

Account Name:

SHIPPER:(Pickup Address)

ALSTOM TRANSPORTATION PLANT 2  
1 Shawmut Park  
HORNELL, NY 14843  
USA

Shipment Number: WLF1831489

CONSIGNEE:(Delivery Address)

Advantage Brokerage Corporation  
1200 W. Upland Ave  
LINCOLN, NE 68521  
USA

Contact Name: Phone: Fax:  
Receiving 716-877-9653

Contact Name: Phone: Fax:  
402-617-8952

**Instructions:** LOGISTICS PLUS PICKUP FOR ALSTOM  
PICKUP AT TWO WAREHOUSE R211 PROJECT DEST:  
LINCOLN,NE

**Instructions:**

Bill Prepaid Third Party to:

Logistics Plus  
PO Box 1288  
Erie, PA 16512-1288 USA

**CARRIER/ROUTE:** ZIGI FREIGHT INC  
**PRO #:**

**Shipment Date:** 08/23/2024

Pickup between 08:00 and 15:00

**Delivery Date:** 08/26/2024

Deliver between 09:00 and 12:00

**PO #:** R211 PROJECT

**REF#:** R211 PROJECT

CARRIER SIGNATURE ON AGREED CHARGES  
PLEASE RETURN VIA FAX TO 208-441-7256

Items:

Qty	Type	HM (X)	Description	Dimensions (in)	Weight (lb)	Pickup	Delivery
1	LOAD	<input type="checkbox"/>	13 INVERTERS	0 x 0 x 0	21,000	Origin	Destination

**Total:** 21,000

**Equipment:** 53 VAN

**General BOL Notes:**

MUST HAVE DRIVER CLEAN ODOR FREE TRAILER

**Critical BOL Notes:**

**LOGISTICS PLUS PICKUP FOR ALSTOM PICKUP AT TWO  
WAREHOUSE R211 PROJECT DEST: LINCOLN,NE**

Charges:

Description	Rate
TRUCKLOAD FREIGHT	\$2,200.00

**Total: 2,200.00 USD**

MANDATORY REQUIREMENTS FOR SECUREMENT AND SAFETY:

1. DRIVERS ARE RESPONSIBLE FOR SECURING LOADS WITH LOAD BARS, LOCKS OR STRAPS.
2. CARRIERS ARE RESPONSIBLE FOR PROTECTING COMMODITIES FROM EXTREME TEMPERATURES.
3. FOR ALL OPEN DECK LOADS, DRIVER MUST FULLY SECURE FREIGHT PRIOR TO MOVING TRAILER.
4. FOR SAFETY CONCERNS, DRIVER MUST COMMUNICATE IN ENGLISH AND UNDERSTAND ALL INSTRUCTIONS AS GIVEN.
5. CAUTION: DRIVERS ARE REQUIRED TO HAVE SAFETY GLASSES, HARD HAT, LONG PANTS, SHIRT WITH SLEEVES, AND STEEL TOED BOOTS (with a distinct heel).
6. DRIVERS MUST CALL IN TO NOTIFY LOGISTICS PLUS WHEN LOAD IS PICKED UP AND DELIVERED (Penalty of \$50 per each occurrence if Logistics Plus is not notified).

MANDATORY REQUIREMENTS FOR PROMPT PAYMENT OF YOUR INVOICE:

1. SHIPMENT NUMBER MUST APPEAR ON BOTH POD AND INVOICE.
2. ALL ACCESSORIAL CHARGES MUST BE PRE-APPROVED OR THEY WILL NOT BE PAID. THIS INCLUDES, BUT IS NOT LIMITED TO, DETENTION, LUMPER FEES, TRUCK ORDERED NOT USED FEES, ETC.
3. ANY LOAD TENDERED AS A FULL LOAD THAT MOVES AS A PARTIAL LOAD WILL BE PAID AT A MAXIMUM RATE OF \$0.75 PER MILE.

PLEASE INCLUDE OUR SHIPMENT NUMBER ON THE POD

If you have any questions, please call Logistics Plus: 716-877-9653, Customer Service - option 1, Accounting - option 3

To ensure prompt payment of your invoices, please send a copy of the invoice, the proof of delivery and the signed carrier rate agreement to [TLAP@LOGISTICSPLUS.COM](mailto:TLAP@LOGISTICSPLUS.COM) or fax to 814-690-2000

National Truckload, Inc. (NTL) and Logistics Plus, Inc., (LP) have common ownership. Carriers who have been set up and approved by either NTL or LP are approved to be tendered loads by both NTL and LP. By signing this Carrier Agreement, the Carrier hereby agrees to be bound by the terms of Carrier Service Contract it signed with either National TruckLoad, Inc. or Logistics Plus, Inc., and that such terms shall be applicable and binding when hauling either National Truckload, Inc. or Logistics Plus, Inc. loads.





## INVOICE

**BILL TO:**  
LOGISTICS PLUS INC  
1406 PEACH STREET  
ERIE, PA 16501

**INVOICE DATE:** 08/26/2024  
**INVOICE #:** WLF1831489  
**TERMS:** NET 30  
**DUE DATE:** 09/26/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
08/23/2024		1 Shawmut Pk Dr, Hornell, NY 14843, USA - 1200 W Upland Ave, Lincoln, NE 68521, USA			
		Freight Income	1	\$2,200.00	\$2,200.00

TOTAL
\$2,200.00

**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**

**STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - Not Negotiable**  
 RECEIVED. Subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading.

Shipper's I \_\_\_\_\_

Carrier's No.:

At: HORNELL, NY

From: ALSTOM TRANSPORTATION, INC.

The property described below, in apparent good order except for noted (contents and condition of contents of packages unknown), marked, consigned and delivered as indicated below, which said carrier (the word carrier being used throughout this contract as meaning any person or corporation in possession of the property, under the contract) agrees to carry to usual place of delivery at said destination, if on its route to said destination, it is mutually agreed, as to each carrier of all or any of said property, over all or any portion of said route to destination, and as to each party at any time interested in all of any said property, that every service to be performed hereunder shall be subject to all terms and conditions of the Uniform Commerce Straight Bill Form Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment. Shipper hereby certifies that he is familiar with all terms and conditions of the said bill form lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to: **Advantage Brokerage Corporation**

(Mail or street address of consignee - For purposes of notification only)

Destination: **1200 W. Upland Ave. Lincoln** State: **NE** Zip: **68521**

Delivery Address: \*

(\* To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Route:

Delivering Carrier:

Car or Vehicle Initials:

No:

No. Packages	HM	Kind of Package, Description of Articles, Special Marks, and Exceptions	* Weight (Sub. To Corr.)	Class or Rate	Check Column
13		<b>Inverters IB# 180202928</b> <b>1205, 1204, 1183, 1179, 1196, 1191, 1197, 1198, 1194, 1199, 1172</b> <b>1170, 1195</b>	21,000	70	
			21,000	Lbs	

Subject to Section 7 of conditions of the applicable bill of lading. If this 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.

(Signature of Consignor) \_\_\_\_\_

**CHARGES**

☐ COLLECT

☒ TO BE PREPAID

Received \$ \_\_\_\_\_  
 to apply in prepayment of the charges on the property described hereon.  
 (Agent or Cashier) \_\_\_\_\_

Per \_\_\_\_\_

(The signature here acknowledges only the amount prepaid.)

Charges Advanced \_\_\_\_\_

\$ \_\_\_\_\_

\* If the shipment move between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.

NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

- The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon and all other requirements of the Consolidated Freight Class

SHIPPER

Agent Per

RECEIVED  
AUG 26 2024

By: