



Bill to:
Rehmann Transportation Corp.
,
,
,

Invoice Date: 12/07/2023
Invoice #: 001 469539
Terms: NET 30
Due Date: 01/07/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
12/04/2023		505 Advantage Avenue, Perryman, MD, USA - 30350 South Graaskamp Boulevard, Wilmington, IL 60481, USA			
			1	\$950.00	\$950.00

TOTAL
\$950.00

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

To: Riki Transportation -ICC No. 0086875
Fax Attn: LINDA X 116 Fax (888)294-7030 Vc (708)703-5150

APPOINTMENTS - Times are scheduled by Rehmann Transportation Corp.

** ALL Accessorials must be preapproved. **

ALL ACCESSORIAL PAPERWORK MUST BE FAXED TO 1-888-600-2151 WITHIN 24 HOURS.

FAILURE TO DO SO WILL RESULT IN NON-PAYMENT.

YOU MUST CALL 1-800-206-3500 TO OBTAIN AN AUTHORIZATION NO.

*NO_ADVANCES*_ALL_Comchecks_will_have_a_\$17_charge_added_including_Lumpers
Carrier to provide driver(s) to affect agreed schedule according to
DOT SAFETY REGULATIONS

NO Brokers: by signing this amendment to contract you agree to utilize
YOUR equipment. If this load is brokered out you agree to forfeit payment.

BILLING_REQUIREMENTS: for Accounting Questions: 856-787-9729

- 1.) Original Bill of Lading/Delivery Receipt.
- 2.) Rate confirmation sheet.
- 3.) Carrier Invoice.
- 4.) ALL_ACCESSORIAL_PAPERWORK_MUST_BE_TURNED_IN_WITHIN_24_HOURS
FAILURE_TO_DO_SO_WILL_RESULT_IN_NON-PAYMENT.
- 5.) Copy of Operating Authority.
- 6.) Complete IRS form W-9.
- 7.) Signed contract.
- 8.) Original certificate of liability & cargo insurance - (must be sent
from your insurance agent and listing Rehmann Transportation Corp.
as Additional Insured).

This Rate Confirmation will be added to the Contract Carrier Agreement

Send invoice and supporting documents to: ap@rtctransportation.com
or mail to: Rehmann Transportation Corp., PO Box 1028, Mt Laurel, NJ 08054

To Secure Order Driver must call 1-800-206-3500
BETWEEN 7:30-10:00 AM (EASTERN TIME) ON DAY OF PICKUP.

Addendum_to_Contract

Load Number: 001 469539 (This number must appear on all paperwork)

Pick-up(s):

Aberdeen MD 21001

Appt: 12/04/23 7:00-15:00

Consignee(s):

Wilmington IL 60481

Appt: 12/06/23 9:00AM

#/Pcs	Commodity	Weight	Equipment	Amount
26	Building Materials	40,950	VAN ONLY	950.00

MUST PU AND DEL ON TIME

Carrier agrees not to solicit customers according to contract.

Authorized Signature: Linda Ferrer Date: _____
Riki Transportation -ICC No. 0086875

Please SIGN and FAX back to 1-888-600-2151 Attn: JOSE

To: Riki Transportation -ICC No. 008687
Fax Attn: LINDA Fax (888)294-7030 Vc (708)852-5654

Load Number: 954 018123 (This number must appear on all paperwork)

Pick-up(s):

Prime Source DC36339

505 Advantage Ave

Aberdeen MD 21001

Appt: 12/04/23 7:00-15:00

Consignee(s):

HUB 1455 Wilmington

30350 Graaskamp Blvd

Wilmington IL 60481

Appt: 12/06/23 9:00AM

PU 4800102409

PU 801354890

PO 4800102409

PO 801354890

#/Pcs	Commodity_____	Weight	Equipment_____	Amount_
26	Building Materials	40,950	VAN ONLY	950.00

MUST PU AND DEL ON TIME

Name: PrimeSource DC-1025
Address: 505 Advantage Ave.
City/State/Zip: Aberdeen MD 41042
SID#:

SHIP FROM

Bill of Lading Number: 4800102409

BAR CODE SPACE

FOB: ☐

SHIP 1
Name: HUB 1455 Wilmington
Address: 30350 Graaskamp Blvd.
City/State/Zip: Wilmington, IL 60481
CID#:

SHIP TO

Location #: _____

CARRIER NAME: Rehmann

Trailer number:

Seal number(s):

SCAC:

Pro number:

FOB: ☐

BAR CODE SPACE

Name:
Address:
City/State/Zip:

THIRD PARTY FREIGHT CHARGES BILL TO:

SPECIAL INSTRUCTIONS:

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

Prepaid _____ Collect _____ 3rd Party _____

☐
(check box)

Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
801354890	26	40,950	Y	N	Building Products
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
GRAND TOTAL	25	40.950			

CARRIER INFORMATION

[illegible]

GRAND TOTAL

COD Amount: \$

Fee Terms: Collect: ☐ Prepaid: ☐

Customer check acceptable: ☐

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 _____.

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

SHIPPER SIGNATURE / DATE
This is to certify that the above contents are as described on the invoice.

SIGNATURE / DATE
This is to certify that the above named materials are properly classified,
packaged, marked and labeled, and are in proper condition for
transportation according to the applicable regulations of the 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 is received in good order, except as noted.

HM#812 12-04-73