

**Bill to:**

Best Logistics

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Invoice Date: 06/23/2024

Invoice #: 1620543

Terms: NET 30

Due Date: 07/23/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/22/2024		126 1st St, Rockingham, NC 28379, USA - 2245 W Maiden Rd, Newton, NC 28658, USA			
			1	\$500.00	\$500.00

TOTAL
\$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

*** Load Confirmation ***

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TEAM: Blue Team

Best Logistics

P.O. Box 336

Kernersville, NC 27285

PHONE: (336) 423-0487 ***FAX: (866) 646-7699 *****Order: 1620543*****ORDER # MUST APPEAR ON ALL BILLING******DRIVER MUST CALL IN FOR DISPATCH*****Carrier: ZIGI FREIGHT INC**
Carrier ID: ZIGLOM**Phone: 630-485-7370 x106****Fax: 360-485-6980****Date: 06/21/2024****Contact: Blue Team*****PLEASE NOTE OUR NEW CONTACT NUMBERS BELOW:****Phone: (336) 423-0487 *****Fax: (866) 646-7699 *****Reference: NC062224NC-2**

Instructions / Comments:

Marcal South - Driver must check in as BEST

Driver must secure load with 2 to 4 straps a must

Driver must accept Marco Point for Tracking or \$200.00 will be deducted from Rate cons

PU# NC062224NC-2

PU Confirmation # 14774862

Order	Miles: 109.0			Weight: 44800.0		
	PU # NC062224NC-2			Trailer:		
	BOL: MZRLAH			Commodity: Parent Rolls		
PU 1	Name: Marcal South			Date: 06/22/2024 1215		
	Address: 126 1st St					
	CORDOVA NC 28330			Contact: (877) 641-9944 x4523		
			Driver Assist: N			
SO 2	Name: Von Drehle			Date: 06/22/2024 1600		
	Address: 2245 West Maiden Rd.			06/22/2024 1800		
	NEWTON NC 28658			Contact: (877) 641-9944 x4523		
			Driver Assist: N			
Payment	Total Carrier Pay:		\$500.00			

IN ORDER TO HAUL FOR BEST, ALL CARRIERS MUST INFORM DRIVERS OF MACROPOINT TRACKING REQUIREMENT. AT THE TIME OF BOOKING, ALL CARRIERS MUST PROVIDE VALID DRIVER PHONE NUMBER. DRIVERS MUST ACCEPT AND DOWNLOAD MACROPOINT APP BEFORE ARRIVING TO SHIPPER. SHOULD CARRIER/DRIVER NOT COMPLY, A \$100 FINE WILL BE IMPOSED. SUBMISSION OF SIGNED RATE CONFIRMATION VALIDATES THIS AGREEMENT.

NOTE: ELD COMPLIANCE VIA MACROPOINT IS ALSO ACCEPTABLE.

Agreement Please sign below

STANDARD TERMS ARE PAYMENT MADE 28 DAYS FROM RECEIPT OF LEGIBLE SIGNED BILL OF LADING, INVOICE, AND LUMPER RECEIPT (IF APPLICABLE). ALL EXTRA CHARGES MUST BE PRE-APPROVED BY BEST REPRESENTATIVE THAT BOOKED LOAD. ALL EXTRA CHARGES MUST BE BILLED WITH RECEIPT & BOL. DRIVER MUST REPORT ANY OVERAGES, SHORTAGES, OR DAMAGED PRODUCT IMMEDIATELY. CARRIER CERTIFIES THAT THEY HOLD THE APPROPRIATE LICENCES AND AUTHORITIES AND MAINTAIN THE APPROPRIATE INSURANCE COVERAGES AS REQUIRED BY REGULATION TO PERFORM THIS TRANSPORTATION ON BEHALF OF BEST LOGISTICS. ANY DOUBLE BROKERAGE WILL RESULT IN NON-PAYMENT. CONFIRMATION OF THE ACTUAL CARRIER OF THIS LOAD WILL BE MADE BEFORE PAYMENT IS RELEASED. FINES IMPOSED FOR LATE PICK UPS AND LATE DELIVERIES.

**To Expedite Payment: Email All invoices and Signed POD as attachments to: CarrierAP@shipwithbest.com
(PICTURES IN EMAIL BODY WILL NOT BE ACCEPTED)**

In the SUBJECT LINE Reference ORDER NUMBER 1620543

605 1-27-16

George Parkovic

06/21/2024

Dorde

551 444 2280

555

W94926

(X) Accept

() Decline



Customer PO # ROYAL3
BOL # PTL2241144
Seal # _____
Ship Date _____

Phone No.	828 428-8994
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TO

Consignee **Marcal South-Maiden**

Street 2245 West Maiden Road

Destination City Newton

NC

28658

Delivering Carrier

Phone No.	910-410-9131
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FROM

Shipper **Marcal SOUTH-CORDOVA**

Street 126 1ST STREET

SHIPPER CITY **CORDOVA**

State | NC

Zip code **28330**

Subject to section 7 of conditions applicable Bill of Lading,
if this shipment is to be delivered to the consignee without
following statement: The carrier shall not make delivery of
this shipment without payment of freight and all other lawful
charges.

Signature:

FREIGHT CHARGES MARK ONE:

THIRD PARTY
BILLING

Phone No.

Prepaid ☐

Collect ☐

Third Party ☒

Sill To

Street

[illegible]

NOTE (1) 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 valuation on household goods or personal effects does not exceed 10¢ per lb. per article unless otherwise specified.

The agreed or declared value of the property is hereby specifically stated by the shipper not to be exceeding:

Note (2) Liability Limitation for loss or damage on this shipment may be applicable.
See 49 U.S.C. § 14706 (c) (A)(B)

Note (3) Commodities requiring special or additional care or attention in handling or stowing must be marked and packaged as to ensure safe transportation with ordinary care. See Sec. 2(e) of MMFC Item 180.

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.

		per		
			Time In	Time Out
Marcal				
Per 				

Carrier	"If the shipment moves between two ports by a carrier by water, the law requires that the BOL shall state if its 'carrier's or shipper's weight'"
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Received Per	Time In	Time Out
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NO. 27 RECEIVED RECEIVED

Consignee (Receiver)

Date _____

City/State/Zip



Customer PO # ROYAL 3
BOL # PTL2241144
Seal # _____
Ship Date _____

Phone No. 828-428-8994

TO
Consignee Marcal South-Maiden
Street 2245 West Maiden Road
Destination City Newton NC 28658
Delivering Carrier _____

Phone No. 910-410-9131

FROM
Shipper Marcal SOUTH-CORDOVA
Street 126 1ST STREET
SHIPPER CITY CORDOVA State NC Zip code 28330

Subject to section 7 of conditions applicable Bill of Lading, if this shipment is to be delivered to the consignee without following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
Signature: _____

FREIGHT CHARGES MARK ONE:

Prepaid ☐
Collect ☐
Third Party ☒

THIRD PARTY BILLING

Bill To _____
Street _____

Phone No. _____

NO. OF PIECES	NO. OF HANDLING PIECES	TYPE OF HANDLING UNITS	HAZ MAT	DESCRIPTION OF ARTICLES, SPECIAL HANDLING, AND EXCEPTIONS	WEIGHT (subject to correction)	CLASS (ACTUAL CLASS)	NMFC #
			no				
	12	Rolls		902	35,993		
				Rec'd			
				0-25-24			

NOTE (1) 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 valuation on household goods or personal effects does not exceed 10¢ per lb. per article unless otherwise specified.
The agreed or declared value of the property is hereby specifically stated by the shipper not to be exceeding: _____ per _____

Note (2) Liability Limitation for loss or damage on this shipment may be applicable. See 49 U.S.C. § 14706(c) (A)(B)
Note (3) Commodities requiring special or additional care or attention in handling or stowing must be marked and packaged as to ensure safe transportation with ordinary care. See Sec. 2(e) of NMFC Item 180.
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.

Marcal	Time In	Time Out	Carrier	If the shipment moves between two ports by a carrier by water, the law requires that the BOL shall state if it is "carrier's or shipper's weight"
			Received Per <u>D. Viewhace</u>	
Per <u>[Signature]</u>			Time In	Time Out

NO. OF PIECES RECEIVED

Consignee (Receiver) _____ Date _____
City/State/Zip _____