

FATHER AND SONS BROKERAGE LLC
2256 BROAD ST
FRANKFORT , NY 13340
P: 3155072131 F: 3155072131

LOAD NUMBER

102860

9/23/2024

DISPATCH CONFIRMATION

Carrier: **Zigi Freight Inc** MCID: **944686** Driver: **Eric**
Chicago, IL Reference: **102860** Cell: **5513594122**
Ph/Fax: **630-485-7370** 630-485-7370 Trailer: **W97973** Truck: **751**
Attn: **Dispatch**

Load Info

The Following Pay Is Authorized For This Load

Pieces: 0	Miles: 717	Pay Code	Pay Type	Rate	Total
Space: 0	Pallets:	Load	Flat	1,300.00	1,300.00
Act Wgt: 42162	Type:			Total	1,300.00
As Wgt: 42162	Trailer: Reefer or Van 53				

Value:

Stop	From	To	Name Address	City Phone	St Zip	Ref Contact	Appt Appt Ref
1	PU	9/23 08:00	9/23 20:00	SOVENA SHIPPING 789 BROOKS ROAD	ROME	NY 13441	PU#7023247 No
2	Del	9/24 10:00	9/24 10:00	CHEFS WAREHOUSE IL 2801 S WESTERN AVE	CHICAGO	IL 60608	No

Commodity	Description Reference	Pieces	Weight
FAK	MIXED	0	42,162
Totals		0	42,162

1. Must accept DAT tracking.

2. Late delivery may result in non-payment of freight charges, and special damages as a consequence of being late may apply. This includes, but is not limited to, freight charges for expedited shipments, packaging materials, additional labor charges, storage charges.

3. Pallet cannot be stack

4. Cannot unattend

FATHER AND SONS BROKERAGE LLC
DATE: 9/23/24

Bill Carson
Zigi Freight Inc
DATE: 9/23/24



INVOICE

BILL TO:

FATHER AND SONS BROKERAGE LLC
2256 BROAD ST
FRANKFORT, NY 13340

INVOICE DATE: 09/24/2024**INVOICE #:** 102860**TERMS:** NET 30**DUE DATE:** 10/24/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
09/23/2023		789 Brooks Road, Rome, NY 13441 - 2801 S Western Ave, Chicago, IL 60608			
		Freight Income	1	\$1,300.00	\$1,300.00

TOTAL

\$1,300.00

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

Load Date: 09/23/2024 13:37:14

BILL OF LADING

Page 1 of 1

Ship From

Name: Sovena Rome NY
Address: 1 Olive Grove st
City/State/Zip: Rome, NY 13441
SID#: _____

FOB: ☐

Bill of Lading Number: 07415090904304325

(402) 07415090904304325

Ship To

Location #:
Name: DAIRYLAND / CW - CHICAGO, IL
Address: 2801 SOUTH WESTERN AVENUE
City/State/Zip: CHICAGO, IL 60608
CID#: _____

FOB: ☐

Carrier Name: FATHER AND SON BROKERAGE LLC
Trailer Number: w97973
Seal Number(s): 22154898

SCAC:

Pro number: n/a

Third Party Freight Charges Bill To

(9012K)Regular Trailer1

Special Instructions: DO NOT DOUBLE STACK FREIGHT.

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid: X Collect 3rd Party

☐ Master Bill of Lading with attached underlying Bills of

Customer Order Information

Customer Order Number	# Pkgs	Weight	Pallet/Slip	Additional Shipper Info	Shipment Num.
720067 /	1,060.000	42,512.000	Y	1304099302	7023247

Grand Total

1,060.000

42,512.000

Carrier Information

Handling Unit		Package		Weight	H.M (X)	Commodity Description	LTL Only	
Qty	Type	Qty	Type				NMFC #	Class
1	PLTS	780	EA	28,554.000		Edible Oils, Foodstuff	145190	65
19,000	PLTS	0,000		0.000		Edible Oils, Foodstuff	145190	65
0	PLTS	40	CS	1,994.000		Edible Oils, Foodstuff	145190	65
0	PLTS	40	CS	1,994.000		Edible Oils, Foodstuff	145190	65
0	PLTS	0	CS	0.000		Edible Oils, Foodstuff	145190	65
0	PLTS	40	CS	1,994.000		Edible Oils, Foodstuff	145190	65
0	PLTS	40	CS	1,994.000		Edible Oils, Foodstuff	145190	65
20,000		1,060.000		42,512.000		Grand Total		

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 _____.

COD Amount: _____

Fee Terms: Collect: ☐ Prepaid: ☐ Cust Check: ☐

Note:

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.

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.

Trailer Loaded:

☒ By Shipper☐ By Driver

Freight Counted:

☐ By Shipper☒ By Driver / Pallets said to contain☐ By Driver / Pieces

CARRIER SIGNATURE / PICKUP 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. Properly described above is received in good order, except as noted.