



Bill to:
WEL LOGISTICS
P.O. BOX 5610 ,
De Pere,
WI,
54115

Invoice Date: 07/15/2024
Invoice #: 156482
Terms: NET 30
Due Date: 08/15/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
07/12/2024		190 COUNTY STREET, SUFFOLK VA 23434 - 10210 N FM R AVE, LUBBOCK TX 79403			
			1	\$3,100.00	\$3,100.00

TOTAL
\$3,100.00

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



WEL LOGISTICS, INC
1625 S BROADWAY
DE PERE WI 54115

PRO # 156482

Rate Confirmation

07/11/24 09:00:51 (EST)

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JENNIFER WILLIAMS
(618) 484-1747
(888) 555-2222 (f) (252) 883-1026 (c)
jennifer.williams@welcompanies.com

ZIGI FREIGHT INC
(630) 485-7370 (p)
(630) 485-6980 (f)
MC # 944686
DOT 2828543
Driver

Truck #
Trailer #
Cell #

Size & Type: 53' VAN
Pieces: 26

Description: NUTS/NUT BUTTER
Weight: 44500

Miles: 1614

CHARGES		DISPATCH NOTES
LINE HAUL RATE	3100.00	Driver to follow all food safety PROTOCOL , MACROPOINT TRACKING REQUIRED , FAILURE TO COMMUNICATE AND ALLOW TRACKING COULD RESULT IN \$100 FINE. LOAD TO BE SEALED AND STAY SEALED TILL RECEIVER INSPECTS and removes. Carrier responsible for making sure load is secure with load locks or 10ratchet straps and to make sure it is sealed and stays sealed. Seal should match BOL seal #.
TOTAL RATE	3100.00	

PICK 1

HAMPTON FARMS C/O VA C
190 COUNTY STREET
SUFFOLK VA 23434
Hours : 0700-1400

Appointment 07/12/24
Ref # 128109

STOP 1

HAMPTON FARMS
10210 N FIR AVE
LUBBOCK TX 79403

Appointment 07/15/24 @ 08:00

****YOUR DRIVER MAY NEED TO INFORM SHIPPER THE LOAD IS ASSIGNED TO WEL LOGISTICS
**BY ACCEPTANCE OF SHIPMENT, CARRIER GUARANTEES THAT IT IS MANAGING ITS
DRIVER(S) AND OPERATIONS IN ACCORD WITH THE CARRIER AGREEMENT AND ALL STATE
AND FEDERAL REQUIREMENTS FOR AUTHORIZED MOTOR CARRIERS.**

****MANY SHIPPERS AND CONSIGNORS REQUIRE A TRAILER NO OLDER THAN 10 YEARS. YOU
MAY BE TURNED AWAY AT THE PICK-UP LOCATION IF YOUR TRAILER IS OLDER THAN 10
YEARS.**

****TO COMPLY WITH REGULATORY AND CUSTOMER REQUIREMENTS, CARRIER AGREES TO THE
EXCLUSIVE USE OF ITS TRAILER FOR THE DURATION OF THE TRANSPORT OF THE FREIGHT
IDENTIFIED ON THE RATE CONFIRMATION.**

****YOUR DRIVER IS RESPONSIBLE FOR COUNT. ANY TYPE OF DISCREPANCY REGARDING
SHIPMENT MUST BE IMMEDIATELY REPORTED TO AVOID POSSIBLE FREIGHT CLAIM.**

**** AFTER 3 HRS OF WAITING AT SHIPPER, PLEASE CALL THE NUMBER ON THIS RATE
CONFIRMATION TO REPORT ANY DETENTION.**

**** PLEASE SEE YOUR CONTRACT REGARDING CARGO CLAIMS AND INCIDENT REPORTING. IF
INCIDENTS OR ACCIDENTS OCCUR RELATING TO A DELAY OF DELIVERY OR DAMAGE TO THE
CARGO. IF YOU REQUIRE A RESET ON DELIVERY DATE AND TIME, CALL THE NUMBER ON
THIS RATE CONFIRMATION FOR ASSISTANCE.**

**** TO AVOID QUESTIONS REGARDING LOAD SECURITY, THE SHIPPER SHOULD SEAL THE
LOAD AND NOTE THE SEAL NUMBER, THE DOCUMENTATION MATCHES THE SEAL NUMBER
ON THE TRAILER; AND YOUR DRIVER SHOULD ALWAYS BREAK A SEAL IN THE PRESENCE OF
A RECEIVER AND HAVE THE RECEIVER NOTE THE SEAL WAS INTACT AT THE TIME ON THE
BILL OF LADING.**

****NO DOUBLE BROKERING- BROKER HAS NO DUTY TO PAY FOR TRANSPORTATION COMPLETED**

(Rate Confirmation Details on Next Page)

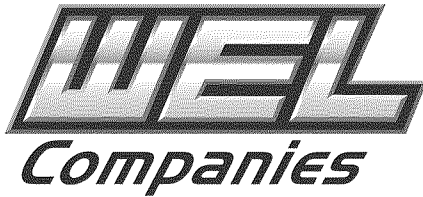
Carrier Signature _____

Date _____ / _____ / _____
M D

Doc ID: 26240711060008082
Send Carrier Bills to the Address Above
Sertifi Electronic Signature

PRO # 156482

must appear on all Invoices



WEL LOGISTICS, INC
1625 S BROADWAY
DE PERE WI 54115

PRO # 156482

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MC # 944686
DOT 2828543
Driver

Truck #
Trailer #
Cell #

BY ANY INDIVIDUAL OR CARRIER OTHER THAN AS LISTED IN THE CARRIER SECTION ABOVE.
YOUR AGREEMENT HAS MORE DETAIL ON THIS PROHIBITION.

****LATE PICKUP OR DELIVER AT THE SET DATE AND TIME, CARRIER WILL BE SUBJECT TO
A \$300 CHARGE PER STOP AND ANY OTHER ASSOCIATED FEES IMPOSED BY THE CUSTOMER..
YOUR DRIVERS(S) MUST GET A CLEAR SIGNATURE**

**AND TOTAL COUNT ON DELIVERY RECIEPTS. IF DELIVERY RECEIPT INDICATES OTHER
SPECIAL INSTRUCTIONS, PLEASE ADHERE TO THEM AND CALL WITH ANY QUESTIONS.
A \$50 FEE WILL BE CHARGED TO THE CARRIER FOR LOST PAPERWORK.**

****CARB NOTICE- TO THE EXTENT ANY SHIPMENTS SUBJECT TO THIS AGREEMENT ARE
TRANSPORTED WITHIN THE STATE OF CALIFORNIA, CARRIER SHALL ONLY UTILIZE
EQUIPMENT WHICH IS IN FULL COMPLIANCE WITH THE CALIFORNIA AIR RESOURCES BOARD
**(ARB) TRU ACTM IN-USE REGULATIONS. CARRIER SHALL BE LIABLE FOR ITS OWN
PENALTIES OR OTHER LIABILITIES, COSTS OR DAMGES ASSESSED AGAINST IT OR PAID
BY BROKER OR BROKER'S CUSTOMER, OR AY OTHER THIRD PARTY, BECAUSE OF CARRIER'S
USE OF NON-COMPLIANT EQUIPMENT.**

****THIS IS CONFIRMATION OF A VERBAL LOAD/RATE BETWEEN CARRIER AND THIS RATE
CONFIRMATION SERVES AS AN ADDENDUM TO THE OUTSOURCED CARRIAGE AGREEMENT
AS IT RELATES TO THIS SINGLE SHIPMENT. ALL LOADS TENDERED PURSUANT TO THIS
RATE CONFIRMATION SHALL BE SUBJECT AND SUBORDINATE TO THE CURRENT TERMS,
CONDITIONS AND PROVISION OF WEL LOGISTICS. OUR SOURCED CARRIAGE AGREEMENT
AND ANY APPLICABLE AMENDMENTS THERETO. THE TERMS AND CONDITIONS OF THE OCA
ARE HEREBY INCORPORATED BY REFERENCE. CARRIER'S SIGNATURE AND RETURN OF THE
TENDER OF BY THE ACTUAL ACCEPTANCE/CONTINUATION OF THE TENDERED
SHIPMENTS.**

****PLEASE SIGN AND EMAIL BACK TO THE EMAIL ABOVE.**

*****PLEASE EMAIL WEL-LOGISTICSAP@WELCOMPANIES.COM FOR PAYMENT STATUS**

****SEND ALL DELIVERY RECEIPTS WITH SIGNATURES ALONG WITH YOUR INVOICE, SIGNED
RATE CONFIRMATION TO LOGISTICS-PAPERWORK@WELCOMPANIES.COM**

****QUICKPAY- NEED TO BE EMAIL TO WEL-LOGISTICSAP@WELCOMPANIES.COM**

PLEASE PUT YOUR LOAD NUMBER IN THE SUBJECT LINE ALONG WITH 'QUICK PAY'

Carrier Signature _____

Date _____ / _____ / _____
M D

E-Signed : 07/11/2024 08:03 AM CDT

Bill Carson

bill@royal3inc.com
IP: 23.105.88.138

Sertifi Electronic Signature

DocID: 20240711080008082

Date: 7/12/2024

BILL OF LADING

SHIP FROM
 Name: Portales Select Peanut Co c/o AgCold: VCS - East (County)
 Address: 190 County St
 City/State/Zip: Suffolk, VA 23434
 Vendor #:
 SID #:
 FOB:

SHIP TO
 Name: HAMPTON FARMS
 Address: 10210 N FIR AVE.
 City/State/Zip: LUBBOCK, TX 79424
 Phone:
 CID #:
 FOB:

THIRD PARTY FREIGHT CHARGES BILL TO
 Name:
 Address:
 City/State/Zip:
 Phone:

SPECIAL INSTRUCTIONS
 DRIVER HAS CERTS.
 SHIPMENT MUST ARRIVE SEALED
 16 TOTES

Bill of Lading #: 0000000000002233



Carrier Name: ROYAL
 Trailer #: 718
 Seal #: 133933

SCAC:

Pronumber:

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

Prepaid: Collect: 3rd Party:

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFORMATION	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET Yes / No			
REF#: 128109 PO#: 128109	16	44,092				
GRAND TOTAL	16	44,092				

CARRIER INFORMATION							LTL ONLY	
HANDLING UNIT	PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		NMFC	CLAS
QTY	TYPE	QTY	TYPE		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			
16	Pallet	16	Tote	40,564.8	423-TOTE PAR ORG RUNNER SPLIT Lot#: 2008-0721 Receipt ID: 395			
16		16		40,564.8	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.

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and other charges.
 Signature of Consignor: _____

SHIPPER SIGNATURE / DATE

John Doe 7/12/24
 This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in the proper condition for transportation according to the applicable regulations of the Department of Transportation


Trailer Loaded:
☒ By Shipper
☐ By Driver

Freight Counted:
☐ By Shipper
☐ By Driver/ pallets
☐ By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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

BILL OF LADING

SHIP FROM		Bill of Lading #:
Name:	Portales Select Peanut Co c/o AgCold: VCS - East (County)	0000000000002233
Address:	190 County St	
City/State/Zip:	Suffolk, VA 23434	0000000000002233
Vendor #:		
SID #:		
SHIP TO		Carrier Name: ROYAL
Name:	HAMPTON FARMS	Trailer #: 718
Address:	10210 N FIR AVE.	Seal #: 133933
City/State/Zip:	LUBBOCK, TX 79424	
Phone:		
CID #:		
THIRD PARTY FREIGHT CHARGES BILL TO		SCAC:
Name:		Pronumber:
Address:		
City/State/Zip:		
Phone:		
SPECIAL INSTRUCTIONS		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
DRIVER HAS CERTS. SHIPMENT MUST ARRIVE SEALED 16 TOTES		Prepaid: Collect: 3rd Party:

CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER				# PKGS	WEIGHT	PALLET Yes / No	ADDITIONAL SHIPPER INFORMATION		
REF#: 128109 PO#: 128109				16	44,092				
GRAND TOTAL				16	44,092				

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE				COMMODITY DESCRIPTION			LTL ONLY
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	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			NMFC CLASS
16	Pallet	16	Tote	40,564.8		423-TOTE PAR ORG RUNNER SPLIT Lot#: 2008-0721 Receipt ID: 395			
16		16		40,564.8		GRAND TOTAL			

William Zink
7/15/24

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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
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.		Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and other charges. Signature of Consignor:	
SHIPPER SIGNATURE / DATE <i>William Zink</i> 7/12/24 This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in the proper condition for transportation according to the applicable regulations of the Department of Transportation		Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/ pallets said to contain <input type="checkbox"/> By Driver/Pieces	
		CARRIER SIGNATURE / PICKUP DATE <i>[Signature]</i> 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. Property described above is received in good order, except as noted.	