



INVOICE

BILL TO:

ABSOLUTE TRANSPORTATION INC
9874 US HIGHWAY 60 / PO BOX 304
MOUNTAIN VIEW, MO 65548

INVOICE DATE: 11/08/2024**INVOICE #:** R64654**TERMS:** NET 30**DUE DATE:** 12/08/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
11/07/2024		1800 South Steward Rd, Rochelle, IL 61068 - 3301 E Park Ave, Searcy, AR 72143, USA			
		Freight Income	1	\$1,200.00	\$1,200.00

TOTAL

\$1,200.00

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.

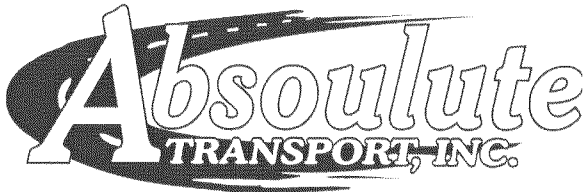
Remittances to other than CFS do not constitute payment of this invoice. CFS must be given notification of any claims, agreements or merchandise returns which would affect the payment of all or part of this Invoice on the due date.

COMPASS FUNDING SOLUTIONS LLC

P.O.BOX 205154

DALLAS, TX 75320-5154

Tel: 844-899-8092



ABSOLUTE TRANSPORT, INC.
1813 SWEETBAY DRIVE STE 5&6
SALISBURY MD 21804-1663

PRO # 137248

Rate Confirmation

11/07/24 08:18:03 (EST)

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NICOLE MITCHELL
(410) 572-8834 (p)
(410) 572-8839 (f)
nicole@absolutetransport.com

ZIGI FREIGHT INC
(630) 485-7370 (p) Att: BILL

MC # 944686 Truck # 754
DOT 2828543 Trailer # H03241
Driver RAGS Cell # (689) 325-4928

Size & Type: 53' VAN
Pieces: 3911

Description: FAK
Weight: 44100

Miles:

CHARGES		DISPATCH NOTES
LINE HAUL RATE	1200.00	53 DRY VAN REQUIRED / TRAILER MUST BE EMPTY-NO PALLETS/ TRAILER MUST BE CLEAN, DRY AND FOOD GRADE/ 52 PALLETS / MUST DELIVER ON TIME. CARRIER IS NOT PERMITTED TO CHANGE DELIVERY DATE OR TIME. ANY EARLY OR LATE DELIVERY IS SUBJECT TO FINES
TOTAL RATE	1200.00	

PICK 1

RYDER/BAY VALLEY
1800 SOUTH STEWARD RD
ROCHELLE IL 61068
Hours : 0700-2300
Phone/Contact: (815) 561-3900

Appointment 11/07/24 @ 13:00
Seal # 630-566-1257

STOP 1

SAMS DIST CENTER
3301 E PARK & BLASS AV
SEARCY AR 72149
Phone/Contact: (501) 268-3244

Appointment 11/08/24 @ 08:00
Seal # 630-566-1257

MUST REPORT AND FAX LUMPER WITHIN 24HR FOR REIMBURSE\$500.00 LATE DELIVERY
****ALL LOADS MUST BE SEALED BY SHIPPER, MUST MATCH ON BOL; MARKED SEAL
INTACT BY CONSIGNEE **MUST NOTIFY OF DETN 1HR PRIOR WITH TIMES ON BOL
MUST PROVE DETENTION WITHIN 48 HOURS BY FAX 410-572-8838
ALL OS&D AND ANY UNLOADING CHARGES MUST BE REPORTED AT TIME OF INCIDENT.
IF THIS IS NOT REPORTED THE CARRIER WILL BE CHARGED AND NOT REIMBURSED. Its carrier's responsibility to request updated rate confirmation to prove lumper was reported on time. Driver must call Absoulute @ 410-572-8834 by 10am check call daily. \$100 fine per stop per day for pick up or delivery(after 1 hour).
24 HOUR CONTACT 410-845-6560.
Require the driver to violate hours of service regulations
are for informational purposes only. Load requires service app to be downloaded on drivers cell signing agrees to terms. Visit web: www.absolutetransport.com
[BRe-brokering, assigning or interlining of this shipment without prior written consent will void our obligation to pay your freight bill. Failure to sign & fax constitutes acceptance. \$100.00 admin fee for all re-brokered loads
2. There will be a fee for all advances - \$10 fee up to \$350.00, 3% fee will be charged for advances over \$351.00. Advances greater than 40% are subject to 5% fee. Excluding labor advance. The rate is all-inclusive. tchek fee\$2.50per check
3. Driver is required to count freight on and off the trailer, unless other written instructions are given. Driver must report any OS&D or concerns prior to leaving receiver. \$50. charge to carrier if all paperwork is not received in Absoulute's Maryland office within 30 days of delivery.

(Rate Confirmation Details on Next Page)

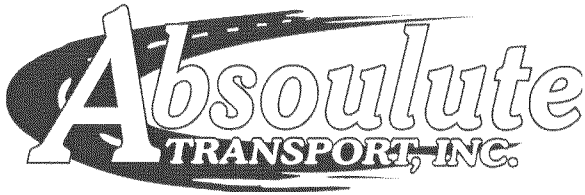
Carrier Signature _____

Date _____ / _____ / _____
M D

Doc ID: 26241107091659500
Send Carrier Bills to the Address Above
Certifi Electronic Signature

PRO # 137248

must appear on all Invoices



ABSOLUTE TRANSPORT, INC.
1813 SWEETBAY DRIVE STE 5&6
SALISBURY MD 21804-1663

PRO # 137248

Rate Confirmation

11/07/24 08:18:03 (EST)

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NICOLE MITCHELL
(410) 572-8834 (p)
(410) 572-8839 (f)
nicole@absolutetransport.com

C
A
R
R
I
E
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ZIGI FREIGHT INC
(630) 485-7370 (p) Att: BILL

MC #	944686	Truck #	754
DOT	2828543	Trailer #	H03241
Driver	RAGS	Cell #	(689) 325-4928

4.All loads require proper equipment and must comply with all applicable state and federal safety standards. The equipment must be structurally sound and suitable for safe transportation of the cargo.

5.Compensation of any unforeseen cost must be approved at time of pickup or delivery. Any cost must accompany receipts with carrier's invoice.

6.Carrier must use its own equipment as listed on insurance policy. carrier must also certify that the equipment is in compliance with all state and federal safety regulations and driver has adequate hours of service available to provide pickup and or delivery of the shipment as specified.

**SEND BOL'S AND INVOICE TO: compliance@absolutetransport.com

7. Carrier certifies its cargo insurance does not contain exclusions for the specific cargo being transported.Breakdown/yard drops protect from freezing.

8. Standard payment terms are within 25 days upon receipt of all original paperwork. Must submit original P.O.D for payment.

9. It is the intention of the parties that the provisions of this agreement shall be construed and enforced according to the laws of the state of Maryland to the extent that the latter are not inconsistent with the applicable federal or state regulatory laws binding upon carrier. All controversies and claims arising hereunder, and all actions and proceedings shall be brought in wicomico county in the state of maryland.carrier shall comply w/federal/state/local regulations

10.Carrier agrees to look to the broker only for payment of the freight charges if there is a conflict between this contract and the bill of lading, the terms of this contract shall govern.

Carrier Signature _____

Date _____ / _____ / _____
M D

E-Signed : 11/07/2024 07:19 AM CST

Bill Carson

bill@royal3inc.com
IP: 50.76.79.115


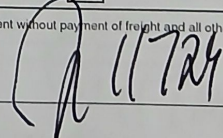
Sertifi Electronic Signature

DocID: 20241107071651960

BILL OF LADING

Date: 11/07/2024


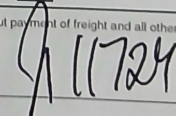
Page: 1 of 1

SHIP FROM				Delivery Number: 85914294			
Name: Bay Valley Foods LLC Address: 1800 Steward Rd City/State/Zip: Rochelle, IL 61068 Country: US				Shipment: 182526981 			
SHIP TO				Carrier name : Absoulute Transport Inc SCAC: ABSP Broker name : SCAC: Trailer Number : H03241 Seal Number(s): 54425571			
Name: Sams DC 8234 - Searcy Address: 3301 E Park & Blass Ave City/State/Zip: Searcy, AR 72143-0000 Country: US				Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES				Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>			
Name: Address: City/State/Zip: Country:				Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>			
Pro Number:				PAR Number :			
SPECIAL INSTRUCTIONS							
				AO 83593331 704 20241109 704 070000 Please refer to shp tend for equip/temp control requirements			
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER				ADDITIONAL SHIPPER INFO			
5032343609 \ 328582641				Order# - 7486383			
CARRIER INFORMATION							
				COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	NET WEIGHT (in Lbs)	H.M. (x)			NMFC#	CLASS
5	PAL	4,547.700		Foodstf, NOI		73260-06	
5	Gross Weight	4,897.700					
				PALLET COUNT			
Total Pallets: 5				CHEP: 5			
<small>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper. The terms of this Bill of Lading, including the rates established as described in the preceding sentence, are the entire agreement between shipper and carrier, superseding all prior and contemporaneous representations, tariffs, negotiations, understandings and agreements on the subject of the carriage of the property described above. The property described above is received from the shipper in apparent good order, except as noted (if packaged, contents and condition of contents of package unknown). Carrier (including any person in possession of such property under this contract) agrees to carry such property to the usual place of delivery at the destination indicated above. If on the carrier's route, and otherwise to deliver it to another carrier on the route to said destination.</small>				COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/> <small>The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.</small>			
Carrier Signature/Date: _____				Shipper Signature/Date: 			
Carrier: Report OS&D through your dispatch Customer: Report OS&D to 800-772-6757 or OSD@treehousefoods.com within 48 hours of receipt				Trailer Loaded: Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces			

BILL OF LADING

Page: 1 of 1

Date: 11/07/2024

SHIP FROM				Delivery Number: 85914309			
Name: Bay Valley Foods LLC Address: 1800 Steward Rd City/State/Zip: Rochelle, IL 61068 Country: US				Shipments: 182526981 			
Name: Sams DC 8234 - Searcy Address: 3301 E Park & Blass Ave City/State/Zip: Searcy, AR 72143-0000 Country: US				Carrier name : Absoulute Transport Inc SCAC: ABSP Broker name : SCAC: Trailer Number : H03241 Seal Number(s): 54425571			
Name: Sams DC 8234 - Searcy Address: 3301 E Park & Blass Ave City/State/Zip: Searcy, AR 72143-0000 Country: US				Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>			
Name: Sams DC 8234 - Searcy Address: 3301 E Park & Blass Ave City/State/Zip: Searcy, AR 72143-0000 Country: US				PAR Number :			
SPECIAL INSTRUCTIONS							
				AO 83593331 704 20241109 704 070000 Please refer to shp tend for equip/temp control requirements			
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER 5032343641 \ 332510648				ADDITIONAL SHIPPER INFO Order# - 7486403			
CARRIER INFORMATION							
				COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	NET WEIGHT (in Lbs)	H.M. (x)			NMFC#	CLASS
48	CS	935.232		Inst Nonfat Dry Milk		73250	60
48	Gross Weight	1,075.232					
				PALLET COUNT			
Total Pallets: 2				CHEP: 2			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper. The terms of this Bill of Lading, including the rates established as described in the preceding sentence, are the entire agreement between shipper and carrier, superseding all prior and contemporaneous representations, tariffs, negotiations, understandings and agreements on the subject of the carriage of the property described above. The property described above is received from the shipper in apparent good order, except as noted (if packaged, contents and condition of contents of package unknown). Carrier (including any person in possession of such property under this contract) agrees to carry such property to the usual place of delivery at the destination indicated above. If on the carrier's route, and otherwise to deliver it to another carrier on the route to said destination.				COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/> The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.			
Carrier Signature/Date: _____				Shipper Signature/Date: 			
Carrier: Report OS&D through your dispatch Customer: Report OS&D to 800-772-6757 or OSD@treehousefoods.com within 48 hours of receipt				Trailer Loaded: Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces			

Trailer Control Record

DC#: 8234

TCR: f0a6ac8-3455-4076-9cea-8993dd3e3792

Trailer Number	03241
Carrier	ABSP
Delivery Number	83593331
Appointment Time	11/08/2024 08:00
Arrival Date	11/08/2024 07:22:41

Arrival Information	
Inbound Seal #: 54425571	Sealed at Gate: N
AP Associate: sls00m0	Current Seal #: 54425571
Load ID#: 216116010	
Intact: Y	
Comments: Send Copy of PODs/TCR to compliance@southtetransport.com	

Delivery	Cases:
Total: 3911	

Receiving Dock	
Door #: 128	Assigned by: jacob
Unloader: jacob	Unload Start Time: 11/08/2024 07:55:00
Unload End Time: 11/08/2024 08:39:33	Paperwork Available at Window: 11/08/2024 08:42

Receiving Office	
Drop: N	Driver Unload:
Commodity: SAXD	Tractor #: 754
Return/Transfer	
Trailer Empty: Y	Return Contents:
Description:	Reason:

Seal Information	
Seal Number: 54425571	Sealed By: sls00m0
Receiving Office	
Trailer Resealed By: sls00m0	

Outbound Information	
AP Associate:	D/T:
Outbound Seal #:	

Door Change Log	
Timestamp	11/08/2024 07:31:03
Event	Location updated to door 8234 - 128

Equip ID: 03241	Equip Arrval: 11/08/24 07:22
Carrier: ABSP	Seal: 54425571
Reseal:	Door/Zone: APPOINTMENT
Del Date: 11/08/24 08:00	Type: 53
Del: SAXD	Fuel Lvl:
Temp1:	Temp2:
Temp3:	Status: SA

Delivery: 83593331	DC: 8234
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Date: 11/07/2024

BILL OF LADING

Page: 1 of 1

SHIP FROM

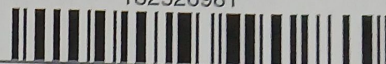
Name: Bay Valley Foods LLC
 Address: 1800 Steward Rd
 City/State/Zip: Rochelle, IL 61068
 Country: US

FOB: ☐

Delivery Number: 85915968



Shipment: 182526981



SHIP TO

Name: Sams DC 8234 - Searcy
 Address: 3301 E Park & Blass Ave
 City/State/Zip: Searcy, AR 72143-0000
 Country: US

FOB: X

Carrier name : Absoulute Transport Inc SCAC: ABSP
 Broker name : SCAC:
 Trailer Number : H03241
 Seal Number(s): 54425571

THIRD PARTY FREIGHT CHARGES

Name:
 Address:
 City/State/Zip:
 Country:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid X Collect _____ 3rd Party _____

Pro Number:

PAR Number :

SPECIAL INSTRUCTIONS

AO 83593331 704 20241109 704 070000
 Please refer to shp tend for equip/temp control requirements

CUSTOMER ORDER INFORMATION**CUSTOMER ORDER NUMBER**

5032343636 \ 332510643

ADDITIONAL SHIPPER INFO

Order# - 7486404

CARRIER INFORMATION

QTY	TYPE	NET WEIGHT (in Lbs)	H.M. (x)	COMMODITY DESCRIPTION	LTL ONLY	
					NMFC#	CLASS
42	CS	1,859.130		OBS-Foodstf Not Frz	73227	60
96	CS	341.856		OBS-Foodstf Not Frz	73227	60
768	CS	2,906.880		OBS-Foodstf Not Frz	73227	60
480	CS	1,762.080		OBS-Foodstf Not Frz	73227	60
504	CS	22,309.560		OBS-Foodstf Not Frz	73227	60
288	CS	1,050.912		OBS-Foodstf Not Frz	73227	60
					73227	60
2,178	Gross Weight	32,344.818				
				PALLET COUNT		

Total Pallets: 30

CHEP: 30

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Carrier Signature/Date: _____

Carrier: Report OS&D through your dispatch

Customer: Report OS&D to 800-772-6757 or
 OSD@treehousefoods.com within 48 hours of receipt

COD Amount: \$ _____

Fee Terms: Collect: ☐Prepaid: ☐Customer check acceptable: ☐

The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.

Shipper Signature/Date: _____

Trailer Loaded:

☒ By Shipper
☐ By Driver

Freight Counted:

☒ By Shipper
☐ By Driver/pallets said to contain
☐ By Driver/Pieces

