

**Bill to:**

Best Logistics

,
,
,

Invoice Date: 07/10/2024

Invoice #: 1624967

Terms: NET 30

Due Date: 08/10/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
07/09/2024		3325 Grassy Hill Rd, Rocky Mount, VA 24151 - 333-50 DEMING WAY, Summerville, SC 29483			
			1	\$1,000.00	\$1,000.00

TOTAL
\$1,000.00

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: Blue Team
Best Logistics
P.O. Box 336
Kernersville, NC 27285

PHONE: (336) 423-0487 *
FAX: (866) 646-7699 *

Carrier: ZIGI FREIGHT INC
Carrier ID: ZIGLOM
Phone: 630-485-7370 x110
Fax:
Date: 07/09/2024



Order: 1624967

ORDER # MUST APPEAR ON ALL BILLING
DRIVER MUST CALL IN FOR DISPATCH

Contact: Blue Team
*PLEASE NOTE OUR NEW CONTACT NUMBERS BELOW:
Phone: (336) 423-0487 *
Fax: (866) 646-7699 *
Reference: PO: NEW OFFICE

Instructions / Comments:

ASHLEY FURNITURE DISTRIBUTION - PO: BLAS-SXM-20987

Order	Miles: 318.0 PU # BOL:	Weight: 6000.0 Trailer: 53' Van Only Commodity: Furniture -All skidded
PU 1	Name: Uttermost Address: 3325 Grassy Hill Rd ROCKY MOUNT VA 24151	Date: 07/09/2024 0700 07/09/2024 1400 Contact: (877) 641-9944 x4523 Driver Assist: N
SO 2	Name: ASHLEY FURNITURE DISTRIBUTION Address: 330 DEMING WAY SUMMERVILLE SC 29483	Date: 07/10/2024 0530 07/10/2024 1230 Contact: (877) 641-9944 x4523 Driver Assist: N

Payment Total Carrier Pay: \$1,000.00

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 1624967

605 1-27-16

Jason corkovic

07/09/2024

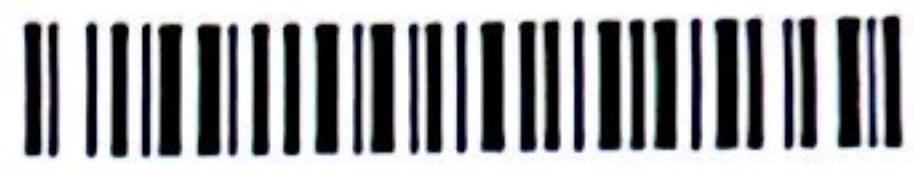

Dorde
(551) 444-2280
555
PTLZ241144



(X) Accept

() Decline

SHIP FROM				SHIP TO					
Name: THE UTTERMOST CO.				Name: ASHLEY FURNITURE DISTRIBUTION CENTER					
Address: 3325 GRASSY HILL RD				Address: 330 DEMING WAY					
City/State/Zip: ROCKY MOUNT VA 24151				City/State/Zip: SUMMERVILLE SC 29483					
Phone: 540-483-5103				Phone: 843-486-0116					
THIRD PARTY FREIGHT CHARGES BILL									
Name:									
Address:									
City/State/Zip:									
Do Not Double Stack Pallets - Fragile Glass									
Shipping Notes: DC closed on Mondays.									
Bill of Lading Number: 3829145				CARRIER NAME: <u>Royal 3</u>					
(402)3829145				Trailer Number: <u>241144</u>					
				Seal(s) Number: <u>1543612</u>					
				SCAC:					
				Pro Number: 1543612					
				Freight Charge Terms: (Freight charges are prepaid unless marked otherwise)					
				<input checked="" type="checkbox"/> Pre-paid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party					
				<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading					
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER #		# PKGS		WEIGHT		PALLET/SHIP			
NEW OFFICE		67		5987		<input type="checkbox"/> Yes <input type="checkbox"/> No			
						<input type="checkbox"/> Yes <input type="checkbox"/> No			
						<input type="checkbox"/> Yes <input type="checkbox"/> No			
						<input type="checkbox"/> Yes <input type="checkbox"/> No			
						<input type="checkbox"/> Yes <input type="checkbox"/> No			
						<input type="checkbox"/> Yes <input type="checkbox"/> No			
						<input type="checkbox"/> Yes <input type="checkbox"/> No			
						<input type="checkbox"/> Yes <input type="checkbox"/> No			
						<input type="checkbox"/> Yes <input type="checkbox"/> No			
GRAND TOTALS		67		5987					
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M.	COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE		(X)	Commodities requiring special or additional care or attention in handling or stowing must be so marked and packages as to ensure safe transportation with ordinary care. See section 2(e) of NMFC Item 360		NMFC #	CLASS
17	PLT	8	CTN	361		PAINTING/PICTURES		561652	175
1	ROL	24	CTN	2,615		FURNITURE/SEATING		793003	250
		19	CTN	1,953		FURNITURE		793004	175
R71554-9		2	CTN	72		LAMPS/LIGHTING		1097005	125
		3	CTN	598		FURNITURE/CHESTS		793005	125
		10	CTN	335		DECORATION/SCULPT		562906	100
		1	ROL	53		RUGS		706808	125
18		67		5987		GRAND TOTALS			
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 state by the shipper to not be exceeding ____ PER ____								COD Amount: \$ 0000.00 Fee Terms: <input type="checkbox"/> Collect <input type="checkbox"/> Pre-paid <input type="checkbox"/> 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	
SHIPPER SIGNATURE / DATE								SHIPPER SIGNATURE	
This is the 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: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver								Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/Pieces <input type="checkbox"/> By Driver/Pallets said to	
CARRIER SIGNATURE / PICKUP DATE								CARRIER SIGNATURE / PICKUP DATE	
Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier had the DOT emergency guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except ad noted.									

SHIP FROM				Bill of Lading Number: <u>3829145</u>  (402)3829145			
Name: THE UTTERMOST CO. Address: 3325 GRASSY HILL RD City/State/Zip: ROCKY MOUNT VA 24151 Phone: 540-483-5103				CARRIER NAME: <u>Royal 3</u> <u>241144</u> BEST LOGISTICS Trailer Number: Seal(s) Number: <u>1543612</u>			
SHIP TO				SCAC: Pro Number: <u>1543612</u> 			
Name: ASHLEY FURNITURE DISTRIBUTION CENTER Address: 330 DEMING WAY City/State/Zip: SUMMERVILLE SC 29483 Phone: 843-486-0116				(9102K)1543612 Freight Charge Terms: (Freight charges are prepaid unless marked otherwise) <input checked="" type="checkbox"/> Pre-paid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading			
THIRD PARTY FREIGHT CHARGES BILL							
Name: Address: City/State/Zip:							
Do Not Double Stack Pallets - Fragile Glass Shipping Notes: DC closed on Mondays.							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER #		# PKGS	WEIGHT	PALLET/SHIP		ADDITIONAL SHIPPER INFO	
NEW OFFICE		67	5987	<input type="checkbox"/> Yes <input type="checkbox"/> No		ROAD-232285	
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
GRAND TOTALS		67	5987				
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT	H.M.	COMMODITY DESCRIPTION	LTL ONLY
QTY	TYPE	QTY	TYPE		(X)	<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packages as to ensure safe transportation with ordinary care. See section 2(e) of NMFC item 360</small>	NMFC # CLASS
17	PLT	8	CTN	361		PAINTING/PICTURES	561652 175
1	ROL	24	CTN	2,615		FURNITURE/SEATING	793003 250
		19	CTN	1,953		FURNITURE	793004 175
R71554-9		2	CTN	72		LAMPS/LIGHTING	1097005 125
		3	CTN	598		FURNITURE/CHESTS	793005 125
		10	CTN	335		DECORATION/SCULPT	562906 100
		1	ROL	53		RUGS	706808 125
18		67		5987		GRAND TOTALS	
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 state by the shipper to not be exceeding ____ PER ____						COD Amount: \$ 0000.00 Fee Terms: <input type="checkbox"/> Collect <input type="checkbox"/> Pre-paid <input type="checkbox"/> 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 <div style="text-align: right;">Shipper Signature</div>	
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: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/Pieces <input type="checkbox"/> By Driver/Pallets said to	
				CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier had the DOT emergency guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.			

Emiggy Done 1/10/24