



INVOICE

BILL TO:
TAB LLC
4824 PARK 370 BLVD
HAZELWOOD, MO 63042

INVOICE DATE: 10/23/2024
INVOICE #: B62257
TERMS: NET 30
DUE DATE: 11/23/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
10/21/2024		2376 Main St, Billings, MT 59105 - 709 E Walnut St, Carson, CA 90746			
		Freight Income	1	\$2,100.00	\$2,100.00

TOTAL
\$2,100.00

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



Carrier Rate Confirmation

Page 1 of 1

Load TR-0001659965-01

Bill To TAB LLC
4824 Park 370 Blvd
Hazelwood, MO 63042

Phone (314) 714-3408
Fax (314) 714-3420
Email TABaccounting@ArturExpress.com

Carrier	RIKI TRANSPORT	Driver Name		Truck		Customer Number	RICELK960900
Phone	(708) 852-5527	Driver Id		Trailer		BOL Number	
		Cell Phone		Team required	No	Pickup Number	PU# DN14-11227-11199
Fax	(708) 303-5150	Equipment	53 Van	Hazmat	No	PO Number	
		Reefer temp/mode	0.0/Off			Consignee Reference	PU# DN14-11227-11199

Pickup

Appointment

Company All American Pharmaceutical **P/U Number** 10/21/2024 - Required
Address 2376 Main St **PICK UP 12 PM - 3 PM, PU# 11227-11199**
City, State, Zip Billings, MT 59105
Phone (406) 245-5793 Ext. 206

Goods	Description	Weight	Volume	Units	Pallets
GENERAL GOODS	Nutritional Supplement	14,000.0	0.0	0	0
Total		14,000.0	0.0	0	0

Delivery

Appointment

Company CHICAS & CO **Del. Conf. Number** 10/23/2024 - Required
Address 709 E Walnut St **DELIVERY 9 AM - 2 PM**
City, State, Zip Carson, CA 90746
Phone (310) 213-5869

Goods	Description	Weight	Volume	Units	Pallets
GENERAL GOODS	Nutritional Supplement	14,000.0	0.0	0	0
Total		14,000.0	0.0	0	0

Pay Type	Note	Quantity	Rate	Amount
FLAT		1	\$2,100.0000	\$2,100.00
Total Agreed to Charges				\$2,100.00

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By signing this rate confirmation I agree that the driver assigned to p/u and deliver this shipment will allow the use of TextLocate and while the driver is assigned to this shipment, will turn on location services and keep them on during the life of the shipment. I understand that if the driver turns location services off or does not allow TextLocate to "ping" his/her location, a \$50.00 deduction (per incident) will be applied to this agreement. TAB LLC will respect the driver's off duty time and will not request updates during off duty hours (determined by the driver at the time of dispatch).

Rate includes all accessororial charges, i.e. stop-offs, loading/unloading fees, fuel surcharge, etc. Unloading or lumper fees (if applicable) will be paid only if TAB LLC is notified at the time of delivery with a lumper receipt and the original bill of lading. For payment, your invoice must include the most recent rate confirmation, signed bills of lading and any applicable receipts. For detention payment, the Bill of lading must include IN/OUT times by the shipper or the consignee. No advance of any kind will be given unless negotiated prior to the rate confirmation being sent. A minimum of 3% will be charged for all advances. TAB LLC does NOT pay detention at first come, first serve facilities. Carrier agrees to indemnify and hold harmless Broker of and from any and all claims, demands, losses, causes of action, payments to Carrier in an effort to cover such losses. If this shipment is found to be Double Brokered, this agreement is void. A MINIMUM of \$50.00 may be deducted for late pick up and/or delivery. A \$10.00 fee will be deducted for a Comcheck. TAB must receive a picture or copy of the signed Bill of lading from the driver or carrier at the time of delivery. Failure to do so will result in a minimum of \$50.00 deduction per day until received. Text message, email and fax copies are all acceptable forms of POD. Payment Terms: 30 days upon receipt of invoice. This rate can must be signed and returned to TAB@arturexpress.com, TAB-tracking@arturexpress.com or faxed back to 314-714-3420.

BY _____
Carrier RIKI TRANSPORTATION INC.
Phone (708) 852-5527 **Phone:** _____
Fax (708) 303-5150
Authorized Signature _____

BY RyanKnight
Company TAB LLC
E-mail ryan.knight@arturexpress.com
Phone (314) 714-3408 **Fax** (314) 714-3420

10/21/2024



Straight Bill of Lading

Page 1 of 1

Load SH-0001659965

Bill By TAB LLC
4824 Park 370 Blvd
Hazelwood, MO 63042

Phone (314) 714-3408
Fax (314) 714-3420

Equipment 53 Van
Customer Number RICELK960900
Pickup Number PU# DN14-11227-11199

Pickup

Company All American Pharmaceutical
Address 2376 Main St
City, State, Zip Billings, MT 59105
Phone (406) 245-5793 Ext. 206

P/U Number

PICK UP 12 PM - 3 PM, PU#
11227-11199

Appointment

10/21/2024 - Required

Goods	Description	Weight	Volume	Units	Pallets
GENERAL GOODS	Nutritional Supplement	14,000.0	0.0	0	0
Total		14,000.0	0.0	0	0

Driver Note

Authorized Signature _____
Driver

Shipper

10/21/24

Date/Time

10/21/24

Delivery

Company CHICAS & CO
Address 709 E Walnut St
City, State, Zip Carson, CA 90746
Phone (310) 213-5869

Del. Conf. Number

DELIVERY 9 AM - 2 PM

Appointment

10/23/2024 - Required

Goods	Description	Weight	Volume	Units	Pallets
GENERAL GOODS	Nutritional Supplement	14,000.0	0.0	0	0
Total		14,000.0	0.0	0	0

Driver Note

Authorized Signature _____
Driver

Consignee

2 C PLTS 5 CTNS

Date/Time

10/23/24

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled; are in proper condition for transportation according to the applicable regulations of the department of transportation.

Generated by Ditat TMS

10/21/2024