



Bill to:
Link Logistics Group
,
,
,

Invoice Date: 06/07/2024
Invoice #: 445076
Terms: NET 30
Due Date: 07/07/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/06/2024		5224 Gibbon Road, Charlotte, NC 28269 - 9060 INDUSTRIAL DRIVE, Bastrop, LA 71220			
			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



Carrier Shipment Confirmation

Load #	445076	Commodity	
PO Number	019017	Bill of Lading	2761273
		Empty Return	
Carrier	Riki Transportation, Inc. (BRZ)	Carrier Telephone	(708) 303-5150
Carrier Contact	Blake Veljic	Carrier Fax	(708) 303-5150
Trailer Requirements	Dry Van 53	Weight (lbs)	18526
Temperature	N/A	Quantity	26.00 Pallets
Container #			
Brokered By	Chris Loveday	Date Brokered	06/06/2024 08:45

Send Invoice To

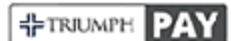
Telephone 865-500-3151

Please send all paperwork and invoices to accounting@linklg.com

All Carrier Payments are now through TriumphPay.com

Please register online in order to receive payments:

1. [Go to www.secure.TriumphPay.com](https://www.secure.TriumphPay.com)
2. [Register your company](#)
3. [Connect with Link Logistics Group, LLC](#)
4. [Add your payment information](#)
5. [Control your money!](#)



Get Paid Now!

Login to
TriumphPay.com to
take advantage of our
2% 2-Day QuickPay!

Load

Bonded Logistics - Gibbon Rd
5224 Gibbon Road
Charlotte, NC 28269

Date 06/06/2024 1330 - 06/06/2024 1330

Unload

PARKER WHOESLAE PAPER CO.
9060 INDUSTRIAL DRIVE
Bastrop, LA 71220

Date 06/07/2024 800 - 06/07/2024 1000

Settlement Details

Total Payable to Carrier \$1500.00

Type	Description	Quantity	Rate	Charge Type	Amount
Line Haul	Line Haul	1.00	1500.000	Flat Rate	\$1500.00

For Payment: Carrier must submit original signed B/L and invoice containing Link Logistics load number. Payment of invoice is subject to terms and conditions of Broker/Carrier Agreement. Any delays, problems or changes regarding this shipment must be reported immediately to Link Logistics. No additional charges will be honored without prior written agreement of Link Logistics. Please call the contact above if you have any questions.

RE-BROKERING OF THIS SHIPMENT, WITHOUT LINK LOGISTICS PRIOR WRITTEN APPROVAL, WILL VOID LINK LOGISTICS OBLIGATION TO PAY YOUR FREIGHT BILL

This rate shall remain in effect until cancelled by either party giving written notice to the other.

AFTER DELIVERY-A SIGNED PHOTOCOPY OF THE BOL MUST BE EMAILED TO: accounting@linklg.com

Carrier Representative: Conor Smith Date: 06/06/2024

Date: 6/6/2024

BILL OF LADING

Page 1 of 1

SHIP FROM

Name: Morcon Inc Care Of Bonded Logistics
Address: Bonded Logistics
5224 Gibbon Rd
Charlotte NC 28269

FOB Origin: ☐

Bill of Lading Number: 35202406050078354



(402) 35202406050078354

SHIP TO

Name: PARKER WHOLESALE PAPER CO. LOC#
Address: 9060 Industrial Dr
Bastrop, LA 71220
CID#: 641

FOB: ☐

CARRIER NAME: LINK LOGISTICS

Trailer number: HO3240

Seal number(s): 0178224

SCAC:

Pro number: 2761273



THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:

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

Prepaid _____ Collect _____ 3rd Party ☒

SPECIAL INSTRUCTIONS: LOAD 2761273: E008239 / PO-361326 MUST LOAD STRAIGHT IN SEND PHOTOS FOR APPROVAL (019017)

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
PO-361326 E008239	1,177.00	17,821.10	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
GRAND TOTAL	1,177.00	17,821.10		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	CUBE	COMMODITY DESCRIPTION <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>	LTL ONLY	
QTY	TYPE	QTY	TYPE					NMFC#	CLASS
	plts	1036	ctns	15,113.60	#####		Consumer Beverages	00000-00	50
	plts	96	ctns	1,920.00		54,847.40	Paper Article Toilet Paper	154410-00	55
	plts	45	ctns	787.50		0.00	Paper Article Towels	154415-00	55
	ctns	0					Loose Case Count TOTAL		
				17,821.10			PO Weight		
26	plts			1,040.00			Pallet Weight (40.00 lbs per PLT)		
26		1177		18,861.10		1,619,686.90	GRAND TOTAL		

Where the rate is dependent on value, shippers are required to state especially 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 lost 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

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, described, packaged, marked and labeled, and are in proper condition for transportation in accordance with the applicable regulations of the DOT.

Trailer Loaded:

☐ By Shipper
☐ By Driver
said

Freight Counted:

☐ By Shipper
☐ By Driver/pallets
☐ to contain

CARRIER SIGNATURE/PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency responses information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Properly described above is received in good order, except as noted.

Date: _____

Date: 6/6/2024

BILL OF LADING

Page 1 of 1

SHIP FROM

Name: Morcon Inc Care Of Bonded Logistics
Address: Bonded Logistics
5224 Gibbon Rd
Charlotte NC 28269

FOB Origin: ☐

Bill of Lading Number: 35202406050078354



(402) 35202406050078354

SHIP TO

Name: PARKER WHOLESALE PAPER CO. LOC#
Address: 9060 Industrial Dr
Bastrop, LA 71220
CID#: 641

FOB: ☐

CARRIER NAME: LINK LOGISTICS

Trailer number: HO3240

Seal number(s): 0178224

SCAC:

Pro number: 2761273



THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:

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

Prepaid ☐ Collect ☐ 3rd Party ☒

SPECIAL INSTRUCTIONS: LOAD 2761273: E008239 / PO-361326 MUST LOAD STRAIGHT IN SEND PHOTOS FOR APPROVAL (019017)

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
PO-361326 E008239	1,177.00	17,821.10	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
GRAND TOTAL	1,177.00	17,821.10		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	CUBE	COMMODITY DESCRIPTION <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>	LTL ONLY	
QTY	TYPE	QTY	TYPE					NMFC#	CLASS
	plts	1036	ctns	15,113.60	#####		Consumer Beverages	00000-00	50
	plts	96	ctns	1,920.00		54,847.40	Paper Article Toilet Paper	154410-00	55
	plts	45	ctns	787.50		0.00	Paper Article Towels	154415-00	55
	ctns	0					Loose Case Count TOTAL		
				17,821.10			PO Weight		
26	plts			1,040.00			Pallet Weight (40.00 lbs per PLT)		
26		1177		18,861.10		1,619,686.90	GRAND TOTAL		

Where the rate is dependent on value, shippers are required to state especially 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 lost 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

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

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 transport in accordance to the applicable regulations of the DOT

Trailer Loaded:

☐ By Shipper
☐ By Driver
said

Freight Counted:

☐ By Shipper
☐ By Driver/pallets
to contain

CARRIER SIGNATURE/DATE

Carrier acknowledges receipt of goods and required placards. Carrier certifies emergency response information is available and/or carrier has the DOT emergency response information (hazmat) documentation in the vehicle. Properly described above, received in good order, except as noted.

Date 6/12/24