



INVOICE

BILL TO:

HEARTLAND LOGISTICS GROUP LLC
8735 ROSEHILL RD SUITE 160
LENEXA, KS 66215

INVOICE DATE: 12/31/2024**INVOICE #:** B71257**TERMS:** NET 30**DUE DATE:** 01/31/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
12/30/2024		2101 S 35th St, Ste 200, Council Bluffs, IA, 51501 - N1921 County Rd J, Lyndon Station, WI 53944, USA			
		Freight Income	1	\$1,300.00	\$1,300.00

TOTAL

\$1,300.00

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**

Carrier Rate Confirmation

Shipment ID: 224373

Send all invoices to:

Preferred -> email:

carrierap1@shiphlg.com

HEARTLAND LOGISTICS GROUP, LLC
8735 ROSEHILL RD SUITE 160
LENEXA, KS 66215

This legally binding agreement is between Heartland Logistics Group and the below mentioned carrier. Shipment is to be hauled only by below authority:

Carrier: BRZ

MC#: 86875

Dispatcher: KELLY IVANOVIC

Driver: Daniel dr

Driver Phone: (305) 741-2705

DOT#: 3119062

Dispatcher Phone: (708) 303-5150

Truck: 606

Trailer: W94925

Heartland Logistics Group Contact

Dispatcher: Bryce Marquardt

Phone: (515) 644-6340

Email: bryce.marquardt@shiphlg.com

Contract Carrier Rate

DESCRIPTION	RATE UNIT TYPE	RATE UNITS	UNIT RATE	SUB-TOTAL
LINE HAUL	FLAT	1.00	1200.0000	\$1,200.00
DRIVER ASSIST	FLAT	1.00	100.0000	\$100.00

Carrier Total Rate:
\$1,300.00

Special Instructions and Rate Confirmation Notes

****UNMANNED**** receiver - driver assist
w/ receivers pallet jack at a farm, need
good ETA for guys to get to farm.

Shipment Details

Customer Reference Number: DT's 14801&
14803

Declared Cargo Value: 100000.00

Required Equipment: VAN

Service Type: Transactional

Trailer Length:

Commodity:

- Homestretch Sulfur 17- 1
tote/250 gal.
- Homestretch Zinc 9%- 2
totes/500 gal.
- Homestretch Zinc 9%- 1
pallet/180 gal.

Weight: 10386.00

Stop #: 1 Stop type: Pickup

Location Name:
MERISTEM - COUNCIL BLUFFS

Location Address:
MERISTEM - COUNCIL BLUFFS,
2101 S 35TH ST,
STE 200,
COUNCIL BLUFFS, IA, 51501

Location Phone:
(515) 290-4612

Order Reference Numbers: 28268, 28269, 28272

Scheduling Type: ETA NEEDED

Ready Date: 12/30/2024

Location Hours:
M-F: 08:00-16:00
Sat: -CLOSED
Sun: -CLOSED

Appointment Notes:

Location Reference #: DT's 14801& 14803

Location Notes: Driver to call w/ ETA.

Stop #: 2 **Stop type:** Receiver

Order Reference Numbers: 28268, 28269, 28272

Location Name:
LANGER FARMS

Location Address:
LANGER FARMS,
N1921 CTY RD J,
Lyndon Station, WI, 53944

Location Phone:
(608) 547-5210

Scheduling Type: 24 HR NOTICE

Must Deliver: 12/31/2024

Location Hours:
M-F: 07:00-15:30
Sat: -CLOSED
Sun: -CLOSED

Appointment Notes: pjkd/driver assist, farm, need good ETA for guys to get to farm.

Location Reference #:

Location Notes: pjkd/driver assist. farm location, need good eta's for guys to get to farm. **UNMANNED** Pallet jack onsite carrier can use to tailgate.

Terms and Conditions

Please send all invoices and back up paperwork to CarrierAP1@shipHLG.com. The Broker Carrier Agreement between Heartland Logistics Group LLC(HLG), a Licensed Property Broker, and 'trucking company' is amended by the verbal agreement between (HLG) hereafter referred to as the BROKER, and representative of the 'trucking company' hereafter referred to as the CARRIER. This confirmation is subject to the terms of the master Broker-Carrier agreement and this document constitutes an amendment to the master agreement. If the carrier has not signed the master agreement, then the rate shown above is the agreed individually negotiated rate and no other rates shall apply including and tariff rate of terms. THE LOAD SHALL NOT BE DOUBLE BROKERED. No additional charges not listed above may be added by the carrier. Any additional charges must appear on a revised confirmation sheet signed by the broker. Carrier must include signed copy of the shipper's bill of lading and any other proof of delivery with invoice to broker. Rates, except as specifically designated above, are inclusive of any fuel surcharge. Carrier certifies that it is in compliance with the requirement of the CARB with respect to Transport Refrigeration Units (TRU's or reefers) are similar requirements of the EPA and other states, where applicable. Carrier shall be responsible for any fines imposed on Broker and/or shipper resulting from noncompliance. Carrier further confirms that in transporting the shipment describe here in above, it will comply with all USDOT and FDA regulations applicable to its operations while transporting the said shipment, including but not limited to driver's hours of service, and the Food Safety Modernization Act (FSMA), if applicable. Carrier agrees to the attached requirement from the shipper, if any. This rate is contingent upon successful and on-time completion of all load terms as orally stipulated or written on this addendum and rate may be subject to reduction if carrier fails to complete to complete any shipment terms and conditions. Rate may be reduced if load picks up or delivers after originally scheduled time and date. Carrier acknowledges that failure to complete any terms and conditions on this shipment may jeopardize or result in loss of future business opportunities with Broker and/or cancellations of Broker/Carrier contract. Accessorial charges (including but not limited to labor, detention, and/or layover charges) MUST BE authorized and approved prior to or at time of occurrence, (HLG) will NOT provide any reimbursement of any non, prior approved accessorial charges. Carrier shall ensure the bill of lading is notated either when handling is required or when detention occurs, that a lump sum receipt is provided when a lump sum is hired, and/or that both are included as supporting documents with the Carrier's invoice. This may also include scale tickets for bulk hauling. All overage, shortage, and damage must be reported to Broker immediately, at time of occurrence, and noted on the bill of lading. Pursuant to Broker-Carrier contract, carrier will provide an amount of cargo insurance coverage sufficient to cover the loss of damage of any commodities and cargo carried. Carrier's cargo insurance policy must not exclude from coverage and commodities or cargo carried on this order. If carrier's cargo insurance policy contains a schedule of covered vehicles, carrier WILL NOT transport and cargo of this shipment using a vehicle that is not listed as a scheduled vehicle on carrier's cargo insurance policy. SUBMITTING PAPERWORK FOR PAYMENT: Please send all invoices and or signed rate confirmations & proof of delivery to carrierAP1@shipHLG.com. **Proof of delivery MUST include ALL pages, be legible & MUST include date delivered & receivers signature. **Invoices & POD's should identify the PRO/LOAD # for each load hauled **Please submit ONE load per Email or ONE load per attachment. **Please list shipment number only in the subject line of the email with no additional wording, ie, 200133. Faxes are also accepted @ 913-945-1455 For questions please email carrierAP1@shipHLG.com or call 913-359-6475 Ext3 **Failure to provide required docs may result in non-payment until resolved**

Bill Of Lading - Short Form - Not Negotiable					BOL Number: 224373				
Shipment ID : 224373 Ship Date : 12/30/2024 Cust Ref # : DT's 14801& 14803 PU Ref # : DT's 14801& 14803 PU Apt : Del Ref # : Del Date - Apt : 12/31/2024 Carrier : BRZ Carrier Pro # : Trailer # : W94925 Seal # :					References				
					Bill To				
					HEARTLAND LOGISTICS GROUPS, LLC PO BOX 172 MISSION, KS 66201				
STOP # 1									
MERISTEM - COUNCIL BLUFFS 2101 S 35TH ST COUNCIL BLUFFS IA 51501					(515) 290-4612 JAMIE WALTON M-F: 08:00-16:00 Sat: -CLOSED Sun: -CLOSED				
PLT: 1 - Homestretch Sulfur 17- 1 tote/250 gal. - Wgt: 2650.00 PLT: 2 - Homestretch Zinc 9%- 2 totes/500 gal. - Wgt: 5612.00 PLT: 1 - Homestretch Zinc 9%- 1 pallet/180 gal. - Wgt: 2124.00									
STOP # 2									
LANGER FARMS N1921 CTY RD J LYNDON STATION WI 53944					(608) 547-5210 M-F: 07:00-15:30 Sat: -CLOSED Sun: -CLOSED				
PLT: 1 - Homestretch Sulfur 17- 1 tote/250 gal. - Wgt: 2650.00 PLT: 2 - Homestretch Zinc 9%- 2 totes/500 gal. - Wgt: 5612.00 PLT: 1 - Homestretch Zinc 9%- 1 pallet/180 gal. - Wgt: 2124.00									
Special Instructions: driver assist at receiver					Freight Terms: Prepaid XXX Collect ___ 3rd Party ___				
REF#	PLT	PCS	Wgt	HM	Item Description	DIMS	CLS	NMFC#	
DT 14801	1		2650.00	N	Homestretch Sulfur 17- 1 tote/250 gal.				
DT 14803	2		5612.00	N	Homestretch Zinc 9%- 2 totes/500 gal.				
DT 14803	1		2124.00	N	Homestretch Zinc 9%- 1 pallet/180 gal.				
*Mark with an X to designate hazardous materials as defined in title 49 of the code of Federal Regulations. Haz Mat emergency Contact #									
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 not to exceed _____ per _____"						COD Amount: \$ _____ Fee Terms: Collect _____, Prepaid _____, Check Acceptable _____			
Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 14706(c)(1)(A) and (B)									
For Freight Collect Shipments:									

Bill of Lading

If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement. The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

Signature of
Consignor: _____

Shipper Signature / Date

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.

Signature of Shipper: _____
Date 12/3/12

Consignee/Receiver Signature / Date

This is to certify that the above named materials were received in apparent good order (except as noted).

Signature of Consignee: _____
Date _____

Trailer Loaded:
____ By Shipper
____ By Driver

Freight Counted:
____ By Shipper
____ By Driver

Carrier Signature / Date

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 is received in good order, except as noted.

Carrier: _____
Date: _____