2090105 TEAM: Charlotte Team		*** Load Confirmation ***				
Best Logistics P.O. Box 336 Kernersville, NC 27285 PHONE: (704) 520-7288 * FAX: 1 (866) 356-3436 * Carrier: ZIGI FREIGHT INC Carrier ID: ZIGLOM Phone: Fax: Date: 10/02/2024		6	best Order: 16 *ORDER # MUST APPEA *DRIVER MUST CALL IN			
		*	Contact: Charlotte Team *PLEASE NOTE OUR NEW CONTACT NUMBERS BELOW: Phone: (704) 520-7288 * Fax: 1 (866) 356-3436 * Reference:			
MPS - Alal MPS - Alal MPS - Alal MPS - Alal	oama - MPS - YORK - Driver r	Flatbeds Must nust have 2 loa and Drayage Dr nen be directed Code:	d bars or Si ivers should	tbed Unless Otherwise Approve		
Order	Miles: 376.0 PU # BOL: R6135014			Weight: 20000.0 Trailer: 53' Van On Commodity: COMMODI		
<u>PU 1</u>	Name: MPS - Alabama Address: 1909 Highway 87 ALABASTER	AL	35007	Date: 10/02	/2024 0926 /2024 1500	
<u>SO 2</u>	Name: MPS - YORK Address: 7801 PARK PLAC YORK		29745	Date: 10/03/ 10/03/ Contact: (704) Driver Assist: N	/2024 0900	
Payment	Total Carrier Pay	r: \$850.00				

IN ORDER TO HAUL FOR BEST, ALL CARRIERS MUST INFORM DRIVERS OF MACROPOINT TRACKING REQUIREMENT. AT THE TIME OF BOOKING, ALL CARRIERS MUST PROVIDE VALID DRIVER PHONE NUMBER. DRIVERS MUST ACCEPT AND DOWNLOAD MACROPOINT APP BEFORE ARRIVING TO SHIPPER. SHOULD CARRIER/DRIVER NOT COMPLY, A \$100 FINE WILL BE IMPOSED. SUBMISSION OF SIGNED RATE CONFIRMATION VALIDATES THIS AGREEMENT. NOTE: ELD COMPLIANCE VIA MACROPOINT IS ALSO ACCEPTABLE.

Agreement Please sign below

•STANDARD TERMS ARE PAYMENT MADE 28 DAYS FROM RECEIPT OF LEGIBLE SIGNED BILL OF LADING, INVOICE, AND LUMPER RECEIPT (IF APPLICABLE). •ALL EXTRA CHARGES MUST BE PRE-APPROVED BY BEST REPRESENTATIVE THAT BOOKED LOAD. ALL EXTRA CHARGES MUST BE BILLED WITH RECEIPT & BOL. •DRIVER MUST REPORT ANY OVERAGES, SHORTAGES, OR DAMAGED PRODUCT IMMEDIATELY.

•CARRIER CERTIFIES THAT THEY HOLD THE APPROPRIATE LISCENCES AND AUTHORITIES AND MAINTAIN THE APPROPRIATE INSURANCE COVERAGES AS REQUIRED BY REGULATION TO PERFORM THIS TRANSPORTATION ON BEHALF OF BEST LOGISTICS.

•ANY DOUBLE BROKERAGE WILL RESULT IN NON-PAYMENT. CONFIRMATION OF THE ACTUAL CARRIER OF THIS LOAD WILL BE MADE BEFORE PAYMENT IS RELEASED.

To Expedite Payment: Email All invoices and Signed POD as attachments to: (PICTURES IN EMAIL BODY WILL NOT BE ACCEPTED) In the SUBJECT LINE Reference ORDER NUMBER 1648101 605 1-27-16





BILL TO: TOTAL QUALITY LOGISTICS LLC 4289 IVY POINTE BLVD CINCINNATI, OH 45245 INVOICE DATE: 10/03/2024 INVOICE #: 1648101 TERMS: NET 30 DUE DATE: 11/03/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION		RATE	AMOUNT
10/02/2024		1909 Highway 87, Alabaster, AL 35007 - 7801 Park Place Rd, York, SC 29745			
		Freight Income	1	\$850.00	\$850.00

TOTAL	
\$850.00	

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

INTODIA	STRAICI		L OF LADING	ORIGIN		NEGOTIAR	IE	Page 1 of1
	BEST SPE			Ontony	IL NON	Bill of Lading #:	R6135014	rugo i ult
Carrier name:			0			SO_NUM: PO:	4492480, 167438	
Ship Date:	10/02/2024					Container:	2	
destined as ind possession of th the route to said each party at an Uniform Domest or (2) in the ap conditions of the	icated below, e property under d destination. It y time interester tic Straight Bill plicable motor a said bill of lad und conditions a	which said er the contr ismutually ed in all or Of Lading s carrierclass ing includi	carrier (the word carr act) agrees to carry its agreed, as to each carr any of said property, that set forth (1) in the Unifo silication or tariff if this no those on the back th	rier being unde usual place of o rier of all or any at every service orm Freight Class is a motor can bereof, set forth	erstood through delivery at said y of the said pro- e to be perform ssification in eff rrier shipment. in the classifica	hout this contract a destination. If on its operty over all or an ed hereunder shall fect on the date her Shipper hereby ce ations of tariff which	packages unknown), m is meaning and person route, otherwise to delivy y portion of said route to be subject to all the term eof. If this is a rail or part tifies that he is familiar governs the transportatio or street address of cons	or corporation in the or to another carrier of destination, and as a and conditions of th a rail-water shipment with all the terms and on of this shipment and
SHIP FROM	A	Ser Fil	P. B.			THIRD PAR	TY BILL TO	
Name:	MPS - ALA	BAMA	Ster Williams			MacLean Pov	ver Systems c/o	
Address:	1909 HIGH					RUAN TRANSPORT		
City/State/Zip:	ALABASTE	R, AL 350	007			PO BOX 9319		
	Contraction internet	1. State	Contraction of the second second	A CONTRACTOR OF THE	COLUMN STREET,	DES MOINES	Subject to section 7 of co	anditions of applicable
SHIP TO Name:	MPS - YOF	NK.		Contact:	and the second second	A STATE OF STATE	bills of ladings. If this ship	pment is to be delivered
Address:	7801 PARH		PD	Email:		to the consignee with consigner, the consig		shall sign the following
City/State/Zip:	YORK, SC		NU	Phone:			statement: The carrier sh this shipment without pay	all not make delivery of
							lawful charges.	ment of neight and out
HANDLIN	State States	НМ	WEIGHT		NSIONS W x H)		DESCRIPTION	
QTY	TYPE	Cattor in	particular and and		San Contractor			A CONTRACTOR OF THE
	PALLET		20427	48IN x 4	48IN x 48IN x 36IN NMFC Class: NMFC Article:			
14 13	5	and and	a support of the second s			GRAND 1	The second se	
Comments	/ Special In	structio	ns	Some Vernant		and a second s	CARRIER PRO # H	ERE:
-SHIP TO Inst All TL and Dra door. -Carrier Instru MPS - YORK - MPS - YORK - directed to a d	ructions: Driv yage Drivers s ctions: MPS - Driver must ha All TL and Dra oor.	er must ha hould park ALABAMA ave 2 load ayage Drive	ers should park on Lang	walk to check in a 53' Flatbed Ur rum Court, and	n. They will then nless Otherwise walk to check in	Approved. . They will then be		
			e, shippers are required ared value of the propert		RECEIVED, this Bill of La		fications and tariffs on the	e date of the issue of
Driver Cell:		aller -			Shipping A	gent: Her	any)
Driver Signature: Ma cube				Consignee Agent Signature:				
Driver Name:				Consignee Agent Name (Printed): Heider				
Date:	A state in	1.11	(State Stat	Harper Providence	Date: 10	12/2/		
*Mark "X" in	HM Column	for Haza	ardous Material					DIAL O ADD
DOT Hazmat Reg: Emergency Agent Phone: 1-800-255-3924			THIS IS TO CERTIFY THAT THE ABOVE-NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMEN OF TRANSPORTATION.					

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