DRIVER/CARRIER INFORMATION SHEET TQL PO# 29219363



Name

Pickup Dates

Phone

8/19/24

Delivery Dates

8/21/24

TQL CONTACT INFO

Email Fax

Samuel Scudder 800-580-3101 x54466 SScudder@TQL.com 5138722595

CARRIER CONTACT

Name Dispatcher Driver

ROYAL3 INC (il) sam Sosa

LOAD INFORMATION

Mode Trailer Type Trailer Size Temperature Pallet/Case Count Hazmat Load Requirements

FTL Van 53 ft 0 pallets/0 cases Non-Hazardous

Special Temp Instructions

CARRIER RESPONSIBLE FOR

Unloading None w/ valid unloading receipt Pallet Exchange None Estimated Weight 44000

PICKUPS

Shed City State Zip PU# Date Time

CONSUMER SUPPLY DISTRIBUTION (SIOUX CITY, IA)

Sioux City

IA

State Zip PU# Date Time

ROUTE 20 (IA-MT)

ROUTE 20 (IA-MT)

8/19/2024

FCFS 08:00 to 16:00

Information:

5901 Murphy Dr. Sioux City, IA 51111

Commodities:

 Quantity
 Unit
 Commodity
 Notes

 1
 Truckload
 Feed mixers

DROPS

Consignee	City	State	Zip	Delivery PO	Date	Time
CHS Nutrition	Great Falls	MT	59405		8/21/2024	FCFS 08:00 to 14:00
	Information:					
	5325 10th Ave N Great Falls, MT 594	405				





Note to Carrier

TQL DETENTION POLICY APPLIES

TQL PO# 29219363

THIS AGREEMENT IS SUBJECT TO THE TERMS OF THE BROKER/CARRIER AGREEMENTS SIGNED BY THE CARRIER AND TQL. THIS AGREEMENT IS AN ADDENDUM TO THE BROKER/CARRIER AGREEMENT. THIS DOCUMENT IS ONLY FOR INFORMATIONAL PURPOSES.







TQL RATE CONFIRMATION FOR PO# 29219363

FIND YOUR NEXT LOAD BY VISITING CARRIERDASHBOARD, TQL.COM

TO ENSURE PROMPT PAYMENT, SUBMIT THIS RATE CONFIRMATION, COMPLETE BOL(S)/POD, RECEIPTS AND OTHER APPLICABLE PAPERWORK <u>WITHIN 24 HOURS OF DELIVERY</u> TO CINVOICES@TQL.COM. FOR OTHER OPTIONS, SEE NEXT PAGE.

TOL	COL	UTACT	INIEO
II QL	. GOI	NTACT	INFU

Name	Phone	Email	Fax
Samuel Scudder	800-580-3101 x54466	SScudder@TQL.com	5138722595

CARRIER CONTACT

Office Staffed 24/7

Total: \$2,600.00 USD

MC#/DOT#	Name	Phone	Terms	Fax
944686 / 2828543	ROYAL3 INC (il)	630-485-7370	28DAYS	630-845-7370

Address

COMPASS FUNDING SOLUTIONS PO BOX 205154 DALLAS, TX 75320-5154

Dispatcher	Driver	Truck #	Trailer #
sam	Sosa	753	W94925

LOAD INFORMATION

Rate	Туре	Unit	Quantity	Total
\$2,600.00	Line Haul	Flat	1	\$2,600.00

Rates that are based on weight or count will be calculated from the quantities loaded.

Mode	Trailer Type	Trailer Size	Linear Feet	Temperature	Pallet/Case Count	Hazmat	Load Requirements
FTL	Van	53 ft			0 pallets/0 cases	Non- Hazardous	
Special Temp	Instructions					LxWxH	

Pick-up Location	Date	Time
Sioux City, IA	8/19/2024	FCFS 08:00 to 16:00

Commodities:

Pick Up#	Quantity	Unit	Commodity	Notes
1	1	Truckload	Feed mixers	

Delivery Location	Date	Time	
Great Falls, MT	8/21/2024	FCFS 08:00 to 14:00	

CARRIER RESPONSIBLE FOR

Unloading	None w/ valid unloading receipt	Pallet Exchange	None	Estimated Weight	44000
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Note to Carrier

TQL DETENTION POLICY APPLIES





	If this box is checked, Carrier is required to mail original paperwork to TQL at the below address.

CARRIER INVOICE #

FOR STANDARD MAIL

TQL PO Box 799 Milford, OH 45150 **OVERNIGHT INVOICING**

TQL

1701 Edison Drive Milford, OH 45150

QUICK PAY

If your default payment terms are not Quick Pay and you would like Quick Pay on this load, please check one of the boxes below. Send your invoice to the Quick Pay email or fax listed below or via one of the document scanning options.

1 Day Quick Pay 5%

7 Day Quick Pay 3%

METHODS TO SUBMIT PAPERWORK

Submit completed and signed paperwork within 24 hours of delivery.

EMAIL

Quick Pay - Quickpay@tql.com Standard - cinvoices@tql.com

DOCUMENT SCANNING

TQL Carrier Dashboard - Send paperwork for FREE via our web and mobile app

TRANSFLO Express allows you to scan and send invoices and POD's to TQL for \$3.50 from participating truck stops.

FAX

Quick Pay - 513-688-8895 Standard - 513-688-8782

TQL must approve all accessorial terms/charges in advance and in writing. Payment of detention is determined on a load-by-load basis. Unauthorized charges will not be paid. Detention payment does not begin for at least 3 hours unless otherwise agreed to in writing. To qualify for additional compensation, the Carrier MUST notify TQL at least 30 minutes before beginning detention time and when arriving-on-time/departing from all shippers/receivers (unless the shipper/receiver will notate check in/out times on the paperwork). TQL reserves the right to deny all additional charges unless communicated in advance writing and invoiced to TQL within 90 days of load completion. All demurrage, detention, and per diem charges must be communicated to TQL in writing within 30 days of load completion in order to validate and/or dispute with the steam ship line directly. TQL reserves the right to deny all demurrage, detention, and per diem charges communicated more than 30 days from invoice date. Carrier must file any disputes in regards to demurrage, detention, and per diem charges in writing with the billing party within 7 days from date of invoice.



REDUCE CHECK CALLS AND DISPATCH YOURSELF WITH AUTO DISPATCHING

GET STARTED TODAY >

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IF THIS SHIPMENT RELATES TO A GOVERNMENT OR QUASI-GOVERNMENT CONTRACT (WHICH MAY INCLUDE, WITHOUT LIMITATION, FEDERAL, STATE, MUNICIPAL, OR POSTAL CONTRACTS), THEN THE SHIPMENT IS SUBJECT TO THE NOTICES AND COMPLIANCE REQUIREMENTS FOUND AT HTTPS://WWW.TQL.COM/GOVERNMENT-CONTRACTOR-NOTICES.PDF OR A HARD COPY WILL BE PROVIDED UPON WRITTEN REQUEST TO COMPLIANCE@TQL.COM.

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TQL PO# 29219363	
Carrier Representative Signature	_

*By electronically signing below and acknowledging acceptance, I confirm I have the authority to act on behalf of, and bind the undersigned individual and/or entity and have agreed to the terms

Name* S/ samm stanojevic







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TOL	COL	UTACT	INIEO
II QL	. GOI	NTACT	INFU

Name	Phone	Email	Fax
Samuel Scudder	800-580-3101 x54466	SScudder@TQL.com	5138722595

CARRIER CONTACT

Office Staffed 24/7

Total: \$2,600.00 USD

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Address

COMPASS FUNDING SOLUTIONS PO BOX 205154 DALLAS, TX 75320-5154

Dispatcher	Driver	Truck #	Trailer #
sam	Sosa	753	W94925

LOAD INFORMATION

Rate	Туре	Unit	Quantity	Total
\$2,600.00	Line Haul	Flat	1	\$2,600.00

Rates that are based on weight or count will be calculated from the quantities loaded.

Mode	Trailer Type	Trailer Size	Linear Feet	Temperature	Pallet/Case Count	Hazmat	Load Requirements
FTL	Van	53 ft			0 pallets/0 cases	Non- Hazardous	
Special Temp	Instructions					LxWxH	

Pick-up Location	Date	Time
Sioux City, IA	8/19/2024	FCFS 08:00 to 16:00

Commodities:

Pick Up#	Quantity	Unit	Commodity	Notes
1	1	Truckload	Feed mixers	

Delivery Location	Date	Time	
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Unloading	None w/ valid unloading receipt	Pallet Exchange	None	Estimated Weight	44000
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TQL

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TQL PO# 29219363	
Carrier Representative Signature	_

*By electronically signing below and acknowledging acceptance, I confirm I have the authority to act on behalf of, and bind the undersigned individual and/or entity and have agreed to the terms

Name* S/ samm stanojevic







INVOICE

BILL TO: TOTAL QUALITY LOGISTICS LLC 4289 IVY POINTE BLVD CINCINNATI, OH 45245 INVOICE DATE: 08/21/2024 INVOICE #: 29219363 TERMS: NET 30 DUE DATE: 09/21/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
08/19/2024		4910 Harbor Dr, Sioux City, IA 51111, USA - 5325 10th Ave N, Great Falls, MT 59405, USA			
		Freight Income	1	\$2,600.00	\$2,600.00

TOTAL	
\$2,600.00	

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

Physical Address:

PO BOX 1820

NORTH SIOUX CITY SD 57049

Phone: 712-255-6927 WATTS: 800-383-6927 Fax: 712-252-4845

Bill To:

Remit To:

Consumers Supply Distributing LLC

P.O. Box 1820

North Sioux City, SD 57049

Fax: 605-422-1280 WATTS: 800-383-6927 Phone: 712-255-6927

Thone

CHS NUTRITION 5325 10TH AVENUE N. GREAT FALLS MT 59405

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Ship To:

CHS NUTRITION 5325 10TH AVENUE N. GREAT FALLS MT 59405

(406) 453-7646 Ext. 0000

* Item Shipped Directly from Vendor

Purchase Or	der No.	Customer ID		Salesperson ID	Shipping Method	Payment Terms	Req Ship Date	Master No.
467122		5247		LOGAN GINKENS	CSD TRUCK	NET 10	8/15/2024	10,914,70
Ordered	Shipped	B/O	Item Num	ber D	escription	TO 19 4 1972		UOM
20.00	20.00	0.00			OVATEC 91 GM; 50LB	V - 2 - 2 - 3 - 2 - 2 - 2 - 2 - 2 - 2 - 2	11	BAG-50
			Lot #: HF	N240150		1,000.00		
50.00	50.00	0.00	P13025		V NATURALS SENIOR		00289	BAG-35
		1731	Lot #: 20	618412		1,750.00		
4.00	4.00	0.00	BF13800		ED. SUNFLOWER CHI			BAG-50
			Lot #: 08			200.00		
20.00	20.00	0.00	SP16085		OLD X 40 (DRY); 50LB			BAG-50
		8 888	Lot #: 70			1,000.00		
10.00	10.00	0.00	BF13310		REMIUM/ELITE WILD E			BAG-50
2000000000			Lot #: 07			500.00		
24.00	24.00	0.00	P15010		ANCHERS CHOICE MA		.B	BAG-40
		1.000	Lot #: 10			960.00		
20.00	20.00	0.00	V8250	Control of the Contro	TAMIN E 20,000; 50LB			BAG-50
		2001	Lot #: 60			950.00		
			Lot #: 40			50.00		
40.00	40.00	0.00	G4405		HS - 4341 EQUIS COM			BAG-50
			Lot #: 70			2,000.00		
80.00	80.00	0.00	G4407		HS - 4732 EQUIS GOL		RIZED); 50LB	BAG-50
40.00			Lot #: 10			4,000.00		
40.00	40.00	0.00	G4410		HS - 2400 EQUIS COM			BAG-50
40.00	40.00		Lot #: 50			2,000.00		210.50
40.00	40.00	0.00	G4410 Lot #: 50	Contract to the second	HS - 2400 EQUIS COM	2,000.00		BAG-50
20.00	00.00				IC 2522 CTART DICK		14. 50LD	
20.00	20.00	20.00 0.00 G4420 CHS - 3532 START RIGHT 30-50 BOOSTER PAK; 50LB 99.00				AK; SULB	BAG-50	
			Lot #: 50			99.00		
2 6			Lot #: 50			300.00		
			Lot #: 60			600.00		
80.00	0.00	00.00			UC 4540 CAL 5 MAGE			240.50
72.00	72.00		G4437		HS - 4549 CALF MAGI		VED OUDE: 501 D	BAG-50
72.00	72.00	0.00	G4423 Lot #: 60		HS - 4695.P03 NORTH	3.600.00	KER CUBE; SULB	BAG-50
20.00	20.00	000			/AII A COM/ EE 401 D	3,600.00		
20.00	20.00	0.00	M3855	Account of the control of the contro	VAILA SOW; 55.12LB	101.00		BAG-55.1
			Lot#: CF			164.36 1.00		1 4 6 6
			Lot #: CF					
			Lot #: CF	(U23361		661.44		

mN - 8-21-24

Physical Address: PO BOX 1820

NORTH SIOUX CITY SD 57049

Phone: 712-255-6927 WATTS: 800-383-6927 Fax: 712-252-4845

Remit To: Consumers Supply Distributing LLC

P.O. Box 1820

North Sioux City, SD 57049 Fax: 605-422-1280

WATTS: 800-383-6927 Phone: 712-255-6927

Bill To:

CHS NUTRITION 5325 10TH AVENUE N. GREAT FALLS MT 59405 Ship To:

CHS NUTRITION 5325 10TH AVENUE N. GREAT FALLS MT 59405

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8/19/2024

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(406) 453-7646 Ext. 0000

ent Terms Req Ship Date	Payment Te	Shipping Method	Salesperson ID	Customer ID		Purchase Order No.		
10 8/15/2024	NET 10	CSD TRUCK	LOGAN GINKENS		5247		467122	
				Item Num		Shipped	Ordered	
274.60 1.00		Description	RU23349	Item Num Lot #: CF Lot #: CF	BIO	Shipped	Ordered	

4-ways Out:	In:	

Physical Address:

PO BOX 1820

NORTH SIOUX CITY SD 57049

Phone: 712-255-6927 WATTS: 800-383-6927 Fax: 712-252-4845

Remit To:

Consumers Supply Distributing LLC P.O. Box 1820

North Sioux City, SD 57049 Fax: 605-422-1280

WATTS: 800-383-6927 Phone: 712-255-6927

Bill To:

CHS NUTRITION 5325 10TH AVENUE N. GREAT FALLS MT 59405

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Ship To:

CHS NUTRITION 5325 10TH AVENUE N. GREAT FALLS MT 59405

(406) 453-7646 Ext. 0000

Purchase Order No.		Customer	ID	Salesperson ID	Shipping Method	Payment Terms	Req Ship Date	Master No.
						NET 10	8/15/2024	10.914.733
0-11	Chinned		Itom Nur		_			
<u>Ordered</u> 376.00	Shipped 376.00	5247 B/O 0.00	ltem Nur B7310 Lot #: 11		Description	NET 10 I-PRO RANGE 50 BLOG 12,532.08		UOM
					mN 8	12		

4-ways Out:	In:	
,		

Physical Address:

PO BOX 1820 NORTH SIOUX CITY SD 57049

Phone: 712-255-6927 WATTS: 800-383-6927

Fax: 712-252-4845 Bill To: Remit To:

Consumers Supply Distributing LLC

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Document Date

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8/19/2024

8/19/2024

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CHS NUTRITION 5325 10TH AVENUE N. GREAT FALLS MT 59405

Req Ship Date	Payment Terms	Shipping Method	Salesperson ID	D .	Customer II	der No.	Purchase Order No.	
8/15/2024	NET 10					466785		
				Item Num			Ordered	
8/15/2024	NET 10	CSD TRUCK ascription ENTONITE - FINE GRAI	LOGAN GINKENS	Item Num M3050 Lot #: 10	5247 B/O			

4-ways Out: _

In:

Physical Address:

PO BOX 1820

NORTH SIOUX CITY SD 57049

Phone: 712-255-6927 WATTS: 800-383-6927 Fax: 712-252-4845 Remit To:

Consumers Supply Distributing LLC

P.O. Box 1820

North Sioux City, SD 57049

Fax: 605-422-1280 WATTS: 800-383-6927 Phone: 712-255-6927

Bill To:

CHS NUTRITION 5325 10TH AVENUE N. GREAT FALLS MT 59405
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CHS NUTRITION 5325 10TH AVENUE N. GREAT FALLS MT 59405

(406) 453-7646 Ext. 0000

Purchase Order No.		Customer ID Salesperson ID					Shipping Method	Payment Terms	Req Ship Date	Master No.
		5247			LOGAN GINKEN	IS	CSD TRUCK	NET 10	8/15/2024	10.914,81
Ordered Shipped B/O Item Number		umber	D	escription			UOM			
49.00	49.00		0.00	F2351 Lot #:	N1241551F	S	ODIUM BICARBONATE	2,450.00		BAG-50
							MN	1-2	u	
							MN	21-2	4	

4-ways Out:	In:	

Physical Address:

PO BOX 1820 NORTH SIOUX CITY SD 57049

Phone: 712-255-6927 WATTS: 800-383-6927 Fax: 712-252-4845 Remit To:

Consumers Supply Distributing LLC P.O. Box 1820

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Bill To:

CHS NUTRITION 5325 10TH AVENUE N. GREAT FALLS MT 59405 Ship To:

CHS NUTRITION 5325 10TH AVENUE N. GREAT FALLS MT 59405

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(406) 453-7646 Ext. 0000

Purchase Order No.		Customer ID		Salesperson ID	Shipping Method	Payment Terms	Req Ship Date	Master No.
		5247		LOGAN GINKENS	CSD TRUCK	NET 10	8/16/2024	10.915,15
Ordered	Shipped	B/O	Item Nur	nber	Description			UOM
Ordered 40.00 56.00	Shipped 40.00 56.00	B/O 0.00		0805424	Observition CHS - 4732 EQUIS GOLD SRIT#2 MEDIUM; 50LB			
					mN g-	21-2		

4-ways Out:	In:	
		_