



INVOICE

BILL TO:
RIGHT PEAK LLC
5757 N SHERIDAN RD APT 8D
CHICAGO, IL 60660

INVOICE DATE: 01/29/2025
INVOICE #: R74983
TERMS: NET 30
DUE DATE: 03/01/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
01/28/2025		6923 LINCOLN PKWY, Fort Wayne, IN, 46804 - 1307 N Lombard Rd, Lombard, IL, 60148			
		Freight Income	1	\$600.00	\$600.00

TOTAL
\$600.00

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



Right Peak
635 Perrie Dr Apt 604
Elk Grove Village, IL
MC: 1493265 P: 773-572-0009 F:

LOAD NUMBER

103088

1/28/2025

DISPATCH CONFIRMATION

Carrier: **Zigi Freight Inc**
Chicago, IL

Ph/Fax: **630-485-7370**

Attn:

630-485-7370

MCID: **944686**

Reference:

Trailer:

Driver:

Cell:

Truck:

Load Info

Pieces: **0** Miles: **179**
Space: **0** Pallets:
Act Wgt: **15000** Type: **DANIEL**
As Wgt: **15000** Trailer:
Value:

The Following Pay Is Authorized For This Load

Pay Code	Pay Type	Rate	Total
Load	Flat	600.00	600.00
	Total		600.00

Stop	From	To	Name Address	City Phone	St Zip	Ref Contact	Appt Appt Ref
1	PU	1/28 13:00	1/28 13:00	Saratoga Potato Chips 6923 LINCOLN PKWY	Fort Wayne IN 46804		Yes

Notes

Blind shipment, ask for load to: Jupiter FL
FOOD GRADE PLATED TRAILERS ONLY! Must scale up to legal.
Accessorial Rates payable to Carrier that are applicable to dry van shipments shall be as follows:
a. TONU: \$100 flat rate
b. Layover: \$150 flat rate
c. Detention: \$35/hour up to 5 total hours (Detention time begins 3 hours after the scheduled appointment time; the driver must be on time for the appointment to qualify.)
d. Lumpers: Right Peak will reimburse lumpers with an approved lumper receipt ("Receipt"). Lumper charges must be submitted to Right Peak using the Receipt within twenty-four (24) hours of delivery to ensure timely and accurate reimbursement.
e. Documentation: Pictures of the BOL, seal, and loaded trailer must be taken after pickup; otherwise, a \$100 fee will be applied.
PU#4552350709 #486381 #20250131 #524759

2	Del	1/28 08:00	1/28 20:00	Right Peak Warehouse 1307 N Lombard Rd	Lombard IL 60148	DOCK 37	No 103088
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Notes


If Lumper is requested, Right Peak must get the receipt and be notified within 24 hours of the service being performed. Otherwise, lumper payment will not be PAID. 50\$ will be deducted per day if POD is not received within 24 hours after delivery. Loads that are late for the scheduled pick up or delivery appointment will be charged a late fee of \$500.00 (per day)
At the delivery check in by dock 37
All invoices must go to ap@rightpeak.net
DEL#103088

Commodity	Description Reference	Pieces	Weight
FAK		0	15,000
Totals		0	15,000

DISPATCH CONFIRMATION

Load No 103088 - 1/28/25

Right Peak	1/28/25 DATE:	<i>Joey Cimbaljevic</i> Zigi Freight Inc	1/28/25 DATE:
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Date: _____		BILL OF LADING		Page 1 of 1		
SHIP FROM			 <div style="display: inline-block; vertical-align: middle; text-align: center;"> RIGHT PEAK </div>			
Name: _____ Address: 6923 Lincoln Parkway City/State/Zip: Fort Wayne, IN 46804 SID#: _____ FOB: <input type="checkbox"/>						
SHIP TO						
Name: Right Peak Warehouse Location #: _____ Address: 1307 N Lombard Rd City/State/Zip: Lombard, IL 60148 CID#: _____ FOB: <input type="checkbox"/>						
THIRD PARTY FREIGHT CHARGES BILL TO			Bill of Lading Number: _____ CARRIER NAME: _____ Trailer number: _____ Seal number(s): _____ SCAC: _____ Pro number: _____ Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3 rd Party _____ <input type="checkbox"/> Master Bill of Lading with attached underlying Bills of Lading			
Name: _____ Address: _____ City/State/Zip: _____ SPECIAL INSTRUCTIONS: _____ PU# _____						
CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
PU#				Y N	FAK	
				Y N		
				Y N		
				Y N		
				Y N		
				Y N		
				Y N		
				Y N		
				Y N		
GRAND TOTAL						
CARRIER INFORMATION						
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodity requiring transfer or additional care is marked in handling in drawing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 301 of NMFC New 308</small>
QTY	TYPE	QTY	TYPE			
						FAK <div style="font-size: 2em; font-family: cursive;">pc d10 11/29/25</div>
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 available to the shipper on request, and to all applicable state and federal regulations.
SHIPPER SIGNATURE / DATE		Trailer Loaded		Freight Counted		CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required permits. Carrier certifies emergency response information was made available within carrier's DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.</small>
		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		