

SUMMER LOGISTICS LLC. 2 Canter Drive Burlington NJ 08016
BROKER – CARRIER LOAD TENDER AND RATE CONFIRMATION

Name of Carrier: RIKI TRANSPORTATION INC DBA BRZ 8225 LECLAIRE AVE BURBANK IL 60459 MC: 086875		Load Number: 4765
PICK UP NUMBERS: CMH3 & WKY40165	NO AMAZON TRAILERS	Pickup Date: 09-23-2024 FCFS Between 08:00 to 12:00 EDT
Origin: Forest Shipping 5 Terminal Way Avenel NJ 07001	Destination: See Delivery Location Tab Below	Commodity & Weight: General Dry Goods & 35000 lbs
<small>Delivery Locations: 1st Del Appointment: Amazon: 700 Gateway Blvd Monroe OH 45050 (Appt. 09-24-2024 at 09:00 EDT) Appointment ID: 121569568 2nd Del Appointment: Walmart: 120 Velocity Way Shepherdsville, KY 40165 (Appt. 09-24-2024 at 13:30 EDT) Appointment ID: 61247775 Please make sure to be on time at the delivery appointment. If you miss the appointment, then we will have to wait until the appointment is rescheduled. Carrier is responsible for any delay due to missed appointment. Please deliver at all designated stops, if all deliveries do not deliver at the above addresses. The rate will be deducted from the agreed rate.</small>		
Shipment Information: Please use following codes when picking up as a pick up numbers: CMH3 & WKY40165 Delivery Appointment IDs will be on the BOLs Please double check the BOLs before leaving the shipper Please do not leave any delivery warehouses without a proof of delivery document Tracking may be required		
Special Requirements: Carrier detention will be paid 3 hours after the scheduled appt. time Carrier should notify us 15 minutes prior to entering detention time, email at lovepreet.kaur@summerlogistics.com If the driver is running late, please call at 609-510-1028/609-510-0969 two hours in advance. Carrier must pay lumpier fee out of pocket. Any lumpier fee will be reimbursed after providing the lumpier receipt. The weight could go up to 44000 lbs. at no additional cost.		
Communications and Invoicing Requirements: Payments are released every Tuesday & Thursday of the week. Please send an Invoice & POD for 2% quick pay at invoices@summerlogistics.com Must send an Invoice & POD within 24 hours of delivery time. Please submit a voided check if it is your first time using our quick pay/regular pay. It is your responsibility to update your banking information if it ever changes on your end.		
AGREED RATE: \$1300.00 Quick Pay Offered If Interested @ 2 percent after receiving invoice & POD Regular Pay Offered in 30 Days after receiving the invoice & POD		MUST INCLUDE THIS COPY OF CONFIRMATION, P.O.D. AND INVOICE
BROKER SIGNATURE: <i>Lovepreet Kaur</i>		CARRIER SIGNATURE: <i>Steve Tatum</i>



INVOICE

BILL TO:
SUMMER LOGISTICS LLC
2 CANTER DR
BURLINGTON, NJ 08016

INVOICE DATE: 09/24/2024
INVOICE #: 4765
TERMS: NET 30
DUE DATE: 10/24/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
09/23/2024		5 Terminal Way, Avenel, NJ 07001 - 126 Velocity Way, Shepherdsville, KY 40165			
		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

Date: 9/23/2024

BILL OF LADING

Page 1

SHIP FROM

Pick up: Boxsir Truking Transport INC

Address: 5 Terminal Way

City/State/Zip: Avenel, NJ 07001

Attn:

Attn:

Bill of Lading Number:

40165-240924-4431

SHIP TO

Name: Wal-Mart(沃尔玛)

Address: 120 Velocity Way

City/State/Zip: Shepherdsville, KY 40165,

Contact

TEL:

FOB: ☐

CARRIER NAME:

Trailer number:

Seal number(s): 364242

SCAC:

Pro number:

SPECIAL INSTRUCTIONS:

ISA:

Delivery: 61247775 24 Sep 2024, 02:00 PM

Prepaid

Collect

C.O.D. X

☐
(check box)Master Bill of Lading: with attached underlying
Bills of Lading

CUSTOMER ORDER INFORMATION

Container#:	Operator	PRO#	Pkgs	PLT	Cost	FBA NUMBER
ZCSU7251477	Amy	2407037391	22	1	✓	5244799GDM ✓
TGBU8540973	Amy	2408002419	127	3		客户唛头240731104 PO号: 5255043GDM==53件 5219456GDM==74件
TGBU8540973	Amy	2407039230	60	2	✓	5246009GDM ✓
MOEU1400630	FS018	CJZJMSUS24071225 032	50	3		5091376GDM ✓
MOEU1400630	FS018	CJZJMSUS24071225 032	30			5091422GDM ✓
TCKU7761358	FS018	LSK240720417QM	39	2	✓	4989892GDM ✓
Total		Weight		12	✓	

COD Amount: \$

Fee Terms: Collect X Prepaid

Customer check acceptable: ☐

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

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature

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.

Trailer Loaded:

Freight Counted:

CARRIER SIGNATURE / PICKUP DATE

SHIPPER SIGNATURE / DATE

☐ By Shipper☐ By Shipper☐ By Driver☐ By Driver/pallets said to contain

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

809-23-24

Nurdy
9-24-24

Date: 9/23/2024

BILL OF LADING

Page 1

SHIP FROM

Pick up: Boxsir Truking Transport INC

Address: 5 Terminal Way

City/State/Zip: Avenel, NJ 07001

Attn:

Attn:

SHIP TO

Name: Amazon-CMH3

Address: 700 Gateway Blvd,

City/State/Zip: Monroe, OH 45050

Contact: TEL:

FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

ISA:

121569568 09/24/2024 09:00 EDT

Bill of Lading Number:

amazon.com CMH3-240924-5fbe

Delivery Type (circle one)
Prepaid Collect

Ctns. Delivered: _____ # Ctns. Damaged: _____

Ctns. Short: _____ # Ctns. Received: _____

Type of Damage: ☐ Crushed ☐ Punctured ☐ Water ☐ Other

CARRIER NAME: _____

Date: 09-24-2024

Comments: _____

Seal number(s): 864243

Signature: _____

SCAC: _____

Print Name: T. M. J.

Pro number: _____

Directions for Driver: Prepaid Damages Return to Shipper

By signing this document, Amazon.com only acknowledges receipt of this shipment. Amazon.com does not warrant the condition of the goods and has not determined their condition. The carrier has the right to dispute quantity short.

Container: Partial Load

Freight Charge Terms: (freight charges are prepaid)

unless marked otherwise

Prepaid Collect G.O.D. X

Please don't unload everything

☐ Master Bill of Lading: with attached underlying

(check box) Bills of Lading

CUSTOMER ORDER INFORMATION

Container#:	Operator	PRO#	Pkgs	PLT	Cost	FBA NUMBER
EMCU8793504	Amy	2407041154 2407039760 2407040249 2407040725 2408003318	286	8		FBA188CRV59Z, FBA1888D14K Q, FBA1888RW1HB, FBA1885FK MGJ, FBA188DF5TW2
OOCU7885317	FS020	CMH3	23	1		FBA1888LPRLV
TCNU2750273	Hades	2408019531	23	1		FBA188MZHMFL
JXLU6303684	Tessa	2408019339	15	1		FBA1897HXR7R
ZCSU7584550	Hades	2408004615	28	2		FBA188QJ6LNQ
TGBU8825111	FS060	8.8LZ-HMMAI-CMH3- 17 8.8LZ-HMMAI- CMH3-29 8.8LZ- HMMAI-CMH3-5 8.8LZ-FYTZN-CMH3- 21	72	5		FBA188WTPHGQ FBA1890GMJNS FBA1893NL2PM FBA189C74W6L
XHCU5626029	Amy	2407040265	66	1		FBA18872L5CP
Total		Weight				

COD Amount: \$

Fee Terms: Collect X Prepaid

Customer check acceptable: ☐

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 _____

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature

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.

Trailer Loaded:

Freight Counted:

CARRIER SIGNATURE / PICKUP DATE

SHIPPER SIGNATURE / DATE

☐ By Shipper☐ By Shipper

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has