



Bill to:
Valley Companies

Invoice Date: 08/09/2024
Invoice #: 119848341
Terms: NET 30
Due Date: 09/09/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
08/08/2024		1870 Guy Metals Dr, Hammond, WI 54015, USA - 2220 S 21st St, Clinton, IA 52732, USA			
			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

TRUCKLOAD RATE CONFIRMATION

Xtend TMS (D.B.A. Valley Companies)
P.O. Box 1020
Hudson, WI 54016
Casey Hall, P: (651) 894-7643, E: chall@vc1935.com



Carrier Name: BRZ
Phone: (708) 303-5150
Fax:
Contact: Bill

Load #: 119848341

Ready Date: 8/8/2024
Date Needed: 8/9/2024
Service Level: Normal

Customer PO: Clausen 8
Shipper Ref: Clausen 8

Shipper Information:

Name: Woodville WHS
Address: 1870 Guys Metal Drive
HAMMOND, WI 54015

Contact: Colleen
Phone: (715) 698-2712
Ready Time: 2:00 PM -
2:00 PM

Consignee Information:

Name: Clausen Warehouse
Address: 2220 S 21st St
CLINTON, IA 52732

Contact: Scott
Phone: (000) 000-0000
Close Time: 8:00 AM -
8:00 AM

Handling Units	Package Type	Pieces	HAZMAT	List of Items	Total Weight
21	Pallet	21		Pea Starch (pcf 1 but less than 2)	42,000

PICKUP INSTRUCTIONS:

Appt @1400

DELIVERY INSTRUCTIONS:

Appt @0800

Rate: USD \$750.00
Accessorials: USD \$0.00
Fuel Surcharge: USD \$0.00
TOTAL: USD \$750.00

This confirmation governs the movement of the above-referenced freight as of the specified and hereby amends, is incorporated by reference and becomes a part of the certain transportation contract by and between "Broker" and "Contract carrier". Carrier Agrees to sign the confirmation and return it to the broker via FAX and carrier shall be conclusively presumed and compensatory that the freight would not have been tendered to Carrier at higher rates and that not shipments handled under such rates will subsequently be subject to a later claim for undercharges. IF AGREED SERVICES ARE FULFILLED, RATES ARE NOT NEGOTIABLE. Carrier is responsible for all delivery appointments. Failure to comply with appointments will result in a penalty of \$100.00 Per Appointment.

The undersigned accepts the referenced shipment on behalf of the carrier and acknowledge as correct the information contained herein, the carrier agrees to the terms of the Master agreement previously executed between our companies. Invoicing by the carrier and payment by VCLS, constitutes acceptance of this agreement and creates a valid contract for carriage shipment.

When loading, the driver must count and inspect his/ her load. The Driver / Carrier is responsible for piece count and condition of load at time of delivery. **For payment of freight charges please email carrier invoice, signed proof of delivery and signed rate confirmation to: ap@xtendtms.com.** Payment will be made 30 days after all required paperwork is received at VCLS, facilities. We are not responsible for Overweight. If Dimensions, Weight, Quantity or type of commodity are different than those consigned in our Load Confirmation Agreement, the carrier or Broker contracted MUST notify VCLS Before picking up and request a WRITTEN AUTHORIZATION. VCLS will not pay any extra charges without AUTHORIZATION.

Phone: 651-894-7632 | Fax: (651) 739-1428

Carrier Signature: Conor Smith
MC#: 086875

Driver Name: Jonathan
Driver Phone#: 267-773-0252

Please call 651-894-7632 immediately with any questions, concerns, or problems!
Send email invoicing to: ap@xtendtms.com
Send invoicing to Xtend TMS | PO BOX 1020 | Hudson WI 54016 (processing invoice will not start until received via US mail)
CARRIER must submit all freight bills within 180 days of delivery or waive its right to payment for those services.

BILL OF LADING

Page _____

Date: 8/8/2024

SHIP FROM

Woodville WHS
1870 Guys Metal Drive
HAMMOND, WI 54015
Colleen - (715) 698-2712

Bill of Lading Number: 119848341
Reference Number: Clausen 8
Purchase Order Number: Clausen 8

SHIP TO

Clausen Warehouse
2220 S 21st St
CLINTON, IA 52732
Scott - (000) 000-0000

Carrier Name:
Quote ID Number:
Pro number:

TRL 344731
Seq 1 0250817

THIRD PARTY FREIGHT CHARGES BILL TO

Name: XTEND TMS
Address: P.O. Box 1020
City/State/Zip: HUDSON, WI, 54016
Service Level: Normal

Freight charge terms: (freight charges are prepaid unless marked otherwise)
3rd Party

☐ Master Bill of Lading with attached underlying Bill of Lading
(check box)

ORIGIN INSTRUCTIONS: Appt @
DESTINATION INSTRUCTIONS: Appt @
SERVICE LEVEL: Normal
NOTES: email for appt

CUSTOMER ORDER INFORMATION

CUSTOMER PO NUMBER	#PKGS	WEIGHT	ADDITIONAL SHIPPER INFO
Clausen 8	21	42,000 lbs	PALLET / SLIP (CIRCLE ONE)

CARRIER INFORMATION

HANDLING UNIT	PACKAGE	WEIGHT	H.M (X)	COMMODITY DESCRIPTION	LTL ONLY
QTY	TYPE	QTY	TYPE		NMFC# CLASS#
21	Pallet	21	PCS	42,000 lbs	73260-2 No Class
21		21		42,000 lbs	

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.

Shipper Signature _____

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulation of the Department of Transportation.

DL - Hammond 8 8 2024

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 Department of Transportation emergency response guidebook or equivalent documentation in the vehicle.

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

BILL OF LADING					Page: _____
SHIP FROM Woodville WHS 1870 Guys Metal Drive HAMMOND, WI 54015 Colleen - (715) 698-2712			Bill of Lading Number: 119848341 Reference Number: Clausen 8 Purchase Order Number: Clausen 8		
SHIP TO Clausen Warehouse 2220 S 21st St CLINTON, IA 52732 Scott - (000) 000-0000			Carrier Name: Quote ID Number: Pro number: <div style="font-size: 1.2em; margin-top: 10px;">TRL 744731</div> <div style="font-size: 1.2em; margin-top: 5px;">Seq 0250817</div>		
THIRD PARTY FREIGHT CHARGES BILL TO Name: XTEND TMS Address: P.O. Box 1020 City/State/Zip: HUDSON, WI, 54016 Service Level: Normal			Freight charge terms: (freight charges are prepaid unless marked otherwise) 3rd Party		
ORIGIN INSTRUCTIONS: Appt @ DESTINATION INSTRUCTIONS: Appt @ SERVICE LEVEL: Normal NOTES: email for appt			<input type="checkbox"/> Master Bill of Lading: with attached underlying Bill of Lading (check box)		
CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO
CUSTOMER PO NUMBER		#PKGS	WEIGHT	PALLET / SLIP (CIRCLE ONE)	
Clausen 8		21	42,000 lbs		
CARRIER INFORMATION					LTL ONLY
HANDLING UNIT	PACKAGE	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	NMFC# CLASS#
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	
21 Pallet	21 PCS	42,000 lbs		Pea Starch (pcf 1 but less than 2) 0x0x0in	73260-2 No Class
21	21	42,000 lbs			
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.				The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature _____	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulation of the Department of Transportation.			Trailer loaded: <input 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 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

DL-Hammond 8-8-2019
 Lillian Gann
 8/9/24