

**Bill to:**

TQL (TOTAL QUALITY LOGISTICS)
PO BOX 799,
MILFORD,
OH,
45150

Invoice Date: 06/20/2024

Invoice #: 28534362

Terms: NET 30

Due Date: 07/20/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/19/2024		545 Logistics Center Pkwy, Jefferson, GA 30549, USA - 5000 League Island Blvd, Philadelphia, PA 19112, USA			
			1	\$2,500.00	\$2,500.00

TOTAL
\$2,500.00

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



DRIVER/CARRIER INFORMATION SHEET TQL PO# 28534362

Pickup Dates

6/19/24

Delivery Dates

6/20/24

TQL CONTACT INFO

Name	Phone	Email	Fax
Randall Cooper	800-580-3101 x44526	rcooper@TQL.com	5135538872

CARRIER CONTACT

Name	Dispatcher	Driver
ROYAL3 INC (il)	mike	tyler

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	35000
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PICKUPS

Shed	City	State	Zip	PU#	Date	Time
JEFFERSON MILL BUILDING C (JEFFERSON,GA)	Jefferson	GA	30549	STMR-53653T	6/19/2024	FCFS 06:00 to 15:00

Information:

HYUNDAI
545 Logistics Center Pkwy
Jefferson GA 30549

3rd warehouse on Logistics Center Parkway // 2nd on your LEFT

exit 140 T/L 1st st on right

NOT HOME GOODS

Commodities:

Quantity	Unit	Commodity	Notes
1	Truckload	Automotive Parts	



DROPS

Consignee	City	State	Zip	Delivery PO	Date	Time
HYUNDAI/KIA MOTORS - PHILADELPHIA PORT Glovis Philly (PHILADELPHIA, PA)	Philadelphia	PA	19112	STMR-53653T	6/20/2024	FCFS 08:00 to 12:00
<div>Information:</div> <div>Glovis Philly 51 Mustin Street Philadelphia, PA 19112</div>						

Note to Carrier

ALL DELIVERY PAPERWORK AND RECEIPTS MUST BE SENT TO RCOOPER@TQL.COM WITHIN 24 HOURS OF COMPLETED DELIVERY.

DRIVER MUST ACCEPT LOCATION TRACKING VIA MOBILE PHONE (NO CHARGES APPLY) OR NO ADDRESSES WILL BE SENT

Detention:

\$30/hour after 3 Hours, max \$250/day

LATE DELIVERY WILL RESULT IN LATE FEES

MUST ACCEPT TRACKING**EXCESSIVE LATE FEES APPLY

- Proof of delivery must be sent in within 24 hours of delivery or accessorial may not be paid

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# 28534362

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.





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Jefferson GA 30549

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SHIP FROM					Name: MOBIS PARTS AMERICA (HYUNDAI)					Bill of Lading Number: 00000000102449098				
Address: 545 LOGISTICS CENTER PARKWAY										 (402) 00000000102449098				
City/State/Zip: JEFFERSON, GA 30549														
SID#:					FOB: <input type="checkbox"/>									
SHIP TO										CARRIER NAME: STARWAY TRANSPORTATION				
Name: Transfer => Philadelphia Location #:										Trailer number: 97037				
Address: 51 MUSTIN ST										Seal number(s): 0001511				
City/State/Zip: PHILADELPHIA, PA 19112										Load Number: STMTR53653T				
CID#:										SCAC: STWY				
										Pro number: STMTR-53653T				
										 STMTR-53653T				
THIRD PARTY FREIGHT CHARGES BILL TO:														
Name:										Freight Charge Terms: (<i>freight charges are prepaid unless marked otherwise</i>) Prepaid <input checked="" type="checkbox"/> Collect _____ 3rd Party _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading				
Address:														
City/State/Zip:														
SPECIAL INSTRUCTIONS: H2T24F000130 KZM24F000083- 1 BOX														
CUSTOMER ORDER INFORMATION														
CUSTOMER ORDER NUMBER				# PKGS	WEIGHT LBS	PALLET/SKIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO							
H2M24F000078					16100	<input checked="" type="radio"/> Y <input type="radio"/> N								
						<input type="radio"/> Y <input type="radio"/> N								
GRAND TOTAL					16100									
CARRIER INFORMATION														
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	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						
46	plts		box	16100		AUTO PARTS NOI, IRON OR STEEL	18260	S5	85.0					
						NMFC 18260 S5								
46				16100		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: <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).														
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 shipper, on request, and to all applicable state and federal regulations.							The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.							
SHIPPER SIGNATURE / DATE <small>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.</small>							Signature							
							Shipper							
Glass Inspected by driver upon receipt:							Freight Counted							
Driver sign here _____							No. Cartons: _____							
							Date: _____							
							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.							

CARRIER NOTICE: Attach the 2nd copy of the bill of lading to your freight bill and Mail to:
HYUNDAI MOTOR AMERICA C/O VTM ,

SHIP FROM
Name: MOBIS PARTS AMERICA (HYUNDAI)
Address: 545 LOGISTICS CENTER PARKWAY
City/State/Zip: JEFFERSON, GA 30549

SID#

FOB: ☐

Bill of Lading Number: 00000000102449098



SHIP TO

Name: Transfer => Philadelphia Production #: CZT1A
Address: 51 MUSTIN ST

City/State/Zip: PHILADELPHIA, PA 19112
Phn#:

CID#:

FOB: ☐

CARRIER NAME: STARWAY TRANSPORTATION

Trailer number: 97037

Seal number(s): 0001511

Load Number STMR53653T

SCAC: STWY
Pro number: STMR-53653T



STMR-53653T

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

Prepaid ☒ Collect ☐ 3rd Party ☐

<input type="checkbox"/>	Master Bill of Lading: with attached underlying Bills of Lading
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CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER		# PKGS	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
H2M24F000078			16100	<input checked="" type="radio"/>	N	
				Y	N	
GRAND TOTAL			16100			

CARRIER INFORMATION

[illegible]

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

Signature _____

Shipper

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 Department Of Transportation.

Glass Inspected by
driver upon receipt:

Driver sign here

Freight Counted

No. Cartons:

Date:

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.

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