

# INVOICE

BILL TO: ALLEN EXPRESS, INC. 3660 WEST CLAY SUITE #300 ST. CHARLES, MO 63301 INVOICE DATE: 02/11/2025 INVOICE #: B76687 TERMS: NET 30 DUE DATE: 03/11/2025

| DATE       | CUSTOMER REF# | ORIGIN - DESTINATION   | QUANTITY | RATE       | AMOUNT     |
|------------|---------------|--|----------|------------|------------|
| 02/10/2025 |               | 4836 Coddingville Rd, Medina, OH - 2742 Route 14, Irasburg, VT |          |            |            |
|            |               | Freight Income   | 1        | \$2,050.00 | \$2,050.00 |

| TOTAL      |  |
|------------|--|
| \$2,050.00 |  |

#### 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

# ALLEN EXPRESS, INC

## 02/10/2025

SEND TO: SHAWN

#### **RATE/LOAD CONFIRMATION**

PRO# 240205

Appendix to Contract Carrier-Broker Agreement

**1** Page(s)

|          | SHAWN@RTBRZ.COM<br>708-852-5654                 |                          |              |  |       |                          |  |  |  |
|----------|---|--------------------------|--------------|--|-------|--------------------------|--|--|--|
| CARRIER: | BRZ   |                          | MC#: 086875  | CARRIER#:  | 30047 |                          |  |  |  |
| ORIGIN:  | ELKAY FEED<br>4836 CODDINGVILLE RD<br>MEDINA OH |                          | DESTINATION: | NELSON FARMS INC<br>2742 ROUTE 14<br>IRASBURG VT |       |                          |  |  |  |
| PICKUP:  | <b>02/10/2025</b><br>Date                       | <b>0800-1600</b><br>Time | DELIVERY:    | <b>02/11/2</b><br>Date                           | 025   | <b>1100–1400</b><br>Time |  |  |  |

#### SPECIAL INSTRUCTIONS:

- This form must be signed and faxed or emailed back before the driver can be dispatched.

- Total includes all charges (e.g. fuel surcharge, taxes, etc.)

- We have the directions for each pickup and delivery location.

- Carrier's invoice must include the shipper's signed bill of lading and a signed copy of this rate confirmation.

- Carrier agrees that the load will not be moved via rail (intermodal).

- Carrier agrees to provide service with equipment licensed, identified and insured under the Carrier's own MC number (as stated above), name, and cargo and liability insurance policies.

- Carrier agrees to comply with all Federal, State, and Local Laws.

\*\* <u>VAN / TRUCK LOAD RATE</u>

\*\* <u>NEEDS LOAD LOCKS OR STRAPS / TRAILER MUST BE CLEAN DRY & ODORLESS</u>

**\*\*** <u>SHIPPER HAS SCALES ON SITE AND WILL NOT LET DRIVER LEAVE OVER WEIGHT</u>

WEIGHT: 44500 lb PALLETS:22

TOTAL DUE CARRIER: \$2050.00

Name of Carrier

Authorizing Signature & Title

## SIGN & EMAIL to KMS@ALLENXPRESS.COM

or FAX to: 636-936-1910

Dispatch phone: 800-949-0966 or 636-936-1905

ALLEN EXPRESS, INC.

Kelley Schaub

Email freight charges to:

billing@allenexpress.com

Or mail to: ALLEN EXPRESS,INC. 3660 W. Clay, Suite 300 St. Charles, MO 63301

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If this box is checked, please fax us a current cargo insurance certificate. Also please have your insurance company fax and mail us your cargo insurance with Allen Express,Inc. as the certificate holder.

Address \_ Customer's Name. Commodity. 78,520 lbs: Gross 381 22257 220 PALIE Shipper Do Ibs. Tare 4836 CODDINGVILLE RD. MEDINA, OHIO 44256 N Ibs. Net @ Remarks Bri Couline Per lb. Date\_ 20 Price 23