



Bill to:
TQL

,
,
,

Invoice Date: 05/29/2024
Invoice #: 28260083
Terms: NET 30
Due Date: 06/29/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
05/28/2024		700 N Industrial Blvd, Chickasha, OK 73018, USA - 565 Pin Oak Dr, Somerset, KY 42503, USA			
			1	\$1,800.00	\$1,800.00

TOTAL
\$0.00

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



TQL RATE CONFIRMATION FOR PO# 28260083

FIND YOUR NEXT LOAD BY VISITING
[CARRIERDASHBOARD.TQL.COM](https://carrierdashboard.tql.com)

TO ENSURE PROMPT PAYMENT, SUBMIT THIS RATE CONFIRMATION, COMPLETE BOL(S)/POD, RECEIPTS AND OTHER APPLICABLE PAPERWORK WITHIN 24 HOURS OF DELIVERY TO CINVOICES@TQL.COM. FOR OTHER OPTIONS, SEE NEXT PAGE.

TQL CONTACT INFO

Name	Phone	Email	Fax
Taylor Goshert	800-580-3101 x46700	TGoshert@TQL.com	5136888396

CARRIER CONTACT

Office Staffed 24/7

MC#/DOT#	Name	Phone	Terms	Fax
086875 / 3119062	Brz (il)	708-303-5150	28DAYS	630-485-0000

Address

COMPASS FUNDING SOLUTIONS PO BOX 205154 DALLAS, TX 75320-5154

Dispatcher	Driver	Truck #	Trailer #
shawn	miguel	823	W94937

LOAD INFORMATION

Rate	Type	Unit	Quantity	Total
\$1,800.00	Line Haul	Flat	1	\$1,800.00

Rates that are based on weight or count will be calculated from the quantities loaded.

Total: \$1,800.00 USD

Mode	Trailer Type	Trailer Size	Linear Feet	Temperature	Pallet/Case Count	Hazmat	Load Requirements
FTL	Van	53 ft			0 pallets/0 cases	Non-Hazardous	
Special Temp Instructions						LxWxH	

Pick-up Location	Date	Time
Chickasha, OK	5/28/2024	FCFS 08:00 to 16:00

Commodities:

Pick Up #	Quantity	Unit	Commodity	Notes
1	1	Truckload	Automotive Parts	

Delivery Location	Date	Time
Clarksville, TN	5/29/2024	FCFS 00:00 to 18:00 Note:24 HR RECIEVER
Somerset, KY	5/30/2024	Appt 08:00 to 09:00

CARRIER RESPONSIBLE FOR

Unloading	None w/ valid unloading receipt	Pallet Exchange	None	Estimated Weight	44000
-----------	---------------------------------	-----------------	------	------------------	-------



T Q Y L



**Note to
Carrier**

TQL CARRIER DASHBOARD IS REQUIRED ON THIS LOAD. DETENTION AND ACCESSORIALS MAY NOT BE PAID IF TRACKING ISN'T ACCEPTED AND ACTIVELY TRACKING. THIS IS TO PROVE CHECK IN AND CHECK OUT TIMES AT SHIPPERS AND RECIEVERS.TONU'S ARE \$75. DRIVER MUST NOTATE CHECK IN AND CHECK OUT TIMES ON THE SIGNED BOL OR DETENTION WILL NOT BE PAID.
TRACKING REQUIRED.



T Q Y L





If this box is checked, Carrier is required to mail original paperwork to TQL at the below address.

CARRIER INVOICE #

FOR STANDARD MAIL

TQL
PO Box 799
Milford, OH 45150

OVERNIGHT INVOICING

TQL
1701 Edison Drive
Milford, OH 45150

QUICK PAY

If your default payment terms are not Quick Pay and you would like Quick Pay on this load, please check one of the boxes below. Send your invoice to the Quick Pay email or fax listed below or via one of the document scanning options.

☐ 1 Day Quick Pay 5%

☐ 7 Day Quick Pay 3%

METHODS TO SUBMIT PAPERWORK

Submit completed and signed paperwork within 24 hours of delivery.

EMAIL

Quick Pay - Quickpay@tql.com
Standard - cinvoices@tql.com

DOCUMENT SCANNING

[TQL Carrier Dashboard](#) - Send paperwork
for FREE via our web and mobile app

FAX

Quick Pay - 513-688-8895
Standard - 513-688-8782

TRANSFLO Express allows you to scan and send invoices
and POD's to TQL for \$3.50 from participating truck stops.

TQL must approve all accessorial terms/charges in advance and in writing. Payment of detention is determined on a load-by-load basis. Unauthorized charges will not be paid. Detention payment does not begin for at least 3 hours unless otherwise agreed to in writing. To qualify for additional compensation, the Carrier MUST notify TQL at least 30 minutes before beginning detention time and when arriving-on-time/departing from all shippers/receivers (unless the shipper/receiver will notate check in/out times on the paperwork).



BOOK SELECT LOADS ONLINE WITH BOOK IT NOW
ON TQL CARRIER DASHBOARD

SIGN IN >

USE TQL TRACKING
TO CUT DOWN ON CHECK CALLS



THIS IS AN AGREEMENT BETWEEN TQL AND CARRIER. CARRIER SHALL HAUL THE LOAD AT THE RATE ABOVE. CARRIER SHALL CALL TQL FOR LOAD INFORMATION. IF LOAD IS CHANGED OR CANCELED BY TQL, NO "TRUCK ORDER NOT USED" WILL BE PAID UNLESS TQL HAS PROVIDED THE CARRIER WITH LOAD DETAILS (PICK-UP NUMBER, SHIPPER NAME/ADDRESS AND DRIVER INFORMATION SHEET) AND APPROVED THE CARRIER TO BEGIN DRIVING TOWARDS THE PICK-UP LOCATION. THE SAFE, LEGAL AND PROPER OPERATION OF CARRIER SUPERSEDES ANY REQUEST, DEMAND, PREFERENCE, INSTRUCTION OR INFORMATION PROVIDED BY TQL OR ITS CUSTOMERS WITH RESPECT TO ANY SHIPMENT. IF ANY EMPLOYEE OF TQL OR ITS CUSTOMER REQUESTS, DEMANDS, OR INSTRUCTS CARRIER TO TAKE ANY ACTION THAT VIOLATES ANY LAW, CARRIER SHALL REFUSE TO TRANSPORT THE LOAD AND IMMEDIATELY CONTACT TQL BEFORE TAKING ANY FURTHER ACTION. CARRIER AGREES THAT WHEN IT CHOOSES TO TRANSPORT A LOAD IT DOES SO ON ITS OWN VOLITION, EXERCISING ITS OWN DISCRETION WITHOUT COERCION OR UNDUE INFLUENCE BY ANY INDIVIDUAL OR ENTITY. BY SIGNING THIS RATE CONFIRMATION AND/OR PERFORMING SERVICES FOR BROKER, CARRIER AFFIRMS THAT IT MAINTAINS KNOWLEDGE OF AND COMPLIANCE WITH ALL FEDERAL, STATE, AND LOCAL LAWS AND REGULATIONS, WHICH INCLUDES, BUT IS NOT LIMITED TO, ANY LAWS OR REGULATIONS RELATED TO CARB COMPLIANCE, THE CALIFORNIA TRANSPORT REFRIGERATION UNIT (TRU) OR AIRBORNE TOXIC CONTROL MEASURE (ATCM). CARRIER AFFIRMS THAT ALL OF ITS APPLICABLE EQUIPMENT TRAVELLING TO, FROM, OR WITHIN CALIFORNIA IS IN COMPLIANCE WITH CARB RULES AND REGULATIONS OR ANY OTHER SIMILAR REGULATIONS IN OTHER STATES WHEN TRAVELLING TO, FROM, OR WITHIN SUCH OTHER STATES. CARRIER FURTHER AFFIRMS THAT ALL EQUIPMENT IN ITS FLEET, INCLUDING ANY TRU EQUIPMENT, FURNISHED WILL BE IN COMPLIANCE WITH THE IN-USE REQUIREMENTS OF ALL OF CALIFORNIA'S TRU REGULATIONS AND, IF APPLICABLE, ANY ADDITIONAL REQUIREMENTS REQUIRED OF BROKER'S CUSTOMER. CARRIER WILL BE RESPONSIBLE FOR ANY AND ALL FINES ASSESSED AGAINST ANY PARTY FOR CARRIER'S FAILURE TO ADHERE, IN WHOLE OR IN PART, TO ANY REGULATION OR LAWS. THIS RATE CONFIRMATION IS INCLUSIVE OF ALL CHARGES.

IF THIS SHIPMENT RELATES TO A GOVERNMENT OR QUASI-GOVERNMENT CONTRACT (WHICH MAY INCLUDE, WITHOUT LIMITATION, FEDERAL, STATE, MUNICIPAL, OR POSTAL CONTRACTS), THEN THE SHIPMENT IS SUBJECT TO THE NOTICES AND COMPLIANCE REQUIREMENTS FOUND AT [HTTPS://WWW.TQL.COM/GOVERNMENT-CONTRACTOR-NOTICES.PDF](https://www.tql.com/government-contractor-notices.pdf) OR A HARD COPY WILL BE PROVIDED UPON WRITTEN REQUEST TO COMPLIANCE@TQL.COM.

BY SIGNING THIS DOCUMENT, THE CARRIER AND ITS DRIVER AGREE THAT THEY MAY LEGALLY RECEIVE SMS (TEXT) MESSAGES ORIGINATING FROM TQL. RESPONDING TO OR READING A TQL SMS MESSAGE WHILE DRIVING A TRUCK OR MOTOR VEHICLE CAN CAUSE SERIOUS INJURY, DEATH, OR PROPERTY DAMAGE TO YOU OR OTHERS. DO NOT READ OR REPLY TO A MESSAGE UNLESS YOUR VEHICLE IS STATIONARY AND PARKED. THE CARRIER, DRIVER, AND ANY OTHER EMPLOYEE AND/OR AGENT FOR CARRIER ASSUME ALL RESPONSIBILITY FOR ABIDING BY THESE INSTRUCTIONS AND AGREE THAT THEY WILL COMPLY WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL LAWS INCLUDING, BUT NOT LIMITED TO: RECEIVING, READING AND/OR SENDING SMS MESSAGES, PHONE CALLS, AND/OR ANY OTHER INFORMATION TO OR FROM THE BROKER. CARRIER AGREES TO INDEMNIFY AND HOLD TQL HARMLESS TO THE FULLEST EXTENT PERMITTED BY LAW FOR ANY AND ALL CLAIMS OF ANY NATURE ARISING OUT OF OR RELATING TO THE HAULING OF THIS LOAD, THE VIOLATION OF THE TERMS OF THE BROKER-CARRIER AGREEMENT OR THIS RATE CONFIRMATION.



T Q Y L



Vaccination Requirements for loads delivering to Canada:

- ☐ ☐ ☐ ☐ ☐ ☐ U.S. and other foreign truckers entering Canada must be fully vaccinated or will be denied entry. Unvaccinated Canadian drivers to show a negative, molecular Covid-19 test taken 72 hours prior to reaching the border before they are allowed entry.
- ☐ ☐ ☐ ☐ ☐ ☐ If a driver arrives at the border and does not meet the vaccination requirements, they will be denied entry and carrier will be responsible for all charges associated with redelivery.

TQL PO# 28260083

Carrier Representative Signature

*By electronically signing below and acknowledging acceptance, I confirm I have the authority to act on behalf of, and bind the undersigned individual and/or entity and have agreed to the terms

Name* S/ **Shawn Popovic**





DRIVER/CARRIER INFORMATION SHEET TQL PO# 28260083

Pickup Dates
5/28/24Delivery Dates
5/29/24, 5/30/24

TQL CONTACT INFO

Name	Phone	Email	Fax
Taylor Goshert	800-580-3101 x46700	TGoshert@TQL.com	5136888396

CARRIER CONTACT

Name	Dispatcher	Driver
Brz (il)	shawn	miguel

LOAD INFORMATION

Mode	Trailer Type	Trailer Size	Temperature	Pallet/Case Count	Hazmat	Load Requirements
FTL	Van	53 ft		0 pallets/0 cases	Non-Hazardous	

Special Temp Instructions

CARRIER RESPONSIBLE FOR

Unloading	None w/ valid unloading receipt	Pallet Exchange	None	Estimated Weight	44000
-----------	---------------------------------	-----------------	------	------------------	-------

PICKUPS

Shed	City	State	Zip	PU#	Date	Time								
Gabriel Ride Control (Chickasha,OK)	Chickasha	OK	73018	2421612531 /2421612636	5/28/2024	FCFS 08:00 to 16:00								
<div>Information:</div> <div>700 N Industrial Blvd CHICKASHA OK 73018 I-44 to exit 83 and turn right off ramp. 2.2/2.1 miles on same road</div> <div>Commodities:</div> <table><tr><th>Quantity</th><th>Unit</th><th>Commodity</th><th>Notes</th></tr><tr><td>1</td><td>Truckload</td><td>Automotive Parts</td><td></td></tr></table>							Quantity	Unit	Commodity	Notes	1	Truckload	Automotive Parts	
Quantity	Unit	Commodity	Notes											
1	Truckload	Automotive Parts												



DROPS

Consignee	City	State	Zip	Delivery PO	Date	Time
HENDRICKSON TRAILER SUSPENSION (CLARKSVILLE,TN)	Clarksville	TN	37040	040523kk	5/29/2024	FCFS 00:00 to 18:00 Note:24 HR RECIEVER
Information: Hendrickson Trailer Suspension - Clarksville 151 International Blvd. Clarksville, TN 37040 USA						
HENDRICKSON SUSPENSION (SOMERSET,KY)	Somerset	KY	42503	040523kk	5/30/2024	Appt 08:00 to 09:00
Information: Hendrickson Suspension 565 Pin Oak Dr SOMERSET KY 42503 Vic 606-802-7344 1500-1800 is considered "LTL TIME" which may increase wait times. Please try to arrive outside of these times for fastest service.						

Note to Carrier

TQL CARRIER DASHBOARD IS REQUIRED ON THIS LOAD. DETENTION AND ACCESSORIALS MAY NOT BE PAID IF TRACKING ISN'T ACCEPTED AND ACTIVELY TRACKING. THIS IS TO PROVE CHECK IN AND CHECK OUT TIMES AT SHIPPERS AND RECIEVERS.TONU'S ARE \$75. DRIVER MUST NOTATE CHECK IN AND CHECK OUT TIMES ON THE SIGNED BOL OR DETENTION WILL NOT BE PAID. TRACKING REQUIRED.

Vaccination Requirements for loads delivering to Canada:

- ☐ ☐ ☐ ☐ ☐ ☐ U.S. and other foreign truckers entering Canada must be fully vaccinated or will be denied entry.
Unvaccinated Canadian drivers to show a negative, molecular Covid-19 test taken 72 hours prior to reaching the border before they are allowed entry.
- ☐ ☐ ☐ ☐ ☐ ☐ If a driver arrives at the border and does not meet the vaccination requirements, they will be denied entry and carrier will be responsible for all charges associated with redelivery.

TQL PO# 28260083

THIS AGREEMENT IS SUBJECT TO THE TERMS OF THE BROKER/CARRIER AGREEMENTS SIGNED BY THE CARRIER AND TQL. THIS AGREEMENT IS AN ADDENDUM TO THE BROKER/CARRIER AGREEMENT. THIS DOCUMENT IS ONLY FOR INFORMATIONAL PURPOSES.



Date: 05/23/2024

HENDRICKSON BILL OF LADING

** Critical Manufacturer - Transportation Equipment**

SN: 3011959

Seal#: A328142

SHIP FROM

Ship From Code: GRICHIOK
Name: GABRIEL RIDE CONTROL/ARVIN MERITOR
Address: 700 N INDUSTRIAL BLVD
Address 2:
City/State/Zip: CHICKASHA, OK 73018
Contact Name: RACHEL REDBIRD
Contact Number: 4057792094

FOB: ☐

Bill of Lading Number: 80199422



CARRIER NAME: TOTAL QUALITY LOGISTICS LLC

Equipment Type: DV00

SHIP TO

Ship To Code: HENSOMKY565
Name: HENDRICKSON INTERNATIONAL
Address: 565 PIN OAK DR
Address 2:
City/State/Zip: SOMERSET, KY 42503
Contact Name: SHIPPING RECEIVING
Contact Number: 6068027340

FOB: ☐

SCAC: TQYL

Pro Number:

Freight Charge Terms:

(freight charges are Collect unless marked otherwise)

☐ Prepaid ☒ Collect ☐ 3rd Party☐ Master Bill of Lading: with attached
(check box) underlying Bills of Lading

INVOICE REMIT TO:

Name: Hendrickson c/o Ryder Integrated Logistics
Address: 39550 Thirteen Mile Rd, Suite 101
City/State/Zip: Novi, MI 48377

Special Instructions: Will be available for pick up after 202405270001 Must be delivered by 202405292359

BILL TO

Shipment No: 2421612531
Name: HENDRICKSON INTERNATIONAL
Address: 565 PIN OAK DR
City: SOMERSET
State: KY
Postal Code: 42503
Country: USA

CUSTOMER ORDER INFORMATION

ROL Unique Number	Pro Number	Route Number	PO #	UNC	Pallet Count	Pallet Spaces	# Pkgs	Weight	Cube	Additional Shipper Info
OKKY1 v.2_12421612531		OKKY1 v1.2_1	040523kk		14	14	14	22388	200	
Grand Total							14	22388	200	

CARRIER INFORMATION

HANDLING UNIT		WEIGHT	COMMODITY DESCRIPTION (Freight Class, Stackable, Part No, NMFC No, Desc.) <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>
QTY	TYPE		
14	Skid	22388	100, , 1, , 1
14		22388 lbs.	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: ☐ 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.

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

Shipper Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, described, 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 has the DOT emergency response guidebook or equivalent documentation in the vehicle.

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

X _____

Date: 05/23/2024


HENDRICKSON BILL OF LADING

Page 3 of 4

**** Critical Manufacturer - Transportation Equipment****

SN: 3011958

Seq #: A328141

SHIP FROM		Bill of Lading Number: 80199422
Ship From Code:	GRICHIOK	
Name:	GABRIEL RIDE CONTROL/ARVIN MERITOR	
Address:	700 N INDUSTRIAL BLVD	
Address 2:		
City/State/Zip:	CHICKASHA, OK 73018	
Contact Name:	RACHEL REDBIRD	CARRIER NAME: TOTAL QUALITY LOGISTICS LLC
Contact Number:	4057792094	Equipment Type: DV00
SHIP TO		SCAC: TQYL
Ship To Code:	HENCLATN	Pro Number:
Name:	HENDRICKSON TRAILER - CODE 605	Freight Charge Terms: (freight charges are Collect unless marked otherwise)
Address:	151 INTERNATIONAL BLVD	<input type="checkbox"/> Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party
Address 2:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading
City/State/Zip:	CLARKSVILLE, TN 37040	
Contact Name:	BRIAN GREENE	
Contact Number:	9315728155	
INVOICE REMIT TO:		BILL TO
Name:	Hendrickson c/o Ryder Integrated Logistics	Shipment No: 2421612636
Address:	39550 Thirteen Mile Rd, Suite 101	Name: 605 HENDRICKSON TRAILER
City/State/Zip:	Novi, MI 48377	Address: 151 INTERNATIONAL BLVD
Special Instructions: Will be available for pick up after 202405270001 Must be delivered by 202405282359		City: CLARKSVILLE
		State: TN
		Postal Code: 37040
		Country: USA

CUSTOMER ORDER INFORMATION

ROL Unique Number	Pro Number	Route Number	PO #	UNC	Pallet Count	Pallet Spaces	# Pkgs	Weight	Cube	Additional Shipper Info
OKKY1		OKKY1	040523kk		8	8	8	11555	200	
v.1_12421612636		v.1_1								
Grand Total							8	11555	200	

CARRIER INFORMATION

HANDLING UNIT			COMMODITY DESCRIPTION (Freight Class, Stackable, Part No, NMFC No, Desc.) <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>
QTY	TYPE	WEIGHT	
8	Skid	11555	100, 1, 1
8		11555 lbs.	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: ☐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.

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

Shipper Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, described, 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 has the DOT emergency response guidebook or equivalent documentation in the vehicle.


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

X _____



Image Word

1/1

Date: 05/23/2024		HENDRICKSON BILL OF LADING		SN: 3011958		Page 3 of 4				
** Critical Manufacturer - Transportation Equipment**						JCAL# A328141				
SHIP FROM				Bill of Lading Number: 80199422						
Ship From Code: GRICHOK										
Name: GABRIEL RIDE CONTROL/ARVIN MERITOR				CARRIER NAME: TOTAL QUALITY LOGISTICS LLC						
Address: 700 N INDUSTRIAL BLVD				Equipment Type: DV00						
Address 2:				SCAC: TQYL						
City/State/Zip: CHICKASHA, OK 73018				Pro Number:						
Contact Name: RACHEL REDBIRD				Freight Charge Terms:						
Contact Number: 4057792094				(freight charges are Collect unless marked otherwise)						
FOB: <input type="checkbox"/>				<input type="checkbox"/> Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party						
SHIP TO				<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading						
Ship To Code: HENCLATN				(check box)						
Name: HENDRICKSON TRAILER - CODE 605				BILL TO						
Address: 151 INTERNATIONAL BLVD				Shipment No: 2421612636						
Address 2:				Name: 605 HENDRICKSON TRAILER						
City/State/Zip: CLARKSVILLE, TN 37040				Address: 151 INTERNATIONAL BLVD						
Contact Name: BRIAN GREENE				City: CLARKSVILLE						
Contact Number: 9315728155				State: TN						
FOB: <input type="checkbox"/>				Postal Code: 37040						
INVOICE REMIT TO:				Country: USA						
Name: Hendrickson c/o Ryder Integrated Logistics										
Address: 39550 Thirteen Mile Rd, Suite 101										
City/State/Zip: Novi, MI 48377										
Special Instructions: Will be available for pick up after 202405270001 Must be delivered by 202405282359										
CUSTOMER ORDER INFORMATION										
ROL Unique Number	Pro Number	Route Number	PO #	UNC	Pallet Count	Pallet Spaces	# Pkgs	Weight	Cube	Additional Shipper Info
OKKY1		OKKY1	040523kk		8	8	8	11555	200	
1 12421612636		vl-1-1								
Grand Total							8	11555	200	
CARRIER INFORMATION								COMMODITY DESCRIPTION		
HANDLING UNIT		WEIGHT		(Freight Class, Stackable, Part No, NMFC No, Desc.)						
QTY	TYPE	WEIGHT		Commodities requiring special or additional care or attention in handling or storing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(c) of NMFC Item 348						
8	Skid	11555		100, 1, 1						
8		11555 LBS.		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:				COD Amount: \$				Fee Terms:		
*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding								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).								The carrier shall not make delivery of this shipment without payment of the freight and all other lawful charges.		
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.								Shipper Signature		
SHIPPER SIGNATURE / DATE		Trailer Loaded:		Freight Counted:		CARRIER SIGNATURE / PICKUP DATE				
This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		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. X				



Sign



Extract Text



Share



Sign



More



Image Word

1/1

Date: 05/23/2024 **HENDRICKSON PACKING SLIP** Page 1 of 4

**** Critical Manufacturer - Transportation Equipment ****

SHIP FROM		
Shipment Number: 2421612636	Ship From Code: GRICHIOK	
Business Unit: Trailer	Name: GABRIEL RIDE CONTROL/ARVIN MERITOR	
Purchase Order: 040523kk	Address: 700 N INDUSTRIAL BLVD	
	Address 2:	
	City/State/Zip: CHICKASHA, OK 73018	
	Contact Name: RACHEL REDBIRD	FOB: <input type="checkbox"/>
	Contact Number: 4057792094	

BILL TO		
Name: 605 HENDRICKSON TRAILER		
Address: 151 INTERNATIONAL BLVD		
City: CLARKSVILLE		
State: TN		
Postal Code: 37040		
Country: USA		

SHIP TO		
Ship To Code: HENCLATN		
Name: HENDRICKSON TRAILER - CODE 605		
Address: 151 INTERNATIONAL BLVD		
Address 2:		
City/State/Zip: CLARKSVILLE, TN 37040		
Contact Name: BRIAN GREENE	FOB: <input type="checkbox"/>	
Contact Number: 9315728155		

Item Description	Container/ Package type	Container Number	Quantity	Weight	Volume	Length	Width	Height	SQFT
1	Skid		8	11555	200.0				
Grand Total		0	8	11555	200				

Driver Notes: Will be available for pick up after 202405270001 Must be delivered by 202405282359

✓ 5-29/24



Sign



Extract Text



Share



Sign



More