



INVOICE

BILL TO:
SPOT FREIGHT INC
141 S MERIDIAN ST STE 200
INDIANAPOLIS, IN 46225

INVOICE DATE: 12/09/2024
INVOICE #: B68563
TERMS: NET 30
DUE DATE: 01/09/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
12/08/2024		97 Locust Road, Lewistown, PA 17044 - 1000 Industry Road, Morehead, KY 40351			
		Freight Income	1	\$800.00	\$800.00

TOTAL
\$800.00

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



251 NORTH ILLINOIS STREET
SUITE 1200
INDIANAPOLIS, IN 46204
PH #: 866-971-SPOT (7768)
FAX #: 317-635-6357

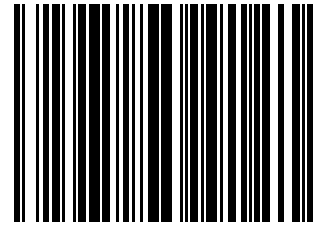
Email: logistics@spotinc.com

Standard

Carrier Rate Confirmation

CARRIER TO CHECK IN WITH AND OBTAIN LOAD
REQUIREMENTS FROM SPOT FREIGHT 866-971-7768
OPTION # 1

S2682621



SHIPMENT DETAILS

Carrier: **BRZ C93884**

Shipment #	# of Pick ups	# of Deliveries	Origin	Destination	Team Required
S2682621	1	1	Lewistown, PA 17044	Morehead, KY 40351	No

Miles	Weight*	Pickup Date & Time	Delivery Date & Time
463.70	23477.48	12/8/2024 12:00:00	12/9/2024 9:00:00

*This is an approximate weight. Spot Freight will not be held liable if the actual weight does not match the weight on the rate confirmation.

Special Instructions

D2633987: Tracking is required for all loads via P44 or Red Driver Mobile App. Failure to track may result in non-compliance fee

DRY VAN ONLY UNLESS OTHERWISE SPECIFIED

IF A DELIVERY APPOINTMENT IS SET AS "23:45" - THIS IS A DROP TRAILER DELIVERY APPT.

DRIVERS CANNOT BE LOADED USING
WALMART/SAMS/AMAZON or other box store branded trailers

References

SID - 611413756

BM - 795320001

RATE DETAILS

Description	Type	Units	Method	Rate	Total
Line Haul	Flat	1.00	Flat	\$586.70	\$586.70
Fuel Surcharge	PerMile	463.70	PerMile	\$0.46	\$213.30
					\$800.00

FREIGHT DETAILS

Equipment Requirements	Dry (Van)	Shipment Requirements	
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Quick Pay Process: If you are interested in Quick Pay, please [click here](#) for details.

Lumper Reimbursement Process: Receipts must be sent to spotbilling@spotinc.com or uploaded to [MySpot Carrier](#) within two business days of delivery unless stated otherwise in the special instructions on your Rate Confirmation. For further details please [click here](#).

Accessorial Policy: All requests for accessorials must be submitted via [MySpot Carrier](#), with a clear, legible copy of the BOL/POD within 24 hours of delivery (unless otherwise specified in the Special Instructions) for more information, [click here](#) and then click on Standard Accessorial Policy.

BY ACCEPTING THIS SHIPMENT FOR TRANSPORTATION, REGARDLESS OF WHETHER SIGNED BELOW, CARRIER AGREES THAT THE [STANDARD TERMS AND CONDITIONS](#) AND THE PROVISIONS ABOVE APPLY ON THIS AND ANY SUBSEQUENT SHIPMENTS TENDERED TO IT BY SPOT FREIGHT (UNLESS A MORE RECENT VERSION OF THESE TERMS AND CONDITIONS IS SUBSEQUENTLY PROVIDED TO CARRIER BY SPOT FREIGHT).

Carrier Name: _____ Date: _____

By its Authorized Agent: _____



Please visit myspotcarrier.com to update information on this shipment.

TITLE	Driver Acknowledgement Form - Lives	VERSION	01
		EFFECTIVE DATE	08/21/2024

paid

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Company: BRZ
Date: 12/9/24
Time: 8:44
Confirmation: 34544345
Trailer: 97041

DRIVER ACKNOWLEDGEMENT
Live Loads

For safety reasons, I understand that I should NOT move my trailer from the door until I have been given the green light. I further acknowledge that I, as a representative of my company, will be held liable for injuries and/or property damage due to my failing to follow this procedure. Please report any light that is not functioning properly to receiving office immediately.

DRIVER NAME:

Jonathan Costa
(PRINT NAME)

DRIVER SIGNATURE:

[Signature]

TELEPHONE NUMBER:

786 312 3845
(DISPATCH OR DRIVER TELEPHONE NUMBER REQUIRED)



BILL OF LADING

Date: 12/08/2024 Page 1 of 2

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SHIP FROM				BILL OF LADING NUMBER: 611413756			
FQCP - Retail (US) 97 Locust Road Lewistown PA 17044 Phone: (717) 247-3907							
SHIP TO				CARRIER NAME: Spot Freight Inc			
Family Dollar Stores 1000 Industry Rd Morehead KY 40351 Phone: 606-780-7960				Trailer Number: 97041 Seal Number(s): 18489820			
Freight Charges Bill To				PRO (9012K) 			
First Quality Attn: Accounts Payable-Freight Payment 121 North Road, PO Box 270, McElhattan PA 17748				Freight Charge Terms: (Prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with underlying Bill of Lading			
SPECIAL INSTRUCTIONS: Deliveries: 33693471 Appointment: 34544346 Appointment Date: 12/09/2024 Appointment Time: 09:00:00				SHIPPING INSTRUCTIONS:			
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO	
20405294		3,887 CS	10893KG(24015LB)	N			
GRAND TOTAL		3,887 CS	10893KG(24015LB)				
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	NMFC #	CLASS
		3,887	CS	10893KG(24015LB)	Class 110		
60		3,887		10893KG(24015LB)			
				GRAND TOTAL			
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 <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C § 14706(c)(1)(A) and (B).							
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 applicable to the shipper, on request, and to all applicable state and federal regulations.				The carrier shall not make delivery of this shipment without payment of			
SHIPPER SIGNATURE/DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the U.S. DOT. Signed by shipper on 12/08/2024 at 10:46:19		Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Pick Appointment: 12/08/2024 13:00 Driver Arrived: 12/08/2024 09:21		Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		CARRIER SIGNATURE/PICKUP DATE Carrier acknowledges the receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the US DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. JA 12/11 Signed by carrier on 12/08/2024 at 10:46:09	

SUPPLEMENT TO THE BILL OF LADING

Date: 12/08/2024

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Bill of Lading Number: 611413756

Delivery	Material number	Customer/Catalog number	Description	Qty	UOM
33693471	10009076	902464	FWEL MAXI CHAN SUP SCT 3/48	120	CS
33693471	10009077	999247	FWEL MAXI CHAN SUP UNS 3/48	180	CS
33693471	10009079	902899	FWEL MAXI WNG EXHVVY UNS 3/27	300	CS
33693471	10009083	998004	FWEL UL TH WNG OV UNS 4/14	225	CS
33693471	10009082	900547	FWEL UL TH WNG LGSUP UNS 4/32	120	CS
33693471	10009599	900454	FWEL PROT UND WMN S/M SUP 2/30	80	CS
33693471	10009601	999248	FWEL PROT UND WMN XL SUP 2/26	72	CS
33693471	10010199	902225	FWEL PROT UND WMN XL SUP 2/15	204	CS
33693471	10009067	997727	FWEL UNDERPAD 30X36 2/20	270	CS
33693471	10009078	939047	FWEL MAXI WNG OV UNS 4/14	330	CS
33693471	10009087	901742	FWEL MAXI WNG EXHVVY UNS 3/20	270	CS
33693471	10009604	902223	FWEL PROT UND WMN S/M SUP 3/18	180	CS
33693471	10010196	900453	FWEL PROT UND MEN S/M SUP 2/19	68	CS
33693471	10009081	939689	FWEL UL TH WNG LGSUP UNS 4/16	190	CS
33693471	10009084	999516	FWEL UL TH WNG OV UNS 3/38	126	CS
33693471	10009431	997726	FWEL UL TH WNG EXHVVY UNS 4/34	160	CS
33693471	10010198	902224	FWEL PROT UND WMN LG SUP 2/17	272	CS
33693471	10009600	900455	FWEL PROT UND WMN LG SUP 2/28	108	CS
33693471	10009068	902222	FWEL UNDERPAD 23X36 3/18	260	CS
33693471	10009430	997729	FWEL MAXI WNG OV UNS 4/28	216	CS
33693471	10010197	900450	FWEL PROT UND MEN LG SUP 2/17	136	CS