



# INVOICE

**BILL TO:**  
ESPEDIGO LLC  
13001 BRANFORD ST  
ARLETA, CA 91331

**INVOICE DATE:** 11/06/2024  
**INVOICE #:** B64108  
**TERMS:** NET 30  
**DUE DATE:** 12/06/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
11/04/2024		6969 Tidewater Drive, Norfolk, VA 23509 - 8580 Seward Rd, Fairfield, OH 45014			
		Freight Income	1	\$1,150.00	\$1,150.00

## Payments:

DATE	METHOD	CHECK#	CHECK DATE	REFERENCE	AMOUNT
11/05/2024	Direct Deposit	690742	11/05/2024	690742	\$0.00

TOTAL
\$1,150.00

### 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**

# ESPEDIGO LLC



MC# 1595390

Email: accounting@espedigo.com

Phone: (805) 957-7635

Total Pay	\$1,150.00		
Adjustments	\$0.00		
Net Pay	\$1,150.00	Registration Date: 11/04/2024	Invoice Number: 1472003000

## Confirmation Contact

Name: Dispatch	Manager: Sam
Cell: (805) 957-7635	Manager Cell: (805) 957-7635
Email: sam@espedigo.com	Manager Email: sam@espedigo.com

## Carrier Confirmation

MC #: 086875	Email: mike@rtbrz.com
Contact: Mike Sekulic	Phone: (708) 303-5150

Service: Solo	Weight: 44500	Commodity: IRON OXIDE	Temp:	Load Type: Full/Dry
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### Pickup

11/04/2024 12:30 PM

CARROLL WAREHOUSE  
6969 TIDEWATER DRIVE  
Norfolk, VA 23509

BOL #: OOLU2152540300  
Ref #: 672410341!  
Container: FXLU2212896  
MUST CHECKIN AS POXER INC

### Drop off

11/05/2024 07:00 AM

LE SAINT LOGISTICS  
8580 SEWARD RD  
Fairfield, OH 45014

# ESPEDIGO LLC



MC# 1595390

Email: [accounting@espedigo.com](mailto:accounting@espedigo.com)

Phone: (805) 957-7635

Total Pay	\$1,150.00		
Net Pay	\$1,150.00	Registration Date: 11/04/2024	Invoice Number: 1472003000
Payment Information			
No Carrier Charges			

Upload Invoices and PODs using the RIGZ Mobile App or by signing on to [carrier.gorigz.com](http://carrier.gorigz.com). For choosing/changing payment option, getting information regarding payment status please contact accounts payables at:

Email: [ap@expresspayablesolutions.com](mailto:ap@expresspayablesolutions.com)

[accounting@espedigo.com](mailto:accounting@espedigo.com)

## NOTE:

1. Carrier will transport the load in equipment operated by the Carrier's motor carrier authority and will not tender this load to any third party for transportation. Furthermore, unless expressly agreed in writing by ESPEDIGO LLC, Carrier agrees that it will not transport any other cargo along with the shipment identified herein.
2. Carrier is to provide status updates at pick-up, delivery, and if it becomes apparent that Carrier will miss a pick-up or delivery appointment Carrier will provide notice to ESPEDIGO LLC soon as it is safe to do so.
3. Carrier is to provide Carrier's freight invoice, including the assigned RIGZ Load number, shipper's proof of delivery (if any), a signed delivery receipt proving exception free delivery, and receipts proving pre-authorized reimbursement expenses and all other documents required by ESPEDIGO LLC or shipper. Please ensure the RIGZ Load number appears on the freight invoice.
4. The rates set forth herein are comprehensive and inclusive for any fuel surcharges unless otherwise noted. No additional charges will be paid unless approved by ESPEDIGO LLC prior to such charges being incurred. Approval, if any, will be evidenced by issuance of a revised confirmation sheet authorizing extra charges by ESPEDIGO LLC.
5. By agreeing to transport this load, Carrier also agrees to the RIGZ Service Agreement on [app.gorigz.com/terms\\_of\\_service\\_rigz#/](http://app.gorigz.com/terms_of_service_rigz#/)

\*Transit\*

Tracking status must be informed twice a day at 8AM, 2PM, P/Time and update the location and ETA ANY and ALL changes and updates to load details, including appointments and facility locations, must be made by or confirmed by \*ESPEDIGO LLC \*

personnel.

Driver(s) must notify \*ESPEDIGO LLC \* of any and all potential Transit and Service Failure issues before, during and until proof of delivery has been confirmed. Failure to report these issues can/will result in deductions to the contracted rate.

Failure to maintain load security will result in carrier taking full liability for any loss or damage, regardless of any insurance company protective warranties.

#### Accessorial Charges

Driver(s) must notify \*ESPEDIGO LLC \* of any shortages, damages, overages or refused product by, or at consignee upon delivery. All accessorial charges must be reported and approved within (1) business days of delivery or no payment will be made. Carrier assumes responsibility for all charges incurred if not reported.

**\*\*TRAILERS MUST BE ODOR FREE AND FOOD-GRADE\*\***

**YOU WILL BE REJECTED IF THE TRAILER IS DIRTY AND SMELLY. \*\* MUST ARRIVE WITH SEAL INTACT\*\***

WILL NOT PAY DOUBLE BROKERED LOADS.

POD MUST BE SENT WITHIN 24HRS AFTER DELIVERY OTHERWISE THERE WILL BE RATE DEDUCTION OF \$100 for EACH DAY

NOT GIVING AN UPDATE ON THE LOAD AND FOR THE POOR COMMUNICATION WILL RESULT OF RATE DEDUCTION

The TONU pays for-SB truck \$100.00 , dry van/reefer \$150.00

\*The Layover pays\*

SB truck \$150.00

Dry van/reefer \$200.00

\*Detention for per hour pays\*

SB truck \$15.00

Dry van \$20.00/Reefer \$25.00

By: Mateo Utvic Date:



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SHIP FROM		Bill of Lading Number: 167433	
Name: CARROLL TRUCKING		BAR CODE SPACE	
Address: 6969 TIDEWATER DR			
City/State/Zip: NORFOLK, VA 23509			
SID#: _____		CARRIER NAME: POXER INC	
FOB: <input type="checkbox"/>		Trailer number: 605	
SHIP TO		Seal number(s): 014105	
Name: LE SAINT LOGISTICS		SCAC:	
Location #: _____		Pro number:	
Address: 8580 Seward Rd		BAR CODE SPACE	
City/State/Zip: Fairfield, OH, 45014		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
CID#: _____		Prepaid _____ Collect _____ 3 <sup>rd</sup> Party x _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Name: CARROLL TRUCKING		(check box)	
Address: 6969 TIDEWATER DR			
City/State/Zip: NORFOLK, VA 23509			
SPECIAL INSTRUCTIONS:			
FXLU2212896			
Delivery Date 11/5 8AM			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
PO# 4501765930			Y	N	
			Y	N	
			Y	N	
			Y	N	DRIVER IS ACCEPTING FREIGHT IN GOOD
			Y	N	CONDITION AND IS RESPONSIBLE FOR
			Y	N	BLOCKING AND BRACING"
			Y	N	
			Y	N	
			Y	N	

[illegible]

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: ☐**

**Customer check acceptable: ☐**

<p><b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 1470(c)(1)(A) and (B).</b></p>	
<p>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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p>_____  Shipper Signature</p>

<b>SHIPPER SIGNATURE / DATE</b> 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.	<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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. <i>Property described above is received in good order, except as noted.</i>
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Dear Clark  
11-5-74