



Bill to:
NORTH AMERICAN LOGISTICS SERVICES
160 Ali Baba Avenue,
Opa Locka,
FL,
33054

Invoice Date: 07/10/2024
Invoice #: 0133891
Terms: NET 30
Due Date: 08/10/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
07/09/2024		500 North Shotgun Rd., Sunrise, FL 33326 - 195 Business Park Drive, Statesville, NC 28677			
			1	\$750.00	\$750.00

TOTAL
\$750.00

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 ***
North American Logistics Services
Opa-locka, FL 33054
160 Ali Baba Avenue
305-455-0640 Fax 786-472-6862

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0133891

ELECTRONIC INVOICES to carrierpayables@nalogistics.com within 48 hrs of delivery to avoid deductions

Carrier:	RIKI TRANSPOR (COMPASS) Burbank IL 60459	Contact:	Sean
Date:	07/09/2024	Phone:	708-303-5150 x101
		Fax:	

Order	Order: 0133891	Commodity:	CARTON BOXES
	Miles: 735.0	Weight:	44500.0
	Temp:	Trailer:	Van (DAT)
	BOL: INHOUSE DLV	Reference:	INHOUSE DLV

PU 1	Name: Corropack Containers	Date:	07/09/2024 0800
	Address: 500 SHOTGUN RD.		07/09/2024 1400
	SUNRISE FL 33326	Contact:	Main
		Drv Ld/Unld:	No driver loading or unload

SO 2	Name: Cheney Brothers	Date:	07/10/2024 0800
	Address: 195 BUSINESS PARK DRIVE		07/10/2024 1000
	STATESVILLE NC 28677	Contact:	RECEIVING
		Drv Ld/Unld:	No driver loading or unload

Payment	Carrier Freight Pay:	\$750.00
	Total Carrier Pay:	\$750.00

Instructions

Corropack Containers - INHOUSE DELIVERY
NALs ONLY ACCEPT ELECTRONIC INVOICES IN PDF FORMAT (please no photos of BOL). Invoices MUST BE SENT to carrierpayables@nalogistics.com

Agreement Please sign and fax back to **Adriana Suazo**

Luke Miche

SEND INVOICES TO:
North American Logistics Services
At carrierpayables@nalogistics.com

ONLY electronic invoices will be accepted.

Terms:
30 days after receipt of original POD/Bill of Landing, carrier invoice and signed rate confirmation
Please provide North American Logistics Services trip number on invoice to ensure proper payment

-
- 1. Carrier MUST EMAIL LEGIBLE signed Bill of Lading & any Lumper Receipt to NalsTeam@nalogistics.com within 24 hours of delivery. Failure to comply will be subject to \$100.00 daily deduction from rate confirmation and/or NO LUMPER REIMBURSEMENT(No photographs allowed)**
 2. North American Logistics Services do not authorize any FMCSA violations (e.g. hours of services violations, etc.)
 3. Driver Must accept Macropoint or there will be a \$250 fine. Schedule delivery time must be made or may be subject to late penalty charge of 150.00 per day or any amount applied by receiver which will be deducted from rate. Carrier must notify NALS a minimum of 3 hours prior to scheduled appointments of any delays. Rescheduled appointments will be upon receiver's availability.
 4. Drivers are responsible for securing freight, ensuring the seal # is intact upon delivery. Lumper charges must be approved by broker, paid by the carrier and receipts provided to ensure payments. Use of the EFS system will incur a \$20 fee.
 5. NALS strictly prohibits double brokering & will not pay any company that broker freight through us.
 6. Signed copy of rate confirmation & original Bill of Lading must accompany invoice to process for payment. Please include NALS trip number on invoice.
 7. NALS will compensate for detention \$25 per hour after the first 4 hours, not exceed \$150 per day. Detention must be called in w/ in 24 hours of the event and POD must have time in & time out signed by receiver only.
 8. By accepting this load Carriers agrees that if a valid claim is filed, Broker will offset any money owed until claim is resolved.
 9. Unless driver is checked in at shipper, no TONU will be provided.
 10. Rates include fuel surcharge.
 11. Carrier is responsible to pay any Lumper charges. Advances related to lumper are subject to a \$20 fee
-

Date: 07-09-2024

BILL OF LADING

Page _____

SHIP FROM

Name: CORROPACK CONTAINERS

Address: 500 SHOTGUN RD

City/State/Zip: SUNRISE, FL 33326

SID#:

FOB: ☐

Bill of Lading Number: _____

BAR CODE SPACE

SHIP TO

Name: CHENEY BROTHERS

Address: 195 BUSINESS PARK DR

City/State/Zip: STATESVILLE, NC 28677

CID#:

FOB:

CARRIER NAME: CORROPACK CONTAINERS

Seal number(s):

SCAC:

Pro number:

THIRD PARTY FREIGHT CHARGES BILL TO:

BAR CODE SPACE

SPECIAL INSTRUCTIONS:

Freight Charge Terms:

Prepaid ☒ Collect ☐ 3rd Party ☐**INHOUSE DELIVERY**☐ Master Bill of Lading: with attached
(check box) underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
HANDWRAP0023			Y	N	10 PLTS @ 48 = 480 TOTAL
SHEET0812RR			Y	N	24 UNITS @ 250 = 6,000 TOTAL
CORNER36WP					2 PLTS @ 2418 = 4836 TOTAL
GRAND TOTAL:	24 PLTS	22,000 LBS			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	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
24	PLT			22,000 LBS				
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: ☐ 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 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

Signature _____ Shipper

SHIPPER 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.

Date: 07-09-2024

BILL OF LADING

Page _____

SHIP FROM

Name: CORROPACK CONTAINERS

Address: 500 SHOTGUN RD

City/State/Zip: SUNRISE, FL 33326

SID#:

FOB: ☐

Bill of Lading Number: _____

BAR CODE SPACE

SHIP TO

Name: CHENEY BROTHERS

Address: 195 BUSINESS PARK DR

City/State/Zip: STATESVILLE, NC 28677

CID#:

FOB:

CARRIER NAME: CORROPACK CONTAINERS

Seal number(s):

SCAC:

Pro number:

THIRD PARTY FREIGHT CHARGES BILL TO:

BAR CODE SPACE

SPECIAL INSTRUCTIONS:

INHOUSE DELIVERY

Freight Charge Terms:

Prepaid ☒ X

Collect

3rd Party _____☐
(check box)Master Bill of Lading, with attached
underlying Bills of Lading

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*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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Page _____

INHOUSE DELIVERY

GRAND TOTAL:

GRAND TOTAL

COD Amount: \$

Fee Terms: Collect: ☐ Prepaid: ☐
Customer check acceptable: ☐

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

Signature _____ Shipper

Property described above is received in good order, except as noted.

Rec'd 07/10 *[Signature]*