



**Bill to:**  
TITAN LOGISTICS LLC  
,  
,  
,

Invoice Date: 08/05/2024  
Invoice #: 14908  
Terms: NET 30  
Due Date: 09/05/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
08/01/2024		55 Transfer Wy, Temple, TX 76501, USA - 1590 Tradeport Dr Suite 100, Hazelwood, MO 63042, USA			
			1	\$1,850.00	\$1,850.00

TOTAL
\$1,850.00

**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**

**Titan Logistics LLC**

1520 KY Highway 36 E  
Cynthiana, KY 41031  
859-588-7423

**Contact** Trevor Perry  
(859)588-7423  
trevor.perry@titanfreightandlogistics.com

**Carrier** ZIGI FREIGHT INC  
**Attn** Milo  
**Phone** ( ) -

Van	Ref# C31482-57496 08/01	Miles		
<b>Pick up</b>	Niagara N09		<b>Earliest</b>	08/01/24 10:00
	55 Transfer Way TEMPLE, TX 76501		<b>Latest</b>	08/01/24 10:00
			<b>Contact</b>	
			<b>Phone</b>	
	<u>Pieces</u>	<u>Piece Type</u>	<u>Weight</u>	<u>Description</u>
				PU# TO-PH-0008896
<b>Delivery</b>	CDS - Hazelwood		<b>Earliest</b>	08/02/24 09:00
	1590 Tradeport Dr suite #200 HAZELWOOD, MO 63042		<b>Latest</b>	08/02/24 09:00
			<b>Contact</b>	
			<b>Phone</b>	
	<u>Pieces</u>	<u>Piece Type</u>	<u>Weight</u>	<u>Description</u>
				DEL# TO-PH-0008896

**Special Instructions**

<b>Rate Detail</b>	Quoted Amount	1,850.00	Carrier Initials: _____
	<b>Total:</b>	<b>\$1,850.00</b>	

**All invoices must include a signed delivery receipt and be sent to: admin@titanfreightandlogistics.com**  
Refer to the Load Number on your invoice: **14908**

**FAILURE TO DO ANY OF THE FOLLOWING WILL RESULT IN RATE REDUCTION**

Driver must call Titan Logistics for dispatch information at the above number.  
Drivers must report any overages, shortages, unscheduled stops, or damaged product immediately.  
Driver must call or email when empty.

**Quick Pay Option - Please check and initial below for 3-Business day payment**

(Leave blank to automatically receive prompt pay-25 days at no additional fee)

3 Business Day pay-upon proof of delivery and signed bill of lading, Titan Logistics LLC will issue payment within 3 business days of the manifest receipt. The service fee for this program is 3% of your invoice amount. Initial \_\_\_\_\_

CARRIER agrees to compensate, indemnify, defend and hold BROKER and Broker's Customer harmless including attorney fees and costs for enforcing this agreement, for any and all loss or damage to cargo on each shipment tendered to CARRIER. Carrier further agrees to indemnify, defend and hold BROKER and Broker's Customer harmless from all and any liability, costs and damages to persons and/or property arising out of CARRIERS operations hereunder, including but not limited to all road fuel, and other taxes, fees or permits related to the shipments transported by CARRIER as arranged by BROKER.

All paperwork must be submitted via email to: admin@titanfreightandlogistics.com in order to process payment. Any pay inquiries should be directed to this account as well.

Carrier Signature: Milo Morrison Date: 8-1-2024

For internal use only	Load# 14908:1
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STRAIGHT BILL OF LADING - SHORT FORM - Not negotiable

Niagara Bottling, LLC

SHIP FROM		SHIP TO		CARRIER DETAILS				
Name:	N09	Name:	PRIME HYDRATION LLC	Carrier Name:	CUSTOMER PICKUP			
Address:	55 Transfer Way	Location #:		Address:	2560 PHILADELPHIA AVE.			
City/State/Zip:	Temple, TX 76501	Address:	1590 TRADEPORT DR	City/State/Zip:	ONTARIO CA 91761			
SID#:	57121660	City/State/Zip:	HAZELWOOD, MO 63042	SCAC:	CPU Pro number:			
	FOB: <input type="checkbox"/>	CID#:		Trailer number:	03236			
		Customer Phone:		Seal Number	1035838			
Bill of Lading Number: 36595644		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> Customer Pick Up <input type="checkbox"/>				
Master Bill of Lading Number: 57121660		POD INSTRUCTIONS: Carrier FAX (909) 494-4456 Or Email To : Orders@niagarawater.com						
Customer PO#: TO-PH-0008896								
Reference #:								
Delivery #: 36595644								
Shipment #: 57121660								
<b>Customer Order Information</b>								
Qty Order	Bottles Shipped	Cases Shipped	Pallets Shipped	SKU	Customer Item ID	Item Description	UPC Code	Weight
2856	34272	2856	24	PHY05L12PIEPBT	PH1207BMB	PH1207BMB 05L.AS.PRIME ICE POP.12P.T.119.PB	850040427073	42620 lbs
<b>Totals</b>								
2856	34272	2856	24					42620 lbs
All overages, under and damage issues/refusals must be populated on this document and communicated via FAX confirmation of POD to (909) 494-4456						Receiving Stamp:		
<b>CARRIER</b>						<b>FACILITY CHECKOUT</b>		
CARRIER SIGNATURE/PICKUP DATE				If the 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 all other lawful charges. Consignor Signature _____ Date _____		Appt Time: 08/01/24 09:00 AM CST Check In Time: 08/01/24 01:34 PM CST Check Out: 08/01/24 01:56 PM CST Delivery Time: 08/02/24 06:50 AM CST Driver Name: Osmani		
Property described above is received in good Order, except as noted. Print Name: Osmani				COD Amount: \$		Driver Initials: _____ NBL Initials: _____		
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.				LTL ONLY NMFC # 0 CLASS				
Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S.DOT emergency response guidebook or equivalent documentation in the vehicle.								
<b>CARRIER INSTRUCTIONS</b>								
Driver: Should you encounter any delays preventing the on time delivery of this shipment. Please dial 909-230-4486 for assistance.								

SECURED  
1035838





STRAIGHT BILL OF LADING - SHORT FORM - Not negotiable

Niagara Bottling, LLC

Date: 08/01/24 01:56 PM CST

**BILL OF LADING**

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	N09	Name:	PRIME HYDRATION LLC
Address:	55 Transfer Way	Location #:	
City/State/Zip:	Temple, TX 76501	Address:	1590 TRADEPORT DR
SID#:	57121660	City/State/Zip:	HAZELWOOD, MO 63042
	FOB: <input type="checkbox"/>	CID#:	
		Customer Phone:	

BILL OF LADING	
Bill of Lading Number:	36595644
Master Bill of Lading Number:	57121660
Customer PO#:	TO-PH-0008896
Reference #:	
Delivery #:	36595644
Shipment #:	57121660

SHIP TO		CARRIER DETAILS	
Name:	PRIME HYDRATION LLC	Carrier Name:	CUSTOMER PICKUP
Location #:		Address:	2560 PHILADELPHIA AVE.
Address:	1590 TRADEPORT DR	City/State/Zip:	ONTARIO CA 91761
City/State/Zip:	HAZELWOOD, MO 63042	SCAC:	CPU Pro number:
CID#:		Trailer number:	03236
Customer Phone:		Seal Number	1035838

Freight Charge (freight charges are prepaid unless marked otherwise) Prepaid ☐ Collect ☐ 3rd Party ☐ Customer Pick Up ☐

POD INSTRUCTIONS: Carrier FAX (909) 494-4456 Or Email To : Orders@niagarawater.com

**Customer Order Information**

Qty Order	Bottles Shipped	Cases Shipped	Pallets Shipped	SKU	Customer Item ID	Item Description	UPC Code	Weight
2856	34272	2856	24	PHY05L12PIEPBT	PH1207BMB	PH1207BMB 05L.AS.PRIME ICE POP.12P.T.119.PB	850040427073	42620 lbs

**Totals**

2856	34272	2856	24					42620 lbs
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All overages, under and damage issues/refusals must be populated on this document and communicated via FAX confirmation of POD to (909) 494-4456

Receiving Stamp:

**CARRIER****CARRIER SIGNATURE/PICKUP DATE**

If the 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 all other lawful charges.

Consignor Signature

Date

**FACILITY CHECKOUT**

Appt Time: 08/01/24 09:00 AM CST

Check In Time: 08/01/24 01:34 PM CST

Check Out: 08/01/24 01:56 PM CST

Delivery Time: 08/02/24 06:50 AM CST

Driver Name: Osmani

Driver Initials: \_\_\_\_\_

NBL Initials: \_\_\_\_\_

Print Name: Osmani

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.

COD Amount:

\$

LTL ONLY

NMFC # CLASS

0

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S.DOT emergency response guidebook or equivalent documentation in the vehicle.

**CARRIER INSTRUCTIONS**

Driver: Should you encounter any delays preventing the on time delivery of this shipment. Please dial 909-230-4486 for assistance.