name: SUNNY DELL SPECIALTY
Address: 355 REEDVILLE RD BLDG# 1
City/State/Zip: OXFORD, PA 19363
CID#:

FOB: ☒

SEND FREIGHT CHARGES TO

Name:
Address:
City/State/Zip:

Bill of Lading Number:

44136066



44136066

Carrier name: ROYAL3

Trailer Number: 97040

Temperature:

Seal Number(s): 3953260

Product Temp:

SCAC:

Pro Number:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid: _____

Collect: ☒

3rd Party: _____



(check box)

Master Bill of Lading: with attached
underlying Bills of Lading

01199882816164073

COA REQUIRED W/ SHIPMENT

Email to madalyn.snyder@delmonte.com;

COA@sunnydell.com

NMFC73227 FOODSTUFFS -CANNED VEG/
FRUITS CLASS 60
CARRIER RESPONSIBLE FOR SCHEDULING
DELIVERY IF REQUIRED
"TRUCK LOADS MUST HAVE A SEAL"
ORDERS MUST SHIP WITH PACKING SLIP

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		Customer PO #
0081616407	60	30,600	Y	N	7272
GRAND TOTAL	60	30,600			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (x)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC#	CLASS
15	PL	60	DM	30,600		09005		60
						SEE PACKING LIST FOR MORE DETAILS		
15		60		30,600		GRAND TOTAL		

Where this 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 not be exceeding _____ per _____

COD Amount: \$ _____

Fee Terms: Collect: ☐ Prepaid: ☐Customer Check Acceptable: ☐

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 the 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.

Time in: 5/21/2024 1:17:06 PM

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Driver's Signature:

ROBERT TOLEDO

Time out: 5/21/2024 2:30 PM

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.

Trailer Loaded:



By Shipper



By Driver

Freight Counted:



By Shipper



By Driver/pallets said to contain



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 had the DOT emergency response guidebook or equivalent documentation in the vehicle.

Property described above is received in good order, except as noted.

RAB 06/05/2024

BILL OF LADING

SHIP FROM
LAGROU DIST. AS AGENT FORName: DEL MONTE FOODS 302550
Address: 1800 S. WOLF ROAD
City/State/Zip: DES PLAINES, IL 60018
SID#:FOB: ☐

SHIP TO

Name: SUNNY DELL SPECIALTY
Address: 355 REEDVILLE RD BLDG# 1
City/State/Zip: OXFORD, PA 19363
CID#:FOB: ☒

SEND FREIGHT CHARGES TO

Name:
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44136066



44136066

Carrier name: ROYAL3

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Seal Number(s): 3953260

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Product Temp:

SCAC:

Pro Number:

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Collect: ☒

3rd Party: _____

☐ (check box)Master Bill of Lading: with attached
underlying Bills of Lading01199882816164073
COA REQUIRED W/ SHIPMENT
Email to madalyn.snyder@delmonte.com;
COA@sunnydell.comNMFC73227 FOODSTUFFS -CANNED VEG/
FRUITS CLASS 60
CARRIER RESPONSIBLE FOR SCHEDULING
DELIVERY IF REQUIRED
"TRUCK LOADS MUST HAVE A SEAL"
ORDERS MUST SHIP WITH PACKING SLIP*Manual Review OK*
5/22/24

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☒ By Shipper☐ By Driver

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☐ By Shipper☐ By Driver/pallets said to contain☒ By Driver/Pieces

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Properly described above is received in good order, except as noted.