



SWICK LOGISTICS
50 SOUTH MAIN STREET
SUITE 200
NAPERVILLE IL 60540

PRO # 56790

Rate Confirmation

09/20/24 13:22:59 (EST)

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M

MARTINA KONCAREVIC
(312) 724-7179 X 160 (p)
martina@swicklogistics.com

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R

BRZ
(708) 303-5150 (p)
MC # 86875 Truck # 852
DOT 3119062 Trailer # W22718
Driver JOHNNIE EUGENE BAS Cell # (385) 420-2526

Size & Type: VAN
Pieces: 18

Description: FAK
Weight: 7200

Miles:

CHARGES		DISPATCH NOTES
LINE HAUL RATE	3100.00	
TOTAL RATE	3100.00	

PICK 1

LUCIFER LIGHTING COMPA
3750 NORTH PANAM
EXPRESSWAY
SAN ANTONIO TX 78219
Phone/Contact: (210) 227-7329 TONY GATICA

Appointment 09/20/24 @ 18:00
Appt Notes: 18:00

STOP 1

BEST WAY
151 RIDGEWAY AVE
E, C/O JPMC 270 PARK
EAST HANOVER NJ 07936

Appointment 09/23/24 @ 08:00

STOP 2

WELTMANN LIGHTING LLC
50 TRIANGLE BLVD
CARLSTADT NJ 07072
Phone/Contact: (201) 549-0753 MISHA PATEL

Appointment 09/23/24 @ 09:00
Appt Notes: 0900

Carrier Signature _____

Date ____/____/____
M D

Send Carrier Bills to the Address Above

PRO # 56790

must appear on all Invoices

SWICK LOGISTICS LLC - LEGAL DISCLAIMER FOR CARRIERS

NOTICE TO MOTOR CARRIERS

This tendered shipment, provided by Swick Logistics LLC, is intended exclusively for the designated carrier engaged as a for-hire motor carrier in strict accordance with the terms outlined in this tender. In the absence of any separate transportation contract or interlining agreement established by mutual consent between the parties, any act involving the brokerage, transfer, tender, or any arrangement for an alternate motor carrier to transport the cargo specified in this tender may be subject to penalties under Federal law (49 USC 14916), resulting in potential fines of up to \$10,000 per tender.

Swick Logistics LLC Services explicitly prohibit any involvement in FMCSA violations, including but not limited to hours of service violations. Carriers are obliged to thoroughly review the Bill of Lading to ensure strict adherence to the terms outlined in the Rate Confirmation. Prior to departing from the shipper's location, carriers are required to provide essential information, including the Bill of Lading, piece count, photographs of the freight, and weight.

In the event of unexpected delays that may impede the timely fulfillment of scheduled appointments, it is imperative that carriers promptly communicate with our office. Under no circumstances are carriers authorized to directly engage with the shipper or receiver to modify appointment arrangements. Failure to meet scheduled appointments may result in rate deductions.

Carriers are expected to furnish verbal Proof of Delivery (POD) within one (1) hour following delivery. Any overages, shortages, or damages must be promptly reported to SWICK LOGISTICS LLC while the carrier is still present at the customer delivery location and clearly documented on the Bill of Lading. Prior to departing the delivery location, the carrier is responsible for obtaining a legible signature from the consignee.

All accessorial terms and charges require advance written approval from Swick Logistics LLC. The compensation for detention is assessed on a load-specific basis. Carriers must arrive punctually for scheduled appointments or within the "First-Come, First-Served" (FCFS) timeframe, and must notify Swick Logistics LLC at least 30 minutes prior to the commencement of any detention period. Unless otherwise specified in writing, the detention payment does not commence until at least 2 hours have elapsed.

Unsanctioned charges will not be honored. In cases where a true team (comprising 2 drivers with CDL) is not deployed, the carrier's rate may be subject to a 20% reduction, irrespective of the delivery being late or not. Carriers are required to provide transparent information about driver operating hours at the time of load booking. If a driver experiences delays in delivery due to a restart or a 10-hour break, the rate remains subject to deduction.

Any further reductions in the rate stemming from service failures with our clients shall be fully borne by the carrier. Failure to provide an invoice with a complete and legible set of paperwork within 30 days of delivery may result in a 20% rate deduction. Failure to provide the driver's name and contact number may lead to removal from the assigned load.

In the event of a vehicle breakdown during an expedited shipment, carriers assume responsibility for any additional charges incurred in ensuring the timely delivery of the shipment.

This notice is subject to change, and carriers are encouraged to stay informed of any revisions. By accepting this tender, carriers acknowledge their full compliance with the aforementioned terms and conditions.

***** FAILURE TO DO ANY OF THE FOLLOWING WILL RESULT IN A FINE *****

Up to \$150 Fine for Not Accepting MacroPoint Tracking

Up to \$250 Fine for Late Delivery

All convention loads must have a SIGNED waiver for billing or be subject to a \$250 Fine.

***** Please Note Standard Accessorial Fees *****

Detention RATES \$35 PER HOUR AFTER 2 HOURS.

TONU Up to \$150

Layover up to \$250

Please email all invoices for billing to: invoice@swicklogistics.com



INVOICE

BILL TO:
SWICK LOGISTICS LLC
50 SOUTH MAIN STREET
NAPERVILLE, IL 60540

INVOICE DATE: 09/23/2024
INVOICE #: 56790
TERMS: NET 30
DUE DATE: 10/23/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
09/20/2024		3750 North Panam Expressway, San Antonio, TX 78219 - 50 Triangle Blvd, Carlstadt, NJ 07072			
		Freight Income	1	\$3,100.00	\$3,100.00

TOTAL
\$3,100.00

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

TAZMANIAN
freight systems inc.

Date	Origin Code	Dest. Code
2024-09-20	SAT - B	EWR - A
For shipment inquiries: Toll Free: (888) 666-6277 Phone: (210) 978-0440 Fax: (210) 978-0441		

Waybill No.
2729102



The declared value for carriage of this shipment is agreed and understood to be \$50.00 or \$0.50 per pound, per piece, whichever is greater, unless a higher value is declared below and applicable charges paid thereon.

DECLARED VALUE FOR CARRIAGE (enter amount) \$ _____
(Subject to the terms and conditions found @ <http://www.tazmanian.com/terms>,
the liability of Tazmanian Freight Systems, Inc. for loss/damage is as stated
above.)

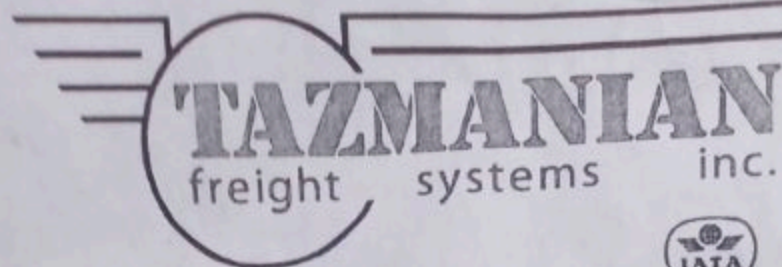
S H I P P E R C O N S I G N E E T H I R D P A R T Y	Name LUCIFER LIGHTING COMPANY			BILL TO: <input checked="" type="checkbox"/> SHIPPER <input type="checkbox"/> CONSIGNEE <input type="checkbox"/> THIRD PARTY BILLED TO SHIPPER IF NOT MARKED			to be \$50.00 or \$0.00 per higher value is declared below and applicable DECLARED VALUE FOR CARRIAGE (enter amount) \$ (Subject to the terms and conditions found @ http://www.tazmanian.com/terms the liability of Tazmanian Freight Systems, Inc. for loss/damage is as stated above.)						
	Address 3750 NORTH PANAM EXPRESSWAY												
	City SAN ANTONIO		State TX	Zip (Required) 78219	PICK UP TYPE REQST'D Taz selects if not marked <input checked="" type="checkbox"/> Regular <input type="checkbox"/> *Bus_Hrs Special <input type="checkbox"/> *Aft_Hrs Special <input type="checkbox"/> *Saturday <input type="checkbox"/> *Sunday <input type="checkbox"/> *Holiday <input type="checkbox"/> Shipper Drop-Off <input type="checkbox"/> *Inside <input type="checkbox"/> *Liftgate <input type="checkbox"/> *2 Man <input type="checkbox"/> *Limited Access <input type="checkbox"/> Other _____			SERVICE TYPE REQST'D Delvr'd 2nd day if not marked <input type="checkbox"/> Charter <input type="checkbox"/> Next Flight <input type="checkbox"/> Next Day <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day <input type="checkbox"/> 4 - 5 Day <input checked="" type="checkbox"/> Expedited Truck (Hot Shot) <input type="checkbox"/> International <input type="checkbox"/> Truck Load <input type="checkbox"/> LTL (TGS) <input type="checkbox"/> Local Cartage <input type="checkbox"/> Warehousing <input type="checkbox"/> Other _____			DELIVERY TYPE REQUESTED Delivered Before 5PM if not marked <input checked="" type="checkbox"/> Regular <input type="checkbox"/> *AM <input type="checkbox"/> *Bus_Hrs Special <input type="checkbox"/> *Aft_Hrs Special <input type="checkbox"/> *Saturday <input type="checkbox"/> *Sunday <input type="checkbox"/> *Holiday <input type="checkbox"/> Hold for Pickup <input type="checkbox"/> *Inside <input type="checkbox"/> *Liftgate <input type="checkbox"/> *2 Man <input type="checkbox"/> *Limited Access <input type="checkbox"/> Other _____		
	Sent by (Name/Dept) TONY GATICA		Phone (Very Important) 2102277329										
Taz Acct No. 1011655		Ref No. (First 30 characters will appear on invoice)											
Name WELTMANN LIGHTING LLC													
Address 50 TRIANGLE BLVD													
City CARLSTADT			State NJ	Zip (Required) 07072	SHIPPER'S SIGNATURE (SUBJECT TO TERMS AND CONDITIONS FOUND @ http://www.tazmanian.com/terms) X <i>[Signature]</i>			F.C.C.O.D.		C.O.D.			
Attn (Name/Dept) MISHA PATEL			Phone (Very Important) 2015490753										
Taz Acct No.		Ref No. (First 30 characters will appear on invoice)											
SPECIAL INSTRUCTIONS JOB:JPMC MID RISE D/RB SAMUELS-PO#35673				→ DESCRIPTION			WEIGHT	PCS	DIMENSIONS L W H				
				LIGHTING FIXTURES			7200	18	48	32	60		
WT. & DIMS SUBJECT TO CORRECTION				7200	18	<i>[Signature]</i>							
WAYBILL NO. 2729102		PICKED UP BY: TAZMANIAN FREIGHT SYSTEMS, INC. OR AGENT			NO. PCS	TIME	DATE	Your Complete Transportation And Logistics Provider					
SIGNATURE													
WHEN CALLING IN YOUR SHIPMENT, PLEASE HAVE THE FOLLOWING INFORMATION READY:													
1. City, State & Zip of your pick-up and your delivery locations 2. Number of pieces and total weight of the shipment 3. Exact dimensions of all pieces (always round up to the next inch) 4. Type of service you are requesting					An identified problem is a gift in that it presents an opportunity for improvement. Please let us know how we can improve.								
Received By (Consignee)					No. PCS		Date		Time				
Signature: <i>[Signature]</i>													
Print Name: <i>Chet Prospero</i>					Signature indicates all pcs received in good order unless otherwise noted.								

10 Pallets
9/20/24

973 725 3730

6 on truck
going to Best Army

TO EXPEDITE MOVEMENT, AIR FREIGHT SHIPMENT MAY BE DIVERTED TO
MOTOR CARRIER UNLESS SHIPPER GIVES OTHER INSTRUCTIONS HEREON.



Corporate Office
Cleveland Hopkins Int'l Airport
AMF * P.O. Box 811090
Cleveland, OH 44181-1090
Web Site: www.tazmanian.com



Date
2024-09-20

Origin Code
SAT - B

Dest. Code
EWR - B

Waybill No.
2730132

For shipment inquiries:
Toll Free: (888) 666-6277
Phone: (210) 978-0440
Fax: (210) 978-0441



The declared value for carriage of this shipment is agreed and understood to be \$50.00 or \$0.50 per pound, per piece, whichever is greater, unless a higher value is declared below and applicable charges paid thereon.

DECLARED VALUE FOR CARRIAGE (enter amount) \$
(Subject to the terms and conditions found @ <http://www.tazmanian.com/terms>.
the liability of Tazmanian Freight Systems, Inc. for loss/damage is as stated above.)

SHIPPER	Name LUCIFER LIGHTING COMPANY		
	Address 3750 NORTH PANAM EXPRESSWAY		
	City SAN ANTONIO	State TX	Zip (Required) 78219
	Sent by (Name/Dept) TONY		Phone (Very Important) 2102277329
	Taz Acct No. 1011655	Ref No. (First 30 characters will appear on invoice)	
	Name BEST WAY		
	Address 151 RIDGEWAY AVE, C/O JPMC 270 PARK		
	City EAST HANOVER	State NJ	Zip (Required) 07936
	Attn (Name/Dept) PAWELL		Phone (Very Important) 8625053159
	Taz Acct No.	Ref No. (First 30 characters will appear on invoice)	

BILL TO:

☒ SHIPPER ☐ CONSIGNEE
☐ THIRD PARTY
BILLED TO SHIPPER IF NOT MARKED

PICK UP TYPE REQST'D

Taz selects if not marked

- ☒ Regular
☐ *Bus_Hrs Special
☐ *Aft_Hrs Special
☐ *Saturday
☐ *Sunday
☐ *Holiday
☐ Shipper Drop-Off
☐ *Inside
☐ *Liftgate
☐ *2 Man
☐ *Limited Access
☐ Other

*Extra
Charges
may apply

SERVICE TYPE REQST'D

Delvr'd 2nd day if not marked

- ☒ Charter
☐ Next Flight
☐ Next Day
☐ 2nd Day
☐ 3rd Day
☐ 4 - 5 Day
☒ Expedited Truck (Hot Shot)
☐ International
☐ Truck Load
☐ LTL (TGS)
☐ Local Cartage
☐ Warehousing
☐ Other

DELIVERY TYPE REQUESTED

Delivered Before 5PM if not marked

- ☒ Regular
☐ *AM
☐ *Bus_Hrs Special
☐ *Aft_Hrs Special
☐ *Saturday
☐ *Sunday
☐ *Holiday
☐ Hold for Pickup
☐ *Inside
☐ *Liftgate
☐ *2 Man
☐ *Limited Access
☐ Other

*Extra
Charges
may apply

SHIPPER'S SIGNATURE (SUBJECT TO TERMS AND CONDITIONS FOUND @ <http://www.tazmanian.com/terms>)
X *Syda Rugh*

F.C.C.O.D.

C.O.D.



DESCRIPTION	WEIGHT	PCS	DIMENSIONS		
			L	W	H
LIGHTING FIXTURES	3600	9	48	32	60
	3600	9			

WAYBILL NO.

2730132

PICKED UP BY: TAZMANIAN FREIGHT SYSTEMS, INC. OR AGENT

SIGNATURE

NO. PCS

TIME

DATE

WHEN CALLING IN YOUR SHIPMENT, PLEASE HAVE THE FOLLOWING INFORMATION READY:

- City, State & Zip of your pick-up and your delivery locations
- Number of pieces and total weight of the shipment
- Exact dimensions of all pieces (always round up to the next inch)
- Type of service you are requesting

An identified problem is a gift in that it presents an opportunity for improvement. Please let us know how we can improve.

Your Complete
Transportation
And
Logistics Provider

Received By (Consignee)	No. PCS	Date	Time
Signature: <i>D. Madonni</i>	6 SKIDS	9/23/24	12:55
Print Name: DAN MADONNI	Signature indicates all pcs received in good order unless otherwise noted.		

6 pallets

