

**Bill to:**

IBL - IN BETWEEN LOGISTICS

,
,
,

Invoice Date: 05/23/2024

Invoice #: 41834

Terms: NET 30

Due Date: 06/23/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
05/22/2024		1501 Bellwood Rd Richmond, VA 23237 - 2040 n mannheim rd Melrose Park, IL 60160			
			1	\$1,500.00	\$1,500.00

TOTAL
\$1,500.00

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**



LOAD# 41834

Address: 1600 W LAKE ST STE 103BADDISON, IL 60101

Phone:

Email: info@iblogistics.net

EFFECTIVE DATE 5/22/2024**EQUIPMENT** Van**LENGTH** 53 ft**WEIGHT** 37 kLbs**PALLETS****CARRIER** ZIGI FREIGHT INC**MC#** 944686**EMAIL****PHONE** (630) 485-7370**MAILING ADDRESS****MAILING CITY** ,**PHYSICAL ADDRESS** 6850 W 63RD STREET**PHYSICAL CITY** CHICAGO, IL 60638**ANY QUESTIONS OR CONCERNS ABOUT THIS LOAD PLEASE CALL BROKER: (224) 220-9868****IMPORTANT: Carrier call agent if your dispatch instructions below differ from bill of lading!**

PICK-UP DATE	5/22/2024 11:00AM - 2:00PM	CONTACT
COMPANY	JAMES RIVER LOGISTICS CENTER	PHONE
ADDRESS	1501 Bellwood Rd Richmond, VA 23237	
LENGTH	53 ft	
WEIGHT	37 kLbs	PU# 7804110700
PALLETS		LOAD# 41834

DELIVERY DATE	5/23/2024 7:00AM - 5:00PM	CONTACT
COMPANY	IBL	PHONE
ADDRESS	2040 n manheim rd Melrose Park, IL 60160	
LENGTH	53 ft	
WEIGHT	37 kLbs	Del# 41834
PALLETS		LOAD# 41834

ADDITIONAL INSTRUCTIONS**• DO NOT BROKER THIS LOAD TO DO SO IS A BREACH OF CONTRACT!**

- Seal must be broken only by the receiver.
- Carrier shall be liable for all loss damage or liability occasioned by the transportation of property arranged by the broker.
- Carrier/Driver is required to call upon arrival at pick up/delivery and in the event of shortages, damages, and delay in transit of the shipment.
- There will be a fine for late pick-up/delivery.
- Carrier must adhere to FMCSA regulations.
- These rates are contractual and inclusive of all charges unless otherwise indicated herein under comments.
- Facsimile signatures are binding and therefore acceptable.
- This shipment is subject to the terms and conditions set forth in the broker carrier agreement signed by the carrier.
- You have accepted this shipment as a licensed motor carrier.
- Broker prohibits you from re-brokering this shipment to another carrier if the carrier fails to comply with this restriction carrier will forfeit its right to collect any charges from the broker.
- Driver detention must be approved by the broker prior to entering detention and must be noted on the bill of lading with the signature of the shipper or consignee.
- Any lumber charges must be approved by the broker prior to, or at the time of unloading, and lumber receipt must be submitted within 24 hours by text or email. No lumber charges will be paid without a lumber receipt.
- This rate agreement is for the full legal capacity of the truck.

Total Carrier Pay: \$1,500.00

Agent: Mike

Carrier: ZIGI FREIGHT INC

Agency Contact:

Carrier Contact:

Signature: [agent_signature] x

Signature: [carrier_signature] x

Confirm Date: 5/22/2024

Confirm Date: 5/22/2024

PAYMENT INSTRUCTIONS

- ALL INVOICES MUST REFERENCE IBL ORDER NUMBER
- NO SECONDARY BILLS WILL BE ACCEPTED AFTER 30 DAYS FROM DELIVERY DAYS
- INVOICES TO BE SENT TO INFO@IBLOGISTICS.NET
- POD MUST BE SENT WITHIN 24 HOURS
- Failure to send copy of POD within 24 hours of delivery will result in \$150 fine.

BILL OF LADING -INTERMODAL CERTIFICATION

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RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading.

Drivers Copy

CARRIER KNICHEL LOGISTICS INC		SCAC	DATE SHIPPED 05/13/2024	DELIVERY DATE 07/12/2024	DELIVERY NUMBER (SID) This number must be shown on all bills and correspondence 7804110700	
AT JAMES RIVER Logistics Center 1501 Bellwood Road Richmond VA 23237			DuPont Sales Order Number 2601159424			
FROM DuPont Specialty Products USA, LLC C350 FIN DUP US TRAN 8974			CUSTOMER ORDER NO.			
			FREIGHT TERMS --> PREPAID			
(Mail or street address of consignee - For purposes of notification only.) RXO TERMINAL 1614 LINCOLN AVE TACOMA, WA 98421 ATTN: MR. JEFF CARVER CELL 1-253-325-0772 M-F 0800-12: NOON			SEND FREIGHT BILLS TO: DuPont Specialty Products USA, LLC c/o Cass Information Systems P.O. Box 17606 St Louis, MO 63178-7606			
			Subject to Section 7 of conditions of applicable bill of lading, 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 the shipment without payment of freight and all other lawful charges. DuPont Specialty Products USA, LLC per _____ (Signature of Consignor.)			
T O CARRIER : KNICHEL LOGISTICS INC POD : TOMAKOMAI ROUTE : Ocean delivery, 60 day transit			DEL. CARRIER SCAC		(Rail, Cargo Tank, Portable Tank, Freight Container)	
			SPLC		<input type="checkbox"/> Placarded Name of Placard	
NUMBER & TYPE OF PACKAGES	HM	DESCRIPTION		WEIGHT/LBS (SUBJECT TO CORRECTION)	SHIPPER LOAD SHL	CONSIGNEE UNLOAD COU
22 Pallet @ 280.291 LB COMM		Freight Class: "FIBRE, SYNTHETIC NOI, PKGS DENSITY 6LBSBUT LESS THAN 12LBS PER CUBIC FOOT" Commodity Code: 36690 Not regulated by 49 CFR MARKS DP-24Y-048 - PO# must appear on OSA -- - Shipping Marks must appear in B/L description: - DPNP DP-24Y-048 - ETC.c. BOOKING#RICEP4012300 CUT OFF: 6/12 OCEAN CARRIER: CEVA VESSEL: YM TRILLION VOY# 010W		35,107	PLACARDS REQUIRED <input type="checkbox"/>	YES NO <input type="checkbox"/> <input type="checkbox"/>
					PLACARDS OFFERED <input type="checkbox"/>	YES NO <input type="checkbox"/> <input type="checkbox"/>
				Driver's Initials		
				CARRIER HAS EMERGENCY RESPONSE INSTRUCTIONS		
				Driver's Initials		
				PROTECTED SERVICE REQUESTED		
				HEAT COOL <input type="checkbox"/> PSH <input type="checkbox"/> PSC		
TOTAL NUMBER OF PACKAGES: 22				GROSS PRODUCT WGT. 35,107 LBS.		
EMERGENCY CONTACT: For a distribution incident (spill, leak, exposure, fire or accident) involving any DUPONT (DuPont Specialty Products) shipment, in USA call CHEMTREC at (800) 424-9300 (toll free for USA callers) or (703) 527-3887. For incidents outside the USA, call local operator & request collect call to USA at 703-527-3887. For incidents in Europe, call CHEMTREC via the In-country Dial Numbers or the Toll Free In-country number. DuPont's registration number with CHEMTREC is CCN7442.				_____ PALLETS = _____ LBS. (GROSS PALLET WEIGHT) GROSS SHIPPING WGT. _____ LBS. (GROSS PROD.WGT + GROSS PALLET WGT.)		
The description and weight indicated on this Bill of Lading are correct, subject to verification by the Eastern, Western and Southern Weighing and Inspection Bureaus according to agreement.						
VEHICLE INITIALS & NO.				SEAL RECORD 98254185	TRUCK TIME 12:15 IN 1:50 PM	
I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name(s), 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. DuPont Specialty Products USA, LLC, Shipper				DRIVERS FULL NAME YAMIR MARCAY		
Per _____				BY: CORB INC.		
Permanent post-office address of shipper, Wilmington, DE 19805				CARRIER CORB INC.		
				SCAC NO.		

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					PLACARDS OFFERED <input type="checkbox"/>	YES NO <input type="checkbox"/> <input type="checkbox"/>
				Driver's Initials		
				CARRIER HAS EMERGENCY RESPONSE INSTRUCTIONS		
				Driver's Initials		
				PROTECTED SERVICE REQUESTED		
				HEAT COOL <input type="checkbox"/> PSH <input type="checkbox"/> PSC		
TOTAL NUMBER OF PACKAGES: 22				GROSS PRODUCT WGT. 35,107 LBS.		
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Per _____				BY: CORB INC.		
Permanent post-office address of shipper, Wilmington, DE 19805				CARRIER CORB INC.		
				SCAC NO.		

**STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE**

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date 5/22/2024 11:00AM -
2:00PM

Bill of Lading Number: 41834

JAMES RIVER LOGISTICS CENTER
1501 Bellwood Rd
Richmond, VA 23237
PU#: 7804110700

Carrier: IN BETWEEN LOGISTICS INC

Load #: 41834
Van

Consignee: Due Date 5/23/2024 7:00AM -
5:00PM

All Freight Charges Bill To:

IBL
2040 n manheim rd
Melrose Park, IL 60160
Del#: 41834

Name: Accounting
Email: info@iblogistics.net
Company: IN BETWEEN LOGISTICS INC
Street: 1600 W LAKE ST STE 103B
City/State/Zip: ADDISON, IL 60101

All Freight Charges Prepaid Bill To:

Agent or Cashier: Per _____ (the signature here acknowledge only the amount prepaid)	Received: \$ _____ To apply in prepayment of the charges on the property described hereon	Charges Advanced: \$ _____
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Cust Ref #	SKU/UPC Item Ref#	Class Description	UOM	Qty	Vol	Pallets	Weight (klbs)	Length	Notes
							37	53	
							37	53	

Special Instructions (Origin)

Special Instructions (Destination)

Comments: **DELIVERY APPOINTMENT REQUIRED**

Please print shipper name next to signature below. By signature below, I acknowledge and attest that seal notes in this BOL has been placed on trailer.

The Shipper certifies that the above named materials are property classified, described, labeled, and packaged, and are in proper condition for transportation, according to the application regulation of the Department of Transportation.

Shipper Signature X _____
Consignee Signature X Maile
Driver Signature X _____

Date _____ Trailer # _____
Date 5/23/24 Seal # _____
Date _____ Seal # _____