

**Bill to:**

T BROTHERS LOGISTICS  
PO BOX 89405,  
Sioux Falls,  
SD,  
57109

Invoice Date: 08/09/2024

Invoice #: TB2M23288

Terms: NET 30

Due Date: 09/09/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
08/08/2024		1730 James Dr., North Mankato, MN, US 56003 - 3125 Lewis Centre Way Dock 89, Grove City, OH, US 43123			
			1	\$1,600.00	\$1,600.00

<b>TOTAL</b>
\$1,600.00

**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**

RATE CONFIRMATION # TB2M23288



**BILLING PARTY**  
T-Brothers Logistics LLC  
PO Box 89405  
Sioux Falls, SD 57109

Date: Aug 8, 2024  
Contact: Jeff Kerstetter  
Phone: 800-741-7455  
Email:

Dispatcher: Jeff Kerstetter  
Phone: 651-632-9204  
Email: jeffkerstetter@tbrothers.com

CARRIER ZIGI FREIGHT INC [944686] 6850 W 63RD STREET CHICAGO, IL, US 60638	CARRIER REF #: SERVICE: Default Service
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STOP  
01

**The Occasions Group**

1730 JAMES DR.  
North Mankato, MN, US 56003

**CONTACT INFORMATION**  
Name: Alex  
Email:  
Phone: (507) 351-1494

**HOURS OF OPERATION**  
08:00 - 16:00

**TOTAL PICKUP**  
21450 lbs

**PICKUP ↑**

**COMMODITIES:**

ENVELOPES NON STACKABLE  
Piece(s):26 / 21450 lbs / 53 feet LF: 53 / Class: / SKU: / NMFC:

**ACCESSORIALS:** None  
**PARTNER SPECIAL INSTRUCTIONS:** P.O.D  
NEEDED UPON DELIVERY  
**NOTES:** None

**REQ. TIME:** Aug 8, 2024 09:30 - 15:30

**PO#**  
**REF#**  
**Tender#**  
**CUSTOMS:**

STOP  
02

**Venture Solutions / Taylor**

3125 Lewis Centre Way Dock 89  
Grove City, OH, US 43123

**CONTACT INFORMATION**  
Name: Susan  
Email:  
Phone: (614) 277-7630

**HOURS OF OPERATION**  
07:00 - 15:00

**TOTAL DELIVERY**  
21450 lbs

**DELIVERY ↓**

**COMMODITIES:**

ENVELOPES NON STACKABLE  
Piece(s):26 / 21450 lbs / 53 feet LF: 53 / Class: / SKU: / NMFC:

**ACCESSORIALS:** None  
**PARTNER SPECIAL INSTRUCTIONS:** P.O.D  
NEEDED UPON DELIVERY  
**NOTES:** None

**REQ. TIME:** Aug 9, 2024 - Aug 12, 2024  
07:30 - 15:00

**PO#**  
**REF#**  
**Tender#**  
**CUSTOMS:**

Financials	Qty	Rate	Est. Cost
Partner Freight	1	1,600.00 USD	1,600.00 USD
AGREED RATE			1,600.00 USD

**TERMS AND CONDITIONS**

T BROS. LOGISTICS  
PO BOX 89405  
Sioux Falls, SD 57109

ALL POD'S MUST BE EMAILED TO APTBROS@TBROTHERS.COM WITHIN 48 HOURS OF DELIVERY  
POD'S EMAILED MUST BE ITS OWN ATTACHMENT-SEPARATE FROM INVOICE

\*\*\*\*\*

T BROS offers a quick pay solution---if selected we will pay freight bill within 24 hours and deduct 3% from agreed upon charges. If you do not select quick pay, you will be paid normal terms.

\*\*\*\*\*YES, I want QUICK PAY options. We agree to a 3% charge on QUICK PAY\_\_\_\_\_\*\*\*\*\*

\*\*\*\*\*

\*\*\*In order to qualify for QUICK PAY you must have been doing business with us for at least one year. \*\*\*

**ACCEPTED:** \_\_\_\_\_

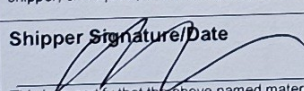
**PRINT**  
**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

October 22, 2021

**BILL OF LADING – SHORT FORM – NOT NEGOTIABLE**

Page 1 of 1

<b>SHIP FROM</b>				<b>Bill of Lading Number:</b>				
The Occasions Group 1730 James Dr North Mankato MN 56003				<b>BAR CODE SPACE</b>				
<b>SHIP TO</b>				<b>Carrier Name: T Brothers</b>				
Taylor 3125 Lewis Carol Way Dock 89 Grove City OH 43123				Trailer number: Serial number(s)				
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>				<b>SCAC:</b>				
				Pro Number:  <div style="text-align: center;"><b>BAR CODE SPACE</b></div>				
<b>Special Instructions:</b>				<b>Freight Charge Terms (Freight charges are prepaid unless marked otherwise):</b>				
				Prepaid x Collect  <input type="checkbox"/> Master bill of lading with attached underlying bills of lading.				
<b>CUSTOMER ORDER INFORMATION</b>								
<b>Customer Order No.</b>			<b># of Packages</b>	<b>Weight</b>	<b>Pallet/Slip (circle one)</b>		<b>Additional Shipper Information</b>	
Paper items					<input type="checkbox"/> Y <input type="checkbox"/> N			
					<input type="checkbox"/> Y <input type="checkbox"/> N			
					<input type="checkbox"/> Y <input type="checkbox"/> N			
					<input type="checkbox"/> Y <input type="checkbox"/> N			
<b>Grand Total</b>								
<b>CARRIER INFORMATION</b>								
<b>Handling Unit</b>		<b>Package</b>					<b>LTL Only</b>	
<b>Qty</b>	<b>Type</b>	<b>Qty</b>	<b>Type</b>	<b>Weight</b>	<b>HM (X)</b>	<b>Commodity Description</b> <small>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</small>	<b>NMFC No.</b>	<b>Class</b>
26	Skid		Carton	21840		Paper items		70
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 _____.						<b>COD Amount: \$</b> _____ Free terms: Collect <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer check acceptable <input type="checkbox"/>		
<b>Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC § 14706(c)(1)(A) and (B).</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 charges and all other lawful fees. <b>Shipper Signature</b> _____		
<b>Shipper Signature/Date</b>  <small>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.</small>				<b>Trailer Loaded:</b> <input type="checkbox"/> By shipper <input type="checkbox"/> By driver		<b>Freight Counted:</b> <input type="checkbox"/> By shipper <input type="checkbox"/> By driver/pallets said to contain <input type="checkbox"/> By driver/pieces		<b>Carrier Signature/Pickup Date</b>  <small>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.</small>



