

**Bill to:**

Murphy Road Recycling LLC dba MRD Recycling

,
,
,

Invoice Date: 07/30/2024

Invoice #: 13733

Terms: NET 30

Due Date: 08/30/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
07/29/2024		80 Garfield Ave, Stratford, CT 06615, USA - 8100 S State Line Rd, Lowellville, OH 44436, USA			
			1	\$800.00	\$800.00

TOTAL
\$800.00

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 & Rate Agreement**Pick up Date 7/29/24**

Billing **(NOT PICK UP ADDRESS)**

Murphy Rd Recycling
555 Taylor Road
Enfield CT 06082
Timh@usarecycle.com

Carrier:_____ MC#:_____

Address:_____ Phone:_____

_____ Fax:_____

Special Instructions

- Material is baled recycling residue in Bags
- It is the driver's responsibility to ensure that the load is safe, secure and legal transport.
- Facility loading hours 6am-4pm
- Unload Monday-Friday 1am-225pm, Saturday 6am-9am
- \$25 tipper fee goes on my F&G Recycling account DO NOT PAY
- If a washout is needed it will not be reimbursed.
- **Scale ticket, BOL, POD, Invoice, submitted to Timh@usarecycle.com for payment**
- Load number for billing is the scale ticket number, you will receive this after weighing out.
- **Directions to receiver on the BOL if it is your first time**
- **Double brokering this load is prohibited and if it is done payment and contract are void.**
- **Tandems must be slid all the way back before loading.**

Additional Info:_____

Load Information

Pick up Location: Stratford Baling Co.

Address: 80 Garfield Ave, Stratford, CT, 06615

Commodity: Baled (in bags) Recycling Residue Weight: 45,000lbs

Trailer size: 48-53 Flat/Van

Deliver To: Carbon Limestone Landfill. 8100 S State Line Road, Lowellville, Ohio.

Agreed Rate: \$800

Carrier Signature:_____

Shipper Signature:_____

F & G RECYCLING, LLC

555 Taylor Road, Enfield, CT 06082
(860) 746-3200 • Fax (860) 741-5927

MANIFEST No.
13733

NON-HAZARDOUS SOLID WASTE MANIFEST

GENERATOR

Generator Name F & G RECYCLING, LLC Generator Location STRATFORD BALING
Address 80 GARFIELD AVE., STRATFORD, CT 06615 Phone No. (203) 503-3824
Origin Ticket # _____ Net WT _____ Material Civil

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations.

Generator Authorized Agent Name [Signature]

Signature [Signature]

Date 7-29-24

TRANSPORTER

Truck No. 735 Trailer No. 289479
Transporter Name Freight Driver Name (print) _____
Address _____ Vehicle License No/State _____
Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above.

I certify that I have a valid CDL Class A license, a valid medical card and that my DOT# is valid and in good standing with the FMCSA.

I hereby certify that the above material was delivered without incident to the destination named below.

I hereby certify that F&G Recycling, LLC shall be a named insured on our policy.

I hereby agree to indemnify F&G Recycling, LLC and hold harmless from any liability or expense.

Driver Signature _____

Driver Signature _____

Delivery Date _____

DESTINATION

Site Name REPUBLIC SERVICES CARBON LIMESTONE LANDFILL Landfill Ticket Date _____
Address 8100 SOUTH STATELINE ROAD, LOWELLVILLE, OH 44436 Landfill Ticket No. _____ Landfill Ticket Tons _____
Phone: 330-536-8013

I hereby certify that the above named material has been accepted and to the best of my knowledge the forgoing is true and accurate.

Name of Authorized Agent _____

Signature _____

Receipt Date _____

DIRECTIONS **MUST FOLLOW**

****DO NOT USE GPS** TAKE I-80 WEST TO I-376 EAST TO US RT 224 WEST. FOLLOW US RT 224 FOR APPROXIMATELY 9 MILES. TURN LEFT AT SIGN FOR CARBON LIMESTONE LANDFILL.**

COMMENTS

TRANSPORTER

MURPHY ROAD RECYCLING - STRATFORD BALING
80 GARFIELD AVE
STRATFORD, CT 06615

Ticket: 5143603
Date: 7/29/2024
Time: 15:19:23 - 16:26:56

Truck: ROYAL-735 Truck Type: TRACTOR
Customer: 1382120002
CARBON LIMESTONE LANDFILL
8100 S STATE LINE RD
LOWELLVILLE, OH 44436-9596
Carrier: FREIGHT/FREIGHTQUOTE Trailer(s): 289479
Manifest: 13733
Comment: ROYAL/VAN TRAILER
11

Gross: 76260 lb Out
Tare: 32700 lb In
Net: 43560 lb

Origin	Materials & Services	Quantity Unit
NOT APPLICABLE	100% of COMMERCIAL INDUST	21.78 ton

Driver: _____ Deputy Weighmaster: Juan Cerezo

SITE CARBON LIMESTONE LANDFILL 330-536-8013 8100 S. Stateline Rd Lowellville, OH 44436	
CUSTOMER 898469 F&G RECYCLING 15 MULLEN RD ENFIELD, CT 06082 Contract:F&G RECYCLING Generator:F&G RECYCLING	

SITE Y1	TICKET # 1857483	CELL
WEIGHMASTER Taylor K		
DATE/TIME IN 7/30/24 4:35 am		DATE/TIME OUT 7/30/24 5:50 am
VEHICLE F&G TIPPER		CONTAINER
REFERENCE 735		
BILL OF LADING 18733		

SCALE IN GROSS WEIGHT	75,840	NET TONS	21.80	INBOUND
SCALE OUT TARE WEIGHT	32,240	NET WEIGHT	43,600	INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
120.00	YD	Tracking QTY				
21.80	tn	MSW Origin:FAIRFIELD-CT 100%				
1.00	ea	FEE-HANDLING SERVICE				
Signature _____						

Hours of operation:
M-F 8:00 AM to 3:00 PM
Sat 8:00 AM to 12:00 PM
THANK YOU FOR YOUR BUSINESS!

The undersigned individual signing this document on behalf of Customer acknowledges that he or she has read and understands the terms and conditions on the reverse side and that he or she has the authority to sign this document on behalf of the customer.

NET AMOUNT
TENDERED
CHANGE
CHECK#

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Generator Authorized Agent Name

Signature

Date

TRANSPORTER

Truck No. 735 Trailer No. 289479
Transporter Name Freight Driver Name (print) _____
Address _____ Vehicle License No/State _____
Vehicle Certification _____

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Driver Signature

Driver Signature

Delivery Date

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Signature

Receipt Date

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