



INVOICE

BILL TO:

TITAN LOGISTICS LLC
1520 KY HIGHWAY 36E
CYNTHIANA, KY 41031

INVOICE DATE: 11/07/2024**INVOICE #:** R64141**TERMS:** NET 30**DUE DATE:** 12/07/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
11/04/2024		1755 S 75th Ave, Phoenix, AZ 85043 - 2920 Coram St, Knoxville, TN 37917			
		Freight Income	1	\$4,200.00	\$4,200.00

TOTAL

\$4,200.00

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

**Titan Logistics LLC**1520 KY Highway 36 E
Cynthiana, KY 41031
859-588-7423**Contact** Trevor Perry
(859)588-7423
trevor.perry@titanfreightandlogistics.com**Carrier** ZIGI FREIGHT INC
Attn Milo
Phone () -

Van	Ref# C31450-93919 11/04	Miles				
Pick up	States Logistics 1755 S 75th Ave PHOENIX, AZ 85043				Earliest	11/04/24 14:00
					Latest	11/04/24 14:00
					Contact	
					Phone	
	<u>Pieces</u>	<u>Piece Type</u>	<u>Weight</u>	<u>Description</u>		
				PU# SO-AN-0655615-1		
Delivery	Eagle Distributing - TN - Knoxville 2920 Coram St KNOXVILLE, TN 37917				Earliest	11/07/24 04:00
					Latest	11/07/24 15:00
					Contact	
					Phone	
	<u>Pieces</u>	<u>Piece Type</u>	<u>Weight</u>	<u>Description</u>		
				DEL# 102924KALAWW-A		

Special Instructions

Rate Detail	Quoted Amount	4,200.00	Carrier Initials: _____
	Total:	\$4,200.00	

All invoices must include a signed delivery receipt and be sent to: admin@titanfreightandlogistics.com
Refer to the Load Number on your invoice: **15810**

FAILURE TO DO ANY OF THE FOLLOWING WILL RESULT IN RATE REDUCTION

Driver must call Titan Logistics for dispatch information at the above number.
Drivers must report any overages, shortages, unscheduled stops, or damaged product immediately.
Driver must call or email when empty.

Quick Pay Option - Please check and initial below for 3-Business day payment

(Leave blank to automatically receive prompt pay-25 days at no additional fee)


3 Business Day pay-upon proof of delivery and signed bill of lading, Titan Logistics LLC will issue payment within 3 business days of the manifest receipt. The service fee for this program is 3% of your invoice amount. Initial _____

CARRIER agrees to compensate, indemnify, defend and hold BROKER and Broker's Customer harmless including attorney fees and costs for enforcing this agreement, for any and all loss or damage to cargo on each shipment tendered to CARRIER. Carrier further agrees to indemnify, defend and hold BROKER and Broker's Customer harmless from all and any liability, costs and damages to persons and/or property arising out of CARRIERS operations hereunder, including but not limited to all road fuel, and other taxes, fees or permits related to the shipments transported by CARRIER as arranged by BROKER.

All paperwork must be submitted via email to: admin@titanfreightandlogistics.com in order to process payment. Any pay inquiries should be directed to this account as well.

Carrier Signature: _____ Date: _____

For internal use only	Load# 15810:1
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Date: Nov 4, 2024		Page: 1 of 1			
SHIP FROM		Bill Of Lading Number: 1220060488			
Name: CONGO BRANDS LLC - ALANI/c/o States Logistics Services Address: 1755 SOUTH 75TH AVE. ORG # 23964 City/State/Zip: PHOENIX, AZ 85043 US SID: 1220060488		 (402) 1220060488			
SHIP TO		Carrier Name: Titan Logistics LLC SCAC TLOS			
Name: Eagle Distributing - TN Address: 2920 Coram St City/State/Zip: Knoxville, TN 37917 CID:		Seal Number(s): 61508631 Trailer Number: 94926 Freight Charge Terms: (freight charges are prepaid unless marked otherwise) PREPAID Prepaid: <input checked="" type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party <input type="checkbox"/>			
FREIGHT CHARGES BILL TO		Ship By: 11/04/2024 Deliver By: 11/12/2024 Notes			
Name: CONGO BRANDS LLC - ALANI Address: 2858 FRANKFORT AVE City/State/Zip: LOUISVILLE, KY 40206					
CUSTOMER ORDER INFORMATION					
PURCHASE ORDER NUMBER: 102924KALAWW-A Cust Order# SO-AN-0655615-1 Shipper Doc#: 1220060488 Location# Ext Ref #2 23971745		RECEIVING INFORMATION Date _____ Pcs. _____ Authorized Agent's Signature _____ Property received in good order, except as noted			
		Pro Number:			
ORDER DETAIL INFORMATION					
Qty	PK	UOM	Item	ItemDescription	WEIGHT
2,080	1	CA	AN2433WIW	Alani Energy Drink - Winter Wonderland - 12oz - 24pk Tray 1,248 DP24280 832 DP24295	44,304.00
				<i>Tim Bray</i> 11/7/24	
2,080				GRAND TOTAL	
CARRIER INFORMATION					
HANDLING UNIT		PACKAGE		WEIGHT	HM
QTY	TYPE	QTY	TYPE		
2,080	CS	44,304.00			
20	PL	0	XX	0.00	
				OVERSIZED PALLET	
20		2,080		44,304.00	
				GRAND TOTAL	
Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse or the shipper shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight, and all other lawful charges. Consignor's Signature: <i>[Signature]</i> per _____ Agent: _____ Date: 11/5/24 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. Note: Liability Limitation for loss in this shipment may be applicable. Since 49 U.S.C. 114106(c)(1)(A) and (B), Shipper certifies that he is familiar with all the terms and conditions of the said bill of lading and form in the classification or form which governs the transportation of the shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns. Packing List Included: <input checked="" type="checkbox"/> Driver Initials: _____ Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> Combination Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces TIME IN: 1:50 PM TIME OUT: 4:00 PM CARRIER'S SIGNATURE: <i>[Signature]</i> Company: 20 Date P/U: 11/4/24 Quantity: 20 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. PROPERTY DESCRIBED ABOVE RECEIVED IN GOOD ORDER, EXCEPT AS NOTED.					