



**BILL TO:** CAPLINK LOGISTICS LLC 155 E MARKET ST STE 802 INDIANAPOLIS, IN 46204 INVOICE DATE: 01/30/2025 INVOICE #: R75259 TERMS: NET 30 DUE DATE: 03/02/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
01/29/2025		680 S Blvd E, Pontiac, MI 48341 - 1135 STATE RT 29, GREENWICH, NY 12834			
		Freight Income	1	\$2,490.00	\$2,490.00

TOTAL	
\$2,490.00	

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



Thursday, 01/30/2025 from 08:00 - 17:00

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#### Dispatcher

Dispatcher:Thomas UnderwoodPhone:317-536-2655 x114Fax:Emergency Phone:317-536-2655

## Load and Rate Confirmation Agreement Load #12169

### To accept load please sign and email this sheet back to: tunderwood@caplinklogistics.com

Carrier Name: Attention: Confirmation Sent To:	944686 2828543 Zigi Freight Inc bonnie@royal3inc.com	Driver Name: Truck Number: Trailer Number: Carrier Phone: Carrier Fax:	Cory 706 W94943 (630) 485-7370
ad Information			
Bill Of Lading:	47260448LN	PO Number:	47260448LN
Commodity:	Tractors	Ref Number:	47260448LN
Load Size:	Truckload	Trailer Req:	Van
Miles:	778.00	Weight:	22,000

Company:	Mahindra Rex MANAM	Service Level:	Flexible / FCFS
Address:	680 S Blvd E		
City/St/Zip:	Pontiac, MI 48341		
needs to have E	tracks and Straps		

### #2 Stop - Stop-Off

Company: Address: City/St/Zip:	LOGANS EQUIPMENT INC. 9111 NY-12 Copenhagen, NY 13626	Contact: Phone:	JOHN LOGAN 315-523-3084	
needs to have E	tracks and Straps			

#### #3 Consignee/Final Destination

Company:	CAPITAL TRACTOR INC.	Contact:	JAMEY GIBSON	
Address:	1135 STATE RT 29	Phone:	518-692-9611	
City/St/Zip:	GREENWICH, NY 12834	Service Level:	Flexible / FCFS	

#### **Additional Information**

**IMPORTANT:** Requires 8-10 Straps

Pease send BOL and Invoice(s) to CarrierAp@caplinklogistics.com – Carrier must submit lumper receipts within 48 hrs. of delivery for reimbursement for Standard Pay.

OS&D's must be reported to CapLink immediately for disposition prior to departing receiver.

If OOR (Out of Route) miles incur, per customer request, they will be paid out at the same \$/RPM as the original tender - no exceptions.

All drivers must track on MacroPoint for the duration of the load, failure to comply may result in a rate reduction (\$ amount will be separate line item on Rate Confirmation). Failure to electronically track will also disqualify any layover or detention requests.

Detention for Dry Van shipments is \$30/hour after 3 hours free from appointment time. Max \$150 per day layover

Detention for Refrigerated shipments is \$40/hour after 3 hours free from appointment time. Max \$250 per day layover.

\*\*For Quick Pay, send BOL and Invoice to QuickPay@caplinklogistics.com\*\*

Quick pay fee is 4% and paid within 48 business hours of receipt of invoice

\*Any Late Fees or Reschedule Fees incurred due to carrier/driver error will be billed back to or paid by carrier\*

#### Amount to invoice : \$2,490.00

Carrier:	Zigi Freight Inc	I. Email (preferred): carrierap@caplinklogistics.com
MC #:	944686	-
USDOT #:	2828543	
By:		
Title:		

		BILL OF LADING - SH			47260449LN
Date:	01/29/2025	Bill of Lad	ing: 000	00115798	1740
		SHIP F	ROM		
[Stree [City,	: MAHINDRA NORTH A t Address]: 680 S ST ZIP Code]:PONT : Number]: 570-520	BLVD E, IAC, , MIC	CHIGAN	48341	
	16.00	SHIP	то		
[Stree [City, [Phone	t Address]: 9111 S ST ZIP Code]:COPEN Number]: 31552330 AL INSTRUCTIONS / 1	STATE ROUTE 12 NHAGEN New Yo 084	ork	13626-2902	2
				<u></u>	
Handli	nd Unit	CARRIER INI	ORMAII	UN	
Qty	Part Number	Serial Number	Invoic	es Number	Description
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		DEALER : IMMEDIATEI	VINCOLO	TOUDNEN	T
Unle	ess Specified below w	ithin seven days from date,	the deale	r and truck	driver certify the load has been
Mode	l Number	received without dan Serial Number	nages or		on of Damage or Shortage
		11	1		/ ) /
			6		1/30/25
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		1h		-	
	Name: , , Signature/Pickup Date	hyp			1.1
Carrier	carrier has the DOT	of packages. Carrier cer	tifies eme ivalent do noted.	ocumentation	onse information was made avail in the vehicle. Property
Carries and/or	bed above is received	//	TERI	Vach-	_
Carrier and/or descrift Shipper This i	r Signature/Date:			operly cla	
Carries and/or descrift Shippen This i labele of the Received	r Signature/Date: s to certify that t ed, and are in prope a DOT. ed, subject to individually	r condition for transp y determined rates or contract	s are pro- ortation	operly cla according	assified, packaged, marked, to the applicable regulation ad upon in writing between the car we been established by the carrier

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#### nose

Mahindra

## BILL OF LADING - SHORT FORM - NOT NEGOTIABLE

Date:	01/29/2025	Bill of Lad	ling: 0000115799	
[Stree [City]	]: MAHINDRA NORTH et Address]: 680 ,ST ZIP Code]:PON e Number]: 570-5	AMERICA, PONTIAC S BLVD E, TTIAC, , NI	FROM CHIGAN 48341	
[Stre [City [Phon	]: CAPITAL TRACTC et Address]: 1135 ,ST ZIP Code]:GRE e Number]: (518) AL INSTRUCTIONS 7	R INC. STATE RT 29 ENWICH New Y 692-9611	ork 12834	
	-	CARRIER INI	FORMATION	
Handli	nd Unit	OPRICIEN IN	- CRIMATION	
Qty	Part Number	Serial Number	Invoices Number	Description
1 1 1	11234FHILM54 21264FHIL 16404FSIL	MBNMCMXADRZE00544 MBNMFL6DKRZD00966 40G240411842	7600289022 7600289023 7600289024	TR 1123 HST W/IND TIRE TR 2126 HST W/IND TIRE TR 1640 SHUTTLE W/IND
	ess Specified below w 1 Number	DEALER : IMMEDIATEL vithin seven days from date, i received without dam Serial Number	the dealer and truck on ages or shortages.	<b>Iriver certify the load has been</b> on of Damage or Shortage
Carrier and/or	Signature/Pickup Date	Driv of packages. Carrier certin emergency quidebook or equiva	lent documentation in	e information was made available the vehicle. Proceety
Carrier and/or describ Shipper This i	Signature/Pickup Date acknowledges receipt carrier has the DOT red above is received Signature/Date:	of packages, Carrier certin emergency guidebook or equiva in good order, except as not the above named materials	rer's name printed fies emergency respons alent documentation in red.	ified, packaged marked
Carrier and/or describ Shipper This i labele of the Receive and shi are avai	Signature/Pickup Date acknowledges receipt carrier has the DOT red above is received Signature/Date: s to certify that t d, and are in prope DOT. d, subject to individuall pper, if applicable, othe	Driv of packages. Carrier certin emergency guidebook or equiva- in good order, except as not the above named materials r condition for transport y determined rates or contracts	ter's name printed fies emergency response alent documentation in red.	ified, packaged, marked, and the applicable regulations pon in writing between the carrier een established by the carrier and

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