

**Bill to:**

NATIONAL PARCEL LOGISTICS, INC
5415 WEST SLIGH AVE,
Tampa,
FL,
33602

Invoice Date: 05/31/2024

Invoice #: 32MIA053024ATL

Terms: NET 30

Due Date: 07/01/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
05/30/2024		1620 SW 5th Court Pompano Beach FL 33069 - 4125 Welcome All Rd., STE 100 Atlanta GA 30349			
			1	\$700.00	\$700.00

TOTAL
\$700.00

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



Pickup/Load Number 32MIA053024ATL

Carrier Name	ZIGI FREIGHT INC.	Drivers Name	RAYMOND
Pickup Date	5/30/2024 5:00 PM	Drivers Phone	305-910-1720
Special Instructions		Driver2 Name	
		Driver2 Phone	
Pickup Name and Address	NPL Miami, ,1620 SW 5th Court Pompano Beach FL 33069 -Phone# 954-633-298	Pickup Date	5/30/2024 5:00 PM
Stop 1	*NPL Atlanta, ,4125 Welcome All Rd., STE 100 Atlanta GA 30349 -Phone# 404-856-3620	DTStop 1	5/31/2024 10:00 AM
Stop 2		DTStop 2	
Stop 3		DTStop 3	
Stop 4		DTStop 4	
Stop 5		DTStop 5	
Stop 6		DTStop 6	

Motor Carrier certifies that it has obtained, and will maintain for the duration of this shipment, the following insurance coverages and that any driver or equipment furnished, dispatched, or operated by or on behalf of motor carrier in connection with the transportation of this shipment shall be covered under the below referenced policies.

(a) Automobile Liability Coverage of \$1MM per occurrence with no annual aggregate

(b) Occupational accident for owner-operators or Workers' Compensation for all employees of owner-operator/fleet drivers (in limits set forth by applicable statute); and

(c) Cargo coverage for property damage of not less than \$100,000 per occurrence with no annual aggregate, and with no exceptions for theft or mysterious disappearance.

Motor carrier further certifies that: (i) its motor vehicle liability insurance shall be procured from an insurance carrier accepted by the Federal Motor Carrier Safety Administration ("FMCSA"), or alternatively, that it has been approved by the FMCSA as a self-insurer under the provisions of 49 C.F.R. § 387.309; and (ii) its remaining coverages shall be procured from an insurance carrier acceptable to NPL. The undersigned has full authority of the motor carrier to certify the insurance requirements set forth herein.

Carrier's invoice must be accompanied by all original paperwork including Bills Of Lading, Delivery Receipts and signed Rate Confirmation Sheet for each load. Carrier's invoice must also reference National Parcel Logistics, Inc.'s assigned load number in order for invoice to be processed. Submit all invoices to : National Parcel Logistics, Inc.


5415 West Sligh Ave, STE 110, Tampa, FL 33634; AP@NationalParcel.com, 813.886.4220. By accepting this load, carrier agrees to all terms and conditions in the Transportation contract made between Carrier and National Parcel Logistics, Inc. Cancellations must be received 24 hours prior to loading. Notification failure will result in a \$250.00 chargeback.

PLEASE INVOICE NPL WITHIN 10 DAYS OF COMPLETING THIS LOAD

Please have driver review BOL for actual drop order and delivery times. Load Locks Required RESET AFTER EACH DROP

Team Loads: Both Drivers Are Required to Show CDL's at Time of Pick Up

***Drivers are responsible for scaling their loads.**

NPL Signer	Jotanna Williams 	Carrier Signature	
NPL Signed On	Thursday, May 30, 2024	Carrier Signed On	
NPL Signer Phone	678.712.4471	Truck Type	53' Dry Van
Rate Inclusive of Accessorials	\$700.00	Driver Type	Solo

Please sign and fax back along with carrier pack to 404-418-7183. Load not locked in until this rate sheet is signed and returned.

BILL OF LADING



LOAD # 32MIA053024ATL

May 30, 2024

DEPARTING FACILITY:

NPL Miami,
1620 SW 5th Court
Pompano Beach, FL 33069
954-633-298

LOAD LOCKS
REQUIRED

Date: _____ Time: _____
Received By: (PRINT CLEARLY PLEASE)

Step 1:

*NPL Atlanta,
4125 Welcome All Rd., STE 100
Atlanta, GA 30349
404-856-3620

Appt:

USPS Date:

USPS Time:

Pallets 8125: 81
Pallets elnd 81
75
Weight: 40,672

SHIPPER LOADED/COUNTED/VERIFIED:

Employee Name:

Keith Moore

Grand Totals:

Pallets 8125 81
Pallets elnd 81
75
Weight: 40,672

LOAD ACCEPTED IN GOOD ORDER UNLESS OTHERWISE STATED HEREIN

By Accepting this load, carrier agrees to all terms and conditions in the Transportation contract made between Carrier and National Parcel Logistics, Inc.

Driver: If you cannot accomplish the delivery appointment dates and/or times stated above in a manner compliant with FMCSA regulations, or if you experience a delay while delivering this load, or you have a concern call 678-712-4471 and we will adjust the appointment dates and/or times based on your estimated arrival.

Driver #1 Name:

Driver #2 Name:

Driver #1 License No.

Driver #2 License No.

Tractor No.

Trailer No.

Carrier:

Cell:

Cell:

State:

State:

Tractor Tag #

Trailer Tag #

State:

State:

Time Out:

It is the Carrier's responsibility to ensure estimated weights are accurate. PLEASE SCALE YOUR LOAD.

BILL OF LADING

May 30, 2024



LOAD # 32MIA053024ATL

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1620 SW 5th Court
Pompano Beach, FL 33069
954-633-298

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Atlanta, GA 30349
404-856-3620

Appt:
USPS Date:
USPS Time:

Pallets 8125: 81
Pallets eind 81
75
Weight: 40,672

SHIPPER LOADED/COUNTED/VERIFIED:
Employee Name:

Keith Moore

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Driver #1 Name:
Driver #2 Name:
Driver #1 License No.
Driver #2 License No.
Tractor No.
Trailer No.
Carrier:

Cell: _____
Cell: _____
State: _____
State: _____
State: _____
State: _____
Tractor Tag # _____
Trailer Tag # _____
Time Out: _____

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BILL OF LADING



NPL
EXPERT SOLUTIONS IN TRANSPORTATION

LOAD # 32MIA053024ATL

May 30, 2024

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954-633-298

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USPS Time:

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Keith Moore

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Driver #2 Name: _____
Driver #1 License No. _____
Driver #2 License No. _____
Tractor No. _____
Trailer No. _____
Carrier: _____

Tractor Tag # _____
Trailer Tag # _____

Cell: _____
Cell: _____
State: _____
State: _____
State: _____
State: _____
Time Out: _____

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Driver #2 License No.

Tractor No.

Trailer No.

Carrier:

Cell:

Cell:

State:

State:

Tractor Tag #

Trailer Tag #

State:

State:

Time Out:

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5-31
RECEIVED BY Patrick
TIME IN 8:120 Am
TIME OUT _____

BILL OF LADING



NPL
EXPERT SOLUTIONS IN TRANSPORTATION

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May 30, 2024

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Tractor No.
Trailer No.
Carrier:

Tractor Tag #
Trailer Tag #

Cell:
Cell:
State:
State:
State:
State:
Time Out:

It is the Carrier's responsibility to ensure estimated weights are accurate. PLEASE SCALE YOUR LOAD.

5-31
RECEIVED BY Patrick
TIME IN 8:12 AM
TIME OUT _____