



INVOICE

BILL TO:
ARCHER CARGO LLC
1128 SPECTRUM
IRVINE, CA 92618

INVOICE DATE: 12/10/2024
INVOICE #: R68308
TERMS: NET 30
DUE DATE: 01/10/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
12/05/2024		1295 Rotterdam Industrial Park Bldg 11, Schenectady, NY 12306 - 1111 S HARBOR BLVD, La Habra, CA 90631			
		Freight Income	1	\$4,100.00	\$4,100.00

TOTAL
\$4,100.00

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



Archer Cargo
106 Stephen Street, Unit 2 ,
Lemont, IL 60439
Dispatcher:
Work Phone:

Mailing Address
106 Stephen Street, Unit 2 ,
Lemont, IL 60439
Phone: (708) 330-5478
Fax: n/a

Load: 67465

Dispatch Information

Carrier Information

ZIGI FREIGHT INC
Phone: (630) 485-7370
Fax:
Contact: N/A
MC #: 944686
DOT #: 2828543

Pickup #: N/A

Ship Date: 12/5/2024

Ready: 1:00 PM Close: 4:00 PM

Delivery Date: 12/10/2024 9:00 AM - 9:00 AM

Shipper Information

IRVING CONSUMER PRODUCTS, INC.
1295 Rotterdam Industrial Park Bldg 11
Schenectady, NY 12306
Phone: n/a Fax: n/a
Contact:
Email:

Notes: STRICT APPOINTMENT // IMPORTANT DRIVER MUST
SEND A CLEAR PICTURE OF THE BOL ONCE LOADED //
DRIVER MUST BE AT PICKUP ON TIME / LATE PICK UP -
\$250 / TRAILER MUST BE CLEAN FREE OF ODOR AND NOT
DAMAGED SIDES OF TRAILER FROM INSIDE CAN NOT BE
MADE OUT OF WOOD

Consignee Information

CVS PHARMACY INC
1111 S HARBOR BLVD
La Habra, CA 90631
Phone: n/a Fax: n/a
Contact:
Email:

Notes: STRICT APPOINTMENT // DRIVER OR DISPATCH
MUST SEND IN A CLEAR PICTURE OF BOL AND POD
IMMEDIATELY AFTER DELIVERY TO AVOID A RATE
REDUCTION OF \$250** / MAKE SURE THERE IS A
RECEIVERS STAMP ON THE POD BEFORE LEAVING THE
RECEIVER TO AVOID A RATE DEDUCTION OF \$250 //
DRIVER MUST BE ON DELIVERY ON TIME, LATE DELIVERY
-\$250

BOL #:
Shipper No:
PO Ref:
Pro No: N/A
Equipment: Van

3RD PARTY BILL FREIGHT PREPAID TO:

Archer Cargo
106 Stephen Street, Unit 2 ,
Lemont, IL 60439

Shipping Units	HM*	Kinds of Packaging, Description of Articles Special Marks and Exceptions	WEIGHT
30 None		Finished Goods , NMFC: 50	9691.06 LB
30 None on 1 pallet(s)			
			Total Weight: 9691.06

* HM indicates Hazardous Material

Carrier Charges:

Shipping Charges \$4100.00

Total: \$4100.00


Payable in USD

Additional Notes:

1. Archer Cargo requires all carriers to abide by FMCSA mandated hours of service, and all other rules. Carrier is prohibited from dispatching a driver who cannot meet transit time within Hours of Service or other safety rules. Archer Cargo has no intentions of coercing carriers or drivers to break HOS rules to meet appointment times. Carrier assumes full liability to be able to make agreed-upon pickup and delivery times within FMCSA's HOS rules.
2. Double Brokering is strictly forbidden on any load tendered to a carrier and will result in full forfeiture of payment to the Carrier.
3. This Rate Confirmation is considered accepted unless it is rejected within 48 hours by Carrier via e-mail communication. Once the carrier is loaded with the above-described product this rate confirmation is considered accepted by Carrier.
4. Cross-docking, consolidation, railroading, or transshipment of the cargo by the Carrier without written consent from Archer Cargo is strictly forbidden. The limitation of liability as to cargo loss or damage as set in the Broker/Carrier agreement is considered void if any transshipment occurs, as well as the forfeiture of any compensation. Any direct or implicit threats toward Archer Cargo LLC in an effort to obtain an increase in the line haul or accessorial may result in full forfeiture of payment. Accessorial charges will be paid according to the particular customer's terms & conditions.
5. This Rate Confirmation is governed by the terms and conditions of the Broker/Carrier Agreement signed by Carrier and Archer Cargo. By signing this agreement you fully agree to these charges listed. IN and OUT Times MUST be marked on POD. Clear picture of signed POD must be provided within 2 hours upon delivery failure to do so may result in \$250 rate deduction. Any tampering with the POD will result as fraud and may lead to forfeiture of payment.
6. In the event of a conflict between this Rate Confirmation and any Broker Carrier Agreement between Archer Cargo and Carrier, this Load-Rate Confirmation shall govern as to the provisions in conflict.
7. **MacroPoint/Fourkites is required on all Archer Cargo LLC loads.** Failure to accept the tracking link may result in a \$250 rate reduction. The tracking link must be accepted and properly managed/updated as well as In and Out dates/times must be written down on the BOL to get additional accessorial payment; which includes layover, detention, and TONUs. This is a customer requirement that must be followed as it prevents carriers from making false claims.
8. Detention time must be reported to Archer Cargo an hour before it occurs. Failure to do so may result in non-payment of detention. All detention and layover must be approved by the customer. Failure to arrive at the appointment will result in no detention pay eligibility.
9. Carrier must arrive and check into scheduled appointment times 15 minutes prior. Failure to arrive 15 minutes prior can be deemed as a missed appointment. A missed appointment may result in a rate reduction of \$250. Missed pickup and/or delivery date(s)/times will result in rate reduction up to 20% per day. Mechanical failure delay with supporting receipt will not be penalized.
10. If we issue an EFS code to the carrier, a \$10 fee will be assessed onto the rate.
11. Payment will not be processed without a scanned copy of POD submitted to the brokers. Send all invoices to accounting@archercargo.net once a legible copy POD is submitted.
UNLESS OTHERWISE SPECIFIED ALL TRAILERS ARE ASSUMED TO BE FOOD GRADE AND FREE OF ANY DEBRIS, MOISTURE, ODOR, INFESTATION, MOLD, OR OTHER GARBAGE. IF THE TRAILER REQUIREMENTS ARE NOT MET CARRIER RISKS BEING TURNED AWAY AND REFUSED AT SHIPPER/RECEIVER AND FORFEITS ANY COMPENSATION
Subject to institute replacement clause. Printed on Thursday December 5, 2024.

Accepted: Sam Stanojevic Date: _____
Load #: 67465

BILL OF LADING

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO	
Name:	IRVING CONSUMER PRODUCTS, INC.	Name:	CVS PHARMACY	Name:	
Address:	CVS Distribution Unlimited	Address:	1111 S HARBOR BLVD.,	Address:	
City/State/Zip:	695 Rotterdam Corporate Park S. SCHENECTADY NY 12306	City/State/Zip:	LA HABRA, CA, 90031	City/State/Zip:	
Bill of Lading Number:		CARRIER NAME: MIDLAND BROKERAGE IN		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Trailer number: 94452		3rd Party:	
(402)000634350110872363		Seal number(s): 590187		Collect:	
		SCAC: MLFT		Prepaid: X	
		Pro Number:			

SPECIAL INSTRUCTIONS:		Prepaid : <input checked="" type="checkbox"/>	Collect:	3rd Party : _____
Stop Sequence				
Original Delivery Date:				
Promised Delivery Time:				
Load Number:				
1	2024.12.10			
	31087236			

CUSTOMER ORDER NUMBER	GROSS TONNEUR ORDER INFORMATION		PALLET/SLIP		ADDITIONAL SHIPPER INFO
	# GROSS	WEIGHT	QUANTITY	Y	
8383769	784	7.442		N	04613261 SZ
SAND TOTAL	784	7.442			

[illegible][illegible][illegible]

SUPPLEMENTAL BAR CODE AREA

RECEIVED, subject to individually determined rates or contracts that have been agreed upon between the carrier and the shipper, if applicable, otherwise the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the IMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.

☐ This document is being used as a packing slip

RECEIVING STAMP AREA

CVS pharmacy
777 S. Harbor Blvd.
La Habra, CA 90831

438-2169-1000

Received 12/10/12

Date Count

Comments (Over/Short/Damaged)

Signature

438-2169-1000

Door #:
615

CVS 5715330
VEHICLE PASS

2295

Date:
12-10-24

Time:
645 am/pm

Carrier:
Midland

Trailer #:
W99432

Driver's Name:
ALEKSANDAR

Number:
0590187

☒ Bobtail

☒ Vehicle departing empty

☐ Vehicle departing with # _____ full pallets PO # _____

☐ Refused ☐ Damaged ☐ Next Stop

☐ Vehicle departing with # _____ loose cases PO # _____

☐ Refused ☐ Damaged ☐ Next Stop

☐ Vehicle departing with other, (specify below)

Load Description:
2 straps

of empty pallets
0

RECEIVER SIGNATURE: Quarta

DRIVER BADGE RETURNED: ☐ YES ☐ NO

GUARD SIGNATURE: _____

TIME 802 PM

DATE: 12/10/24

GUARD - LIST ANY DISCREPANCIES BELOW AND IMMEDIATELY CALL THE LOSS PREVENTION DEPARTMENT. DO NOT RELEASE TRAILER UNTIL CLEARED BY LOSS PREVENTION DEPARTMENT.

White Copy: Driver

Yellow Copy: Loss Prevention

WHSE-376 Rev. 1/01

Quarta