



INVOICE

BILL TO:
BlueGrace Logistics

INVOICE DATE: 02/03/2025
INVOICE #: R75595
TERMS: NET 30
DUE DATE: 03/03/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
01/31/2025		668 Gravel Pike Suite 100, East Greenville, PA 18041 - 4081 RAILPORT PKWY, Midlothian, TX 76065			
		Freight Income	1	\$2,500.00	\$2,500.00

TOTAL
\$2,500.00

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 Load Tender

Reference: BG903509825 (BOL) Carrier: ZIGI FREIGHT INC (2828543)

Tender: 01/31/2025 11:58AM

Bill To: Blue Grace 2846 S Falkenburg Rd Riverview, FL 33578

BlueGrace Logistics (BGLF) will only consider additional charges if agreed to in writing. Carrier must inform BGLF at the time charges occur and of all unplanned accessorial or other additional charges incurred. BGLF will not reimburse detention charges unless reported at the time of the event, and "in" and "out" times are clearly stated on the Bill of Lading. BGLF will reimburse Carrier for approved lumpsum costs upon submission of a signed receipt. OS&D must be reported prior to leaving the consignee. PLEASE NOTE: Invoices and PODs must be submitted within 24 hours of delivery for Payment to: TLInvoices@bluegracegroup.com. Payment will not be processed without all required paperwork. Reference is made to the broker-carrier agreement between BGLF and Carrier for the legal requirements and terms between the parties.

Comments

Contact Information: Joshua Burca jburca@bluegracegroup.com

Special Instructions

Equipment & Services

Equipment

Attributes

Services

Dry Van

Temperature: Minimum: 0.00 Maximum: 0.00 Requirement:

Stop 1 (pickup)

01/31/2025 08:00AM - 01/31/2025 04:00PM

Brianna Garcia, (570) 728-9192

Arrowhead Engineered Products, 668 Gravel Pike Suite 100, East
Greenville, PA 18041

Comments:

Items

HM	Description	Weight	Qty	Dimensions
	Axles	31742	24	

Stop 2 (drop)

02/04/2025 08:00AM - 02/04/2025 08:00AM

ANTHONY HOLCOMB, (469) 984-5428

WESTERN POWER SPORTS, 4081 RAILPORT PKWY ,
Midlothian, TX 76065

Comments: Appointment Required for IB Shipments

Items

HM	Description	Weight	Qty	Dimensions
	Axles	31742	24	

References

Reference Type	Reference
BOL	BG903509825
Mode	TL
Pickup Number	53130 + 52453 + 53476

Freight Terms

Charge Details		
Description	Rate	Charge
Line Haul	1778.8600 Flat Rate (FR)	\$1778.86
Fuel	0.3800 Per Mile (PM)	\$571.14
Storage	150.0000 Flat Rate (FR)	\$150.00
	Total:	\$2500.00

Freight Terms: \$2500.00, Third Party (31742 lb) (1501.80 miles)

[illegible]

BILL OF LADING - BG903509825						
Carrier: ZIGI FREIGHT INC PRO: BG903509825				Pickup Date: 1/31/2025		
Origin						
Arrowhead Engineered Products 668 Gravel Pike Suite 100 East Greenville, PA, 18041 Brianna Garcia, (570) 728-9192 Pickup Hours: 08:00 AM - 04:00 PM						
Destination						
WESTERN POWER SPORTS 4081 RAILPORT PKWY Midlothian, TX, 76065 ANTHONY HOLCOMB, (469) 984-5428, aholcomb@arrowheadep.com Hours: 08:00 AM - 08:00 AM Appointment Required for IB Shipments						
3rd Party Freight Charges Bill To						
Blue Grace 2846 S Falkenburg Rd Riverview, FL, 33578 Blue Grace, 8006974477, OMG@mybluegrace.com						
Special Instructions:						
Accessories:						
Freight Terms: Prepaid: <input type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: <input checked="" type="checkbox"/>						
H/U	Pct	Type	Weight	HM (X)	NMFC	LTL Class
24	0	Pallets	31742 lbs		Axles	00
Totals: 24 H/Us 31742 Pounds						
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 _____"						
Remit COD to:						
Collect <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer check acceptable <input type="checkbox"/> COD Amount: \$ _____						
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.				Trailer Loaded:	Freight Counted:	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper: [Signature]
Shipper Signature/Date: This is to certify that the here-in named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation. Shipper: Brianna Garcia 1/31/25				Carrier Signature/Pickup Date: Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook. Carrier: [Signature]		