



BILL TO: NFL TRUCKING 2594 E BARNETT RD STE E MEDFORD, OR 97504 INVOICE DATE: 02/17/2025 INVOICE #: R77656 TERMS: NET 30 DUE DATE: 03/17/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
02/17/2025		1990 Victory Lane, Jerome ID 83338 - 461 Willard St, Lime Springs IA 52155			
		Freight Income	1	\$150.00	\$150.00

TOTAL	
\$150.00	

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

			PRO #	32080		Rate Confirmation	
WE CARE. WE LISTEN. WE DELIVER			(209) 8 (314) 0	WELLMAN 300-0109 (p) 525-0084 (c) 5adnfl.com		625-0084 (c)	
NFL LOGISTICS INC. 1175 DUOMO WAY MANTECA CA 95337		C A R I E R	(630) 4 MC#	INC 485-7370 (p) 485-6980 (f) 944686 2828543)	Truck # 7070 Trailer # 17070 Cell # (407) 360–5083	
Size & Type: 53' VAN Pieces:	Descri W	iption: /eight:	44000		Miles	: 1340	
CHARGES		-	44000	DISPATCH	NOTES		
TRUCK ORDERED & NOT USED	DEDUCTIO DELIVER RESCHEDU	MUST HAVE TWO LOAD LOCKS OR BARS. MACROPOINT REQUIRED, \$250 RATE DEDUCTION IF NOT ACCEPTED BEFORE LEAVING THE SHIPPER MUST DELIVER @ 0800 2/20, MISSED DELIVERY WILL RESULT IN \$300 RESCHEDULING FEE. CANNOT CHECK IN MORE THAN 15 MINUTES EARLY!!! THERE IS A CASEYS DOWN THE STREET WHERE THE DRIVER CAN WAIT FOR APPT FREE					
TOTAL RATE	150.00				,,		
JEROME ID 83338 TOP 1 JOHNSON FARMS 461 WILLARD ST LIME SPRINGS IA 521	.55			Appo	intment	LOAD # 99175-6, CONF 02/20/25 @ 08:00 DELIVERY # JF122724-	
Phone/Contact: (563	3) 566-2236						
**************************************	**************************************	***** CADNFL SSED T	******* .COM HROUGH ! ve payme	*********** TRIUMPHPAY.(*****		

Carrier Signature

Date _____ / ___ / ____ / ____ / ____ 32080 must appear on all Invoices

Send Carrier Bills to the Address Above