



Bill to:
WTS TRANSPORTATION SERVICES, INC
P.O. Box 955,
Tallmadge,
OH,
44278

Invoice Date: 06/20/2024
Invoice #: 22357
Terms: NET 30
Due Date: 07/20/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/19/2024		3430 OH-93, Baltic, OH, 43804 - 597 Maple St., Russell Springs, KY, 42642			
			1	\$1,100.00	\$1,100.00

TOTAL
\$1,100.00

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

Rate & Load Confirmation

WTS TRANSPORTATION Services, LLC

PO BOX 955
TALLMADGE, OH, USA 44278
Phone: 330-633-8200
Fax:

Dispatcher:	Jelena M	LOAD #	22357
Phone #:	330-633-8200	Ship Date:	2024-06-19
Fax #:		Today's Date:	2024-06-18
Email:	dispatch@wtstransportation.com		
W/O:			

Carrier	Phone #	Fax #	Equipment	Agreed Amount	Load Status
BRZ	708-303-5150 x110		53' Van	\$1,100.00 USD	Covered

Shipper 1 Polyflex 3430 OH-93 Baltic, OH, 43804	Date: 2024-06-19 Time: 8:00 AM Type: TL Quantity: Weight: 43000 lbs	Purchase Order #: Major Intersection: Shipping Hours: 0800-1500 Appointment: No Description: Plastic resin
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Consignee 1 Stephens Pipe & Steel 597 Maple St. Russell Springs, KY, 42642 Phone: 800-451-2612	Date: 2024-06-20 Time: 8:00 AM Type: TL Quantity: Weight: 43000 lbs	Purchase Order #: Major Intersection: Receiving Hours: 8am - 3pm M-F Appointment: No Description: Plastic resin
Consignee Notes:	Call to check the delivery address.	

Dispatch Notes:

PLEASE NOTE NEW ACCOUNTING EMAIL
Accounting email: ap@wtstransportation.com

Carrier Pay: Line Haul: \$1100.00, **TOTAL: \$1100.00 USD**

Accepted By: _____ Date: _____ Signature: *Luke Miche*

Driver Name: _____ Cell #: _____ Truck #: _____ Trailer #: _____

STRAIGHT BILL OF LADING--SHORT FORM

Original--Not Negotiable

Shipper's No. 140751

Carrier's No.

WTS TRANSPORTATION SERVICE

(Name of Carrier)

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

at BALTIC, OH 43804

6/19/24

From 010 BALTIC, 3430 State Route 93

The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned To

STEPHENS PIPE

(Mail or street address of consignee--For purpose of notification only.)

Destination

RUSSELL SPRINGS

State KY Zip 42642 County

Delivery Address

ATTN: JIMMY OAKS
597 MAPLE STREET

To be filled in only when shipper desires and governing tariffs provide for delivery direct.

Route

Delivering Carrier

WTS TRANSPORTATION SERVICE

Car or Vehicle Initials

No.

No. PACKAGES	HAZARDOUS MATERIALS	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	WEIGHT (SUBJECT TO CARRIAGE)	CLASS OR RATE	
23		PLASTIC MATERIAL, POWDER, PELLETS, GRANULES OR FLAKES	NET 41,400 TARE 1,479 GROSS 42,879		
		Prepaid			
		PO#01-179416 Rel 10			
		SEAL# 00076898			

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 consignee, the consignee shall sign the following statement. The carrier shall not make delivery of

John Rice
(Signature of Consignee)

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Prepaid

Received \$ _____ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

Per _____
(The signature here acknowledges only the amounts prepaid.)

SHIPPER'S CERTIFICATION: 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 Department of Transportation.

SIGNATURE

TITLE

Charges Advanced:

\$

* If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."
** Shipper's initials in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.
Note--Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____

C.O.D. SHIPMENT

C.O.D. Amt.

Collection Fee

Total Charges

THIS SHIPMENT IS CORRECTLY DESCRIBED

** The fine boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of the Consolidated Freight Classification.

Shipper

CORRECT WEIGHT IS _____ LBS

Shipper, Per

Agent, Per

010 BALTIC, 3430 State Route 93, BALTIC, OH 43804

STRAIGHT BILL OF LADING—SHORT FORM

Original—Not Negotiable

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Carrier's No. _____

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(Name of Carrier)

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at BALTIC, OH 43804

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Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned To

STEPHENS PIPE

(State or street address of consignee—For purposes of notification only.)

Destination

RUSSELL SPRINGS

State KY Zip 42642 County _____

Delivery Address

ATTN: JIMMY OAKS
597 MAPLE STREET

To be filled in only when shipper desires and governing tariffs provide for delivery thereof.

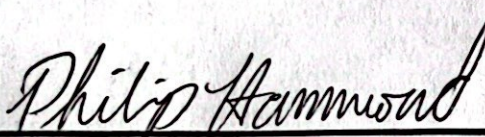
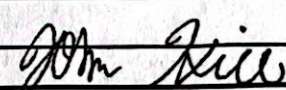
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WTS TRANSPORTATION SERVICE

Car or Vehicle Initials _____

No. _____

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		Prepaid		
		PO#01-179416 Rel 10		
		SEAL# 00076858		
				
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Per _____
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C.O.D. Amt. _____

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Shipper

CORRECT WEIGHT IS _____ LBS

Per _____

Shipper, Per _____

Agent, Per _____

010 BALTIC, 3430 State Route 93, BALTIC, OH 43804