

**Bill to:**

FREEWAY INTERNATIONAL LOGISTICS LLC
PO BOX 691775,
ORLANDO ,
FL,

Invoice Date: 08/09/2024

Invoice #: 91146

Terms: NET 30

Due Date: 09/09/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
08/08/2024		10901 NW 146th St, Hialeah Gardens, FL 33018, USA - 307 Fulton Industrial Cir SW, Atlanta, GA 30336, USA			
			1	\$650.00	\$650.00

TOTAL
\$650.00

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



FREEWAY INTERNATIONAL LOGISTICS
6455 SHILOH RD
SUITE C
ALPHARETTA GA 30005

PRO # 91146 Rate Confirmation
08/08/24 10:54:48 (EST)

F R O M	CHRIS SIMONELLI (407) 635-8108 X 1018 (p) (407) 845-9360 (f) (407) 427-0716 (c) chris.simonelli@freewaylogs.com	
C A R R I E R	ZIGI FREIGHT INC (630) 485-7370 (p) (630) 485-6980 (f) MC # 944686 DOT 2828543 Driver VIRGIL	Truck # 749 Trailer # PTLZ244804 Cell # (407) 536-1447

Size & Type: 53' VAN
Pieces:

Description: OFFICE FURNITURE
Weight: 18223

Miles: 653

CHARGES		DISPATCH NOTES
LINE HAUL RATE	650.00	AOLI307 - FTL 53'
TOTAL RATE	650.00	

PICK 1

CRANE WORLDWIDE LOGS
10901 NW 146TH ST
HIALEAH FL 33018
Hours : 8-4
Phone/Contact: (305) 392-4700

Appointment 08/08/24
Ref # MILK RUN - 8.8

STOP 1

AOLI 307
307 FULTON INDUSTRIAL CIR
ATLANTA GA 30336
Hours : 8-4
Phone/Contact: (404) 527-9377

Appointment 08/09/24
Ref # TRUCK #1 - AOLI307

1. Driver is responsible for all blocking, bracing, tarping or any other methods of securing load to trailer.
 2. Driver is responsible for piece count stated on BOL unless stated otherwise.
 3. Detention is on a per load basis. FIL is not responsible for acts of god that may otherwise delay the loading or unloading of a truck.
 4. Carrier may not double broker this load
 5. This is to be a dedicated truckload. Carrier may not partial with any other freight unless otherwise stated on rate confirmation.
 6. Carrier assumes responsibility that they are CARB compliant.
 7. Produce loads must pulp all product and record temperature on BOL.
 8. Temperature sensitive foods must be transported in equipment specifically designed to maintain proper temperature through out transport.
 9. Temperature requirments will be listed on Bill of lading and must be maintained throughout transit.
 10. Carrier must be able to provide evidence that temperature was maintained throughout the duration of transport.
 11. All vehicles provided for the transportation of food must be clean, odorless, and be in good working order prior to being loaded.
 12. FREEWAY INTL LOGISTICS MUST BE NOTIFIED ASAP OF ANY ISSUES OR PROBLEMS THAT COULD EFFECT THE INTEGRITY OF THIS LOAD.
 13. **PLEASE SEND ALL INVOICES AND POD'S TO ACCOUNTING@FREEWAYLOGS.COM**
- DRIVER NAME
DRIVER CELL #

Carrier Signature _____

Date _____ / _____ / _____
M D

Send Carrier Bills to the Address Above

PRO # 91146 must appear on all Invoices

Bill Of Lading - Short Form - Not Negotiable				BOL Number: 91175			
Ship From CRANE WORLDWIDE LOGS 10901 NW 146TH ST HIALEAH FL 33018 (305) 392-4700				Pro # : 91175 Ship Date : 08/08/24 Cust Ref # : MILK RUN - 8.8 PU Ref # : MILK RUN - 8.8 Del Ref # : AOLI307 - TRUCK #2 Del Appt : 08/09/24 Carrier : Carrier Pro#:			
Ship To AOLI 307 307 FULTON INDUSTRIAL CIR ATLANTA GA 30336 (404) 527-9377				References <div style="font-size: 1.5em; font-family: cursive;">SEAL: UL-5281088</div>			
Bill To FREEWAY INTERNATIONAL LOGISTICS 6455 SHILOH RD SUITE C ALPHARETTA GA 30005				<div style="font-size: 1.5em; font-family: cursive;">22 Pallets (2 orders)</div>			
Special Instructions: AOLI307 - TRUCK #2 - STRAIGHT TRUCK				Freight Terms: Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>			
QTY	PKG	Wgt	HM	Item Description	DIMS	CIs	NMFC #
		345		SO47892; PO# 4350			
		0		SO46099; PO# 3577 rep12			
		115		SO47373; PO# 12002			
		1165		SO47373; PO# 12008			
		3550		SO47931; PO# 12118			
		00		SO48056; PO# 12152			
		11625		SO48055; PO# 12142			
		137		SO48018; PO# 4378			
		143		SO47952; PO# 4371			
		320		SO47941; PO# 4364			
		220		SO47938; PO# 4362			
		516		SO47932; PO# 12119			
		0		SO48005; PO# 4215 rep1			
		7		SO47373; PO# 12009			

*Mark with an X to designate hazardous materials as defined in title 49 of the code of Federal Regulations. Haz Mat emergency Contact # _____	
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 not to exceed _____ per _____."	COD Amount: \$ _____ Fee Terms: Collect <input type="checkbox"/> , Prepaid <input type="checkbox"/> , Check Acceptable <input type="checkbox"/>
Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 14706(c)(1)(A) and (B)	
For Freight Collect Shipments:	
If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement. The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.	Trailer Loaded: _____ Freight Counted: _____ By Shipper By Shipper By Driver By Driver
Signature of Consignor: _____	Carrier Signature / Date _____
Shipper Signature / Date _____	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 documentation in the vehicle. Property described above is received in good order, except as noted.
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.	Carrier: _____ Date: _____
Signature of Shipper: _____ Date: _____	
Consignee/Receiver Signature / Date _____	

Bill Of Lading - Short Form - Not NegotiableCRANE WORLDWIDE LOGS
10901 NW 146TH STHIALEAH FL 33018
(305) 392-4700**Ship From**AOLI 307
307 FULTON INDUSTRIAL CIRATLANTA GA 30336
(404) 527-9377**Ship To**FREEMAN INTERNATIONAL LOGISTICS
6455 SHILOH RD
SUITE C
ALPHARETTA GA 30005**Special Instructions:**

AOLI307 - TRUCK #2 - STRAIGHT TRUCK

BOL Number: 91175Pro #: 91175
Ship Date: 08/08/24
Cust Ref #: MILK RUN - 8.8
PU Ref #: MILK RUN - 8.8
Del Ref #: AOLI307 - TRUCK #2
Del Appt: 08/09/24
Carrier:
Carrier Pro#:**References**

SEAL: UL-5281088

22 Pallets (2 orders)

Freight Terms:

Prepaid XXX Collect ___ 3rd Party ___

QTY	PKG	Wgt	HM	Item Description	DIMS	Cls	NMFC #
		345		SO47892, PO# 4350			
		0		SO46899, PO# 3577 repl2			
		115		SO47373, PO# 12002			
		1165		SO47370, PO# 12008			
		3550		SO47931, PO# 12118			
		60		SO48056, PO# 12152			
		11625		SO48055, PO# 12142			
		137		SO48018, PO# 4378			
		143		SO47952, PO# 4371			
		320		SO47941, PO# 4364			
		220		SO47938, PO# 4362			
		516		SO47932, PO# 12119			
		0		SO48005, PO# 4215 repl			
		7		SO47378, PO# 12009			

22 SKIPS
Stale
8/9/24

*Mark with an X to designate hazardous materials as defined in title 49 of the code of Federal Regulations.

Haz Mat emergency Contact #

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 not to exceed _____ per _____"

COD Amount: \$ _____

Fee Terms: Collect ___, Prepaid ___, Check Acceptable ___

Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 14706(c)(1)(A) and (B)

For Freight Collect Shipments:If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement.
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Signature of Consignor: _____

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.

Signature of Shipper: _____ Date: _____

Consignee/Receiver Signature / Date

Trailer Loaded: Freight Counted:
By Shipper By Shipper
By Driver By Driver

Carrier Signature / Date

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

Carrier: _____ Date: _____