



**BILL TO:** USI LOGISTICS LLC 4420 JEFFERIES HWY WALTERBORO, SC 29488 INVOICE DATE: 11/01/2024 INVOICE #: R63379 TERMS: NET 30 DUE DATE: 12/01/2024

DATE CUSTOMER REF#		ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
10/29/2024		1258 Mill Rd, Greenleaf, WI 54126, USA - 36 Clearwater Dr, Walterboro, SC 29488			
		Freight Income	1	\$3,150.00	\$3,150.00

TOTAL	
\$3,150.00	

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



## TRIP NUMBER 1001344

Carrier Rate and Load C	onfirmation		<b>DATE:</b> 10/29/2024					
CONTACT	EQUIPMENT TYPE	ΤΟΤΑ	L WEIGHT	TOTAL MILES	TEMPERATURE			
Tom Mongeau tom.mongeau@usi-logistics.com 7327702997	Van 53'	42,000	lbs	1,100				
CARRIER FEES			CARRIER					
Net Line Haul 3150		ZIGI FREIGHT INC (944686)						
Accessorial Charges			Phone (630) 485-7370					
TOTAL COST	\$3,1	50.00						

## **GENERAL INSTRUCTIONS**

By signing this rate confirmation, the carrier agrees to the following: 1.TONU is paid out to a carrier that has been dispatched and on the way to pick up. TONU rate is \$150.00. Detention starts after 3 hours and is paid out \$25/hr every hour until the max of \$250. Once the max is established, a layover of \$250 shall be paid out. Detention starts back up 24 hours after pick up time, where the same rates apply. 2. It is the carriers responsibility to make sure the product that is being loaded onto the truck matches what is on the rate confirmation. If there are any discrepancies or problems, this needs to be brought up to the broker immediately. Tom can be reached at 732-770-2997. Mike can be reached at 843-908-6596. Carrier is also required to seal the truck after loading. 3. Three check calls and macropoint are required to be accepted by the carrier. Failure to do so can result in fines. TEAM loads are defined as 2 CDL licensed drivers driving their full 10 hour shifts consecutively. 4. All paperwork must be submitted to broker and our Accounts Payable team after completion of the load. Please send to docs@usi-logistics.com. Failure to do this can result in late payments.

Shipper (S	Stop 1 of 2)							
PICK UP			LOADING TYPE	PU Window Begin				
BC Organics 1251 Mill Rd, Greenleaf, WI 54126			Live	10/29/2024 @ 08:00				
			SCHEDULE TYPE	PU Window End				
			FCFS	10/29/2024 @ 16:00				
Units	Pieces	Commodity		Weight	Temperature			
1 TL	0 Units	its TOTES - NON HAZ / NON DOT MATERIAL		42,000 lbs				

DELIVERY American Bio Mass (ABM) 36 Clearwater Dr, Walterboro, SC 29488			LOADING TYPE	DEL Window Begin				
			Live	10/31/2024 @ 06:00 DEL Window End 10/31/2024 @ 14:00				
			SCHEDULE TYPE					
		FCFS						
Units	Pieces	Commodity		Weight	Temperature			
1 TL	TL 0 Units TOTES - NON HAZ / NON DOT MATERIAL			42,000 lbs				

Driver's Name Javier

Driver's Phone # 5129563535

Accepted By

Marisa Serano

**Truck Number** 704

Trailer Number 289476

WHOTOLS ADDR     Image: Margin State Sta		N	ON-HAZARDOUS	1. Generator ID Number		2	Page 1 of	3. Emerne	ency Respons	e Phone	4. Waste 1	Tracking N	umber		1
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17. Discrepancy         17a. Discrepancy Indication Space       Quantity       Type       Residue       Partial Rejection         17b. Atternate Facility (or Generator)       Manifest Reference Number:       U.S. EPA ID Number         17b. Atternate Facility (or Generator)       U.S. EPA ID Number         17c. Signature of Atternate Facility (or Generator)       Month       Day         18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a       Signature         18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a       Signature         18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a       Signature         18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a       Signature         18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a       Signature	LER						~								
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17. Discrepancy         17a. Discrepancy Indication Space       Quantity       Type       Residue       Partial Rejection         17b. Atternate Facility (or Generator)       Manifest Reference Number:       U.S. EPA ID Number         17b. Atternate Facility (or Generator)       U.S. EPA ID Number         17c. Signature of Atternate Facility (or Generator)       Month       Day         18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a       Signature         18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a       Signature         18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a       Signature         18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a       Signature         18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a       Signature	NSP	Transp	orter 2 Printed/Typed Na	me /			Signa	ture	At	A	A		Heath	Davis	Vocal
17. Discrepancy         17a. Discrepancy Indication Space       Quantity       Type       Residue       Partial Rejection         17b. Atternate Facility (or Generator)       Manifest Reference Number:       U.S. EPA ID Number         17b. Atternate Facility (or Generator)       U.S. EPA ID Number         17c. Signature of Atternate Facility (or Generator)       Month       Day         18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a       Signature         18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a       Signature         18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a       Signature         18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a       Signature         18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a       Signature	TRA	L		· Eliriola	L		Jungi Id	aim	Interne	D ( Ashe	La		Month	Jay	Lear (
17a. Discrepancy Indication Space       Quantity       Type       Residue       Partial Rejection       Full Rejection         Manifest Reference Number:       U.S. EPA ID Number         17b. Alternate Facility (or Generator)       U.S. EPA ID Number         Facility's Phone:       Nonth       Day       Year         17c. Signature of Alternate Facility (or Generator)       Month       Day       Year         18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a       Signature       Month       Day       Year         PrintedTyped Name       Signature       Month       Day       Year				/ 1			1			0000			10	- (	1
Instruction       Line Partial Rejection         Manifest Reference Number:         U.S. EPA ID Number         Facility's Phone:         I7c. Signature of Alternate Facility (or Generator)         Month       Day         Year         I8. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a         Signature       Month         Day       Year	T			ce Quantity	[	Туре	-		Residue						
17b. Alternate Facility (or Generator)       U.S. EPA ID Number         Facility's Phone:											Partial Rej	ection		Full Rejection	n
Facility's Phone:       Month       Day       Year         17c. Signature of Alternate Facility (or Generator)       Month       Day       Year         18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a       Month       Day       Year         Printed/Typed Name       Signature       Month       Day       Year	1	177	Lemete English (or Conor	ator)				Manifes	t Reference N	lumber.					
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CO. P.I. C. O. 5. 11977 (Rev. 9/09)		18. Des	ignated Facility Owner or	operator. Certification of	A A A A A A A A A A A A A A A A A A A	cied by the mani	Signat	ture	item 17a	2					
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