



INVOICE

BILL TO:

CAPITAL LOGISTICS LLC
1 N GREENWICH OFFICE PARK - 1ST FLOOR,
SUITE 175
GREENWICH, CT 06831

INVOICE DATE: 12/20/2024**INVOICE #:** R69622**TERMS:** NET 30**DUE DATE:** 01/20/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
12/13/2024		22450 East State Hwy, Bloomfield, MO 63825 - 5801 Kroger Drive, Keller, TX 76248			
		Freight Income	1	\$1,600.00	\$1,600.00
		Layover	1	\$250.00	\$250.00

Payments:

DATE	METHOD	CHECK#	CHECK DATE	REFERENCE	AMOUNT
12/16/2024	Direct Deposit	705961	12/16/2024	705961	\$1,600.00

TOTAL
\$250.00

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**



CAPITAL LOGISTICS, LLC
1 GREENWICH OFFICE PARK NORTH
STE 175
GREENWICH CT 06831

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LANDON RICHARDS
(866) 264-5617 (p)
(914) 931-1750 (f)
landonr@cap-log.us

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ZIGI FREIGHT INC
(630) 485-7370 (p) Att: BONNIE EXT. 114
(630) 485-6980 (f)
MC # 944686 Truck #
DOT 2828543 Trailer #
Driver TBD Cell # (111) 111-1111

Size & Type: 53' VAN
Pieces: 1102

Description: FOOD/FOOD PRODUCTS
Weight: 45558

Miles: 581

CHARGES		DISPATCH NOTES
LINE HAUL RATE	1600.00	DRIVERS MUST HAVE CLOSED TOE SHOES AND A PIECE OF HIGH VIS OUTERWEAR TO BE ONSITE. DRIVERS ALSO MAY NOT CHECK IN MORE THAN 2 HOURS BEFORE THEIR PICKUP APPT.
TOTAL RATE	1600.00	

PICK 1

NESTLE PURINA PETCARE
22450 EAST STATE HWY.
BLOOMFIELD MO 63825
DRIVERS MUST HAVE CLOSED TOE SHOES AND A PIECE
OF HIGH VIS OUTERWEAR TO BE ONSITE.

Appointment 12/13/24 @ 18:30
Appt Notes: U302828436
Pieces: 1102
Weight: 45558
Ref # 35014

STOP 1

THE KROGER CO. - KROGE
5801 KROGER DRIVE
KELLER TX 76248

Appointment 12/14/24 @ 17:00
Appt Notes: 856421104
Pieces: 1102
Weight: 45558
Ref # 35014

ALL DETENTION MUST BE REQUESTED WITHIN A 24 HOUR PERIOD FROM OCCURRENCE
4 HOURS FREE, THEN DETENTION STARTS - ACCORDANCE WITH APPT TIMES
DETENTION IS CAPPED AT 5 HOURS - THEN BECOMES LAYOVER
DETENTION \$50/HOUR
LAYOVER = \$250
ALL DETENTION REQUESTS MUST HAVE PROOF OF IN/OUT TIMES - CLEARLY PRINTED BOL
TONU = \$150
*After Hours: 914-413-3990 / Load-Management@cap-log.us *
DETENTION REQUESTS RECEIVED AFTER 48 HOURS MAY BE DENIED
*** ALL REEFER LOADS MUST RUN ON CONTINUOUS & Trailer must be PRE-COOLED ***
All Trailers must be CLEAN, EMPTY and ODOR FREE with NO HOLES
Any deviation from dispatch instructions must be called in immediately
All products SHORTAGES must be reported at time of PICKUP. Failure to report
will result in additional charges.
*Re-brokering, assigning or interlining of this shipment will void our
obligation to pay*
PLEASE FOLLOW TEMPS ON BOL. If there are any discrepancies between Pickups or
Rate Confirmation, you must contact Capital for instruction
The undersigned hereby acknowledges as correct and accepts the referenced
shipment on behalf of Capital Logistics, LLC.
It is agreed that the charges indicated above include all costs and fees in

(Rate Confirmation Details on Next Page)

Carrier Signature _____

Date _____ / _____ / _____
M D

Send Carrier Bills to the Address Above

PRO # 419190

must appear on all Invoices

PRO # 419190

Rate Confirmation

12/13/24 14:29:38 (EST)



CAPITAL LOGISTICS, LLC
 1 GREENWICH OFFICE PARK NORTH
 STE 175
 GREENWICH CT 06831

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 (866) 264-5617 (p)
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 landonr@cap-log.us

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 MC # 944686 Truck #
 DOT 2828543 Trailer #
 Driver TBD Cell # (111) 111-1111

connection with the shipment as described.

*A minimum of \$100,000.00 cargo insurance is required unless otherwise noted
 Invoicing by the CARRIER and payment by the BROKER, constitutes acceptance of
 this agreement and creates a contract carriage shipment.*

**** LOAD LOCKS REQUIRED FOR ALL LOADS ****

Charges may apply for late pick-ups and deliveries

It is the driver's responsibility to ensure that the load is safe & secure

MOTOR CARRIER AGREES TO ABIDE BY ALL FEDERAL, STATE, AND LOCAL LAWS

ALL INVOICES AND BOL's (ALL PAGES) MUST BE SENT TO POD@CAP-LOG.US

Accounting Direct Line: 914-246-0647

***Check Invoices and update loads at <https://cpoj.aljex.com/cpoj/carrier.htm> **

Carrier Signature _____

Date _____ / _____ / _____
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Billing Requirements

1. All paperwork must be submitted via email to POD@cap-log.us ONLY (missing paperwork will have a fee of \$150 per page).
2. Payment terms are 30 days from when paperwork is received in full. We pay with check or ACH if you are enrolled on it. To enroll to receive ACH payments please contact POD@cap-log.us
3. All invoices must be submitted no later than 2 weeks after delivering.
4. No invoices / POD's should be submitted to the broker, operations, sales department, etc.
5. If you are missing paperwork or paperwork is ineligible, it will not be processed for payment.
6. PDF only (no pictures; this also includes pictures turned into PDF)
7. If you have cases damaged/ short/ missing etc your payment will be held until resolved.
8. If you have a claim - ALL your payments will be put on hold until resolved.
9. All paperwork must have the following to be considered complete: INVOICE, CONFIRMATION, FOLLOWED BY ALL PAPERWORK GIVEN AT THE RECEIVER.
10. All comchecks issued to carriers are subject to a 3% fee (including fuel advances), EXCEPT if the Comcheck was issued to pay a lumper, port fee or any other accessorial.

Lumpers:

We cover all lumpers and port fees except for restacks. If your lumper receipt has a restack fee, it will be deducted.

Lumpers / port fees must be submitted at the time of your invoice, no exceptions.

Lumpers / port fees not submitted along with your invoice cannot be paid later.

Late fees from receivers must be added and approved by your broker and operations supervisor.

Quickpays:

Final payments are made with a comcheck. A 3% fee will be deducted from your payment.

All paperwork should be submitted by 3pm EST. Monday – Friday via email only. Anything after the cut off time will be processed the following business day.

QUICK PAYS ARE NO LONGER SAME DAY – PLEASE ALLOW 48-72 HOURS TO BE PROCESSED

email: POD@cap-log.us

You can check your payment status, check info and due dates online via our carrier portal
(*please contact AP Dept or your broker for your own personal login*)

<https://cpoj.aliexpress.com/cpoj/carrier.htm>

Thank you for your cooperation,
Accounting Department

Carrier Name: _____

Signature (print & sign): _____

Date: _____



Vendor ACH Payment Enrollment Form

How to sign up:

- Vendor must fill out the Vendor ACH form which can be provided by our Accounting Department.
- A **VOIDED CHECK** image must be provided
- E-mail form along with the VOIDED check image to POD@cap-log.us

PAYEE/COMPANY INFORMATION

Entity Name:	
Current Mailing Address:	
Social Security or Taxpayer ID (required):	Contact Person Name:
Telephone:	MC# :
Fax Number:	E-mail Address to send remittance info:

FINANCIAL INSTITUTION INFORMATION

Name:	
Address:	
Nine-digit Routing Transit Number (usually first set of nine-digit numbers at the bottom of check):	
Account Number:	
Type of Account: _____Checking _____Savings	
Name of Payee or Authorized Official (please print):	
Signature and Title of Payee or Authorized Official (required):	Date:



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MC # 944686 Truck # 756
DOT 2828543 Trailer #
Driver JEAN Cell # (305) 504-1588

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Miles: 581

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LAYOVER	250.00	
TOTAL RATE	1850.00	

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Carrier Signature _____

Date _____ / _____ / _____
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Rate Confirmation

12/20/24 14:04:23 (EST)



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You can check your payment status, check info and due dates online via our carrier portal
(please contact AP Dept or your broker for your own personal login)

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Thank you for your cooperation,
Accounting Department

Carrier Name: _____

Signature (print & sign): _____

Date: _____



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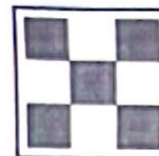
PAYEE/COMPANY INFORMATION

Entity Name:	
Current Mailing Address:	
Social Security or Taxpayer ID (required):	Contact Person Name:
Telephone:	MC# :
Fax Number:	E-mail Address to send remittance info:

FINANCIAL INSTITUTION INFORMATION

Name:	
Address:	
Nine-digit Routing Transit Number (usually first set of nine-digit numbers at the bottom of check):	
Account Number:	
Type of Account: _____Checking _____Savings	
Name of Payee or Authorized Official (please print):	
Signature and Title of Payee or Authorized Official (required):	Date:

MASTER BILL



Nestlé Purina Petcare

Load Numbers		Pickup Information		Final Delivery Information	
B/L No	01780000305659 176	Company Name	US NPPC Bloomfld	Company Name	Kroger Dallas
MST B/L No	01780001158537 895	Address	Finished Good	Address	100 Kroger Dr Keller, TX
Load No	U302828436		22450 HIGHWAY Y		76248, US
B/L CL	34		BLOOMFIELD, MO	Tel	+17138207606
		Tel	63825-9370, US	Fax	
		Fax	+15735682123		
			+15735684614		
Carrier Information		Freight Bill To		Other Information	
Company Name	(ZPKU) Customer Pick-Up	Company Name	Nestlé Purina PetCare	Freight Terms	FCA
Address	900 Long Ridge Rd	Address	C/O Cass Information	Seal 1	28858515
	Stamford, CT		Systems P.O. Box 67 MO,	Seal 2	
	06902-1138, US		St. Louis, MO 63166, US	Vehicle No.	PTLZ242143
Tel		Tel	+13145065500	Door Conf No	
Fax		Fax	+13145065955		
Pickup Date & Time		Delivery Date & Time		Driver Check-In/Out Date&Time	
Appointment Time	12/13/2024 18:30	Time		Check-In Date	12/13/2024
				Check-In Time	17:38
				Check-Out Date	12/14/2024
				Check-Out Time	05:06

STOP	DELIVERY LOCATION	DELIVERY NO	ORDER/STO NO	PACKAGES	UNITS	WEIGHT	CUSTOMER PO
1	Kroger Dallas 100 Kroger Dr Keller TX 76248 US	8492365798	5499772949	1006 000	22	42032.400	35014
	Grand Total			1006 000	22	42032.400	
	Combined Product Weight	Combined Pallet Weight	Combined Cargo Weight		Pallet Count		
	42032.400 LB	1138.908 LB	43171.308 LB		CHEP : 18 SLIP SHEET SL1 : 4		

Subject to section 7 of the conditions of applicable Bill of Lading If this shipment is to be delivered to the consignee without source on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Per Nestlé Purina PetCare Co If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether is carrier's or shipper's weight NOTE: Where the rate is dependent on value the shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding per shippers imprint in lieu of stamp not a part of Bill of Lading approved by the Department of Transportation Containers used for this shipment conform to the current Freight Classification requirements.

Non-recourse: If the shipment is delivered to the consignee without recourse on the consignor, the consignor shall sign the following statements: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

****Attention Drivers****
IF YOU HAVE OVERS / SHORTS OR DAMAGES PLEASE ENSURE CUSTOMER POPULATES DETAILS ON THE INDIVIDUAL BOL AND REPORT THE DETAILS BACK TO YOUR DISPATCHER WHO WILL BE RESPONSIBLE FOR CONTACTING THE NESTLE TRANSPORTATION CENTER WITHIN 24 HOURS OF DELIVERY

RECEIVED, subject to written transportation contract between the Shipper and the Carrier if applicable, otherwise to the terms and conditions of the shippers standard transportation contract in effect on the date of shipment which is available to the Carrier on request, the property described herein, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown herein. This Bill of Lading is not subject to any classifications or tariffs except as specifically assigned to in writing by the shipper and the Carrier.

Consignor: PUIERCEJO1
Date: 12/14/2024
Time: 05:06

Carrier:
Rogelio
Date / Time: 12/14/24 05:06

Consignee:
Date:
Time:

KROGER RECEIVING STAMP
DATE 12/14/24 TOTAL # OF CASES ON BOL 1000
OVER/SHORT CASES # 0 TOTAL CASES RECVD # 1000
RECEIVER PRINTED NAME Omizel
RECEIVER SIGNATURE Omizel
WITNESS SIGNATURE _____
ALL CORRECTIONS ON RCN MUST BE INITIALED AND DATED BY RECEIVER

IN 5:15 PM
OUT 5:20 AM