

**Bill to:**

BEST LOGISTIC SERVICES(REICH LOGISTICS SERVICES INC)
829 GRAVES STREET,
Kernersville,
NC,
27285

Invoice Date: 06/27/2024

Invoice #: 1621870

Terms: NET 30

Due Date: 07/27/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/26/2024		3022 Highway 43 N, Pinetops, NC 27864 - 599 Ships Landing Way, Cog Kaul Dist-Delaware, New Castle, DE 19720			
			1	\$1,600.00	\$1,600.00

TOTAL
\$1,600.00

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

Page 1

TEAM: Purple Team

Best Logistics

P.O. Box 336

Kernersville, NC 27285

PHONE: (336) 515-9003 *

FAX: (844) 301-4234 *



Order: 1621870

ORDER # MUST APPEAR ON ALL BILLING

DRIVER MUST CALL IN FOR DISPATCH

Carrier: ZIGI FREIGHT INC
Carrier ID: ZIGLOM

Phone: 630-485-7370

Fax:

Date: 06/26/2024

Contact: Purple Team
***PLEASE NOTE OUR NEW CONTACT NUMBERS BELOW:**

Phone: (336) 515-9003 *

Fax: (844) 301-4234 *

Reference:

Instructions / Comments:

Order	Miles: 353.0 PU # BOL:	Weight: 26000.0 Trailer: 53' Van or Reefer Commodity: Electrical Cutouts Palletized
PU 1	Name: Abb Power T & D Address: 3022 Highway 43 N PINETOPS NC 27864	Date: 06/26/2024 1000 06/26/2024 1600 Contact: (866) 475-1510 x4525 Driver Assist: N
SO 2	Name: Anixter Address: 599 Ships Landing Way Coctaw Kaul Dist-Delware NEW CASTLE DE 19720	Date: 06/27/2024 0800 06/27/2024 1500 Contact: (866) 475-1510 x4525 Driver Assist: N

Payment Total Carrier Pay: \$1,600.00

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 PICKS 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 1621870

678 3-31-16

Stering Medica

06/26/2024

larry

407-893-0222

737

W94934



(X) Accept

() Decline

2625860

Date: 06/26/2024

BILL OF LADING

Page : 1 of 1

SHIP FROM

Name: ABB Inc
Address: Highway 43 North
City/State/Zip: Pinetops, NC, 27864
SID No.

Bill of Lading Number: 20240626170916



Ship To

Name1: CHOCTAW KAUL DIST - DELAWARE
Name2:
Address: 599 SHIPS LANDING WAY
Address2:
City/State/Zip: NEW CASTLE, DE, 19720
Telephone#: 252-827-2121
Freight Account #:

Carrier Name: BEST LOGISTICS

SCAC:

Pro Number# 1621870



Special Instructions:

Third Party Freight Charges Bill to:

Name1:
Name2:
Address:
Address2:
City/State/Zip:

Freight Charges Terms: (Freight Charges are prepaid unless marked
Prepaid X Collect 3rd Party

☐ Master Bill of Lading: with attached underlying Bills of Lading

Customer Order Information

Customer PO Number	No.Packages	Weight	Pallet/Slip	Additional Shipper Information
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	1	18000.000		0087612395/
Grand Total	1	18000.000		

Carrier Information

Handling Unit		Package					LTL Only	
Qty	Type	Qty	Type	Weight	HM (X)	Commodity Description <small>Commodities requiring special or additional care or attention in handling or showing must be so marked and packaged as to ensure data transportation with ordinary case. See Section 2(e) of</small>	NMFC No.	Class
1	PLT	30	CARTON	18000.000		CLASS 70		70
1		30		18000.000		GRAND TOTAL		

Electrical Cutouts

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: \$ 0.00

Free 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).

Received subject to individually determined rates of 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 regulation.

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

Shipper Signature.

Shipper Signature/Date

This is to certify that the above named materials are properly classified, packed, marked and labeled and is in proper condition for transportation according to the applicable regulations of DOT.

Trailer Loaded :
By shipper

By driver

Freight Counted :

By shipper

By driver/pallets said to contain

By driver/pieces

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

Shipper Signature:

Pickup Date:

Carrier Signature:

Pickup Date:

BILL OF LADING

SHIP FROM

Name: ABB Inc
Address: Highway 43 North
City/State/Zip: Pinetops, NC, 27864
SID No.

Ship To

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Name2:
Address: 599 SHIPS LANDING WAY
Address2:
City/State/Zip: NEW CASTLE, DE, 19720
Telephone#: 252-827-2121
Freight Account #:

Third Party Freight Charges Bill to:

Name1:
Name2:
Address:
Address2:
City/State/Zip:

Bill of Lading Number: 20240626170916



Carrier Name: BEST LOGISTICS

SCAC:
Pro Number# 1621870



Special Instructions:

Freight Charges Terms: (Freight Charges are prepaid unless marked
Prepaid X Collect 3rd Party

☐ Master Bill of Lading: with attached underlying Bills of Lading

Customer Order Information

Customer PO Number	No. Packages	Weight	Pallet/Slip	Additional Shipper Information
1173252	30	18000.000		0087612395/PCB4304
Grand Total	30	18000.000		

Carrier Information

Handling Unit		Package					LTL Only	
Qty	Type	Qty	Type	Weight	HM (X)	Commodity Description <small>Commodities requiring special or additional care or attention in handling or showing must be so marked and packaged as to ensure data transportation with ordinary case. See Section 2(e) of</small>	NMFC No.	Class
1	PLT	30	CARTON	18000.000		CLASS 70		70
1		30		18000.000		GRAND TOTAL		

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By driver/pallets said to contain
By driver/pieces

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Shipper Signature:

Pickup Date:

Carrier Signature:

Pickup Date: