



INVOICE

BILL TO:
BEST LOGISTIC SERVICES
829 GRAVES STREET
KERNERSVILLE, NC 27284

INVOICE DATE: 02/26/2025
INVOICE #: R78661
TERMS: NET 30
DUE DATE: 03/26/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
02/22/2025		1310 Fanning Bridge Road, Fletcher, NC 28732 - 9585 N Virginia St, Reno, NV 89506			
		Freight Income	1	\$3,900.00	\$3,900.00

TOTAL
\$3,900.00

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

*** Load Confirmation ***

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TEAM: Blue Team
Best Logistics
P.O. Box 336
Kernersville, NC 27285

PHONE: (336) 423-0487 *
FAX: (866) 646-7699 *

Carrier: ZIGI FREIGHT INC
Carrier ID: ZIGLOM
Phone:
Fax:
Date: 02/21/2025



Order: 1686047

ORDER # MUST APPEAR ON ALL BILLING
DRIVER MUST CALL IN FOR DISPATCH

Contact: Blue Team
*PLEASE NOTE OUR NEW CONTACT NUMBERS BELOW:
Phone: (336) 423-0487 *
Fax: (866) 646-7699 *
Reference:

Instructions / Comments:

Order	Miles: 2424.0 PU # 1686047 BOL: 1686047	Weight: 30000.0 Trailer: 53' Van Only Commodity: Palletized Household Goods
PU 1	Name: EMA-FLETCHER Address: 1310 FANNING BRIDGE ROAD FLETCHER NC 28732	Date: 02/22/2025 0800 02/22/2025 1200 Contact: (336) 423-0487 Driver Assist: N
SO 2	Name: ELECTROLUX HOME PRODUCTS INC Address: 9585 N VIRGINIA ST RENO NV 89506	Date: 02/26/2025 0800 02/26/2025 1300 Contact: (336) 423-0487 Driver Assist: N
Payment	Total Carrier Pay:	\$3,900.00

IN ORDER TO HAUL FOR BEST, ALL CARRIERS MUST INFORM DRIVERS OF MACROPOINT TRACKING REQUIREMENT. AT THE TIME OF BOOKING, ALL CARRIERS MUST PROVIDE VALID DRIVER PHONE NUMBER. DRIVERS MUST ACCEPT AND DOWNLOAD MACROPOINT APP BEFORE ARRIVING TO SHIPPER. SHOULD CARRIER/DRIVER NOT COMPLY, A \$100 FINE WILL BE IMPOSED. SUBMISSION OF SIGNED RATE CONFIRMATION VALIDATES THIS AGREEMENT.

NOTE: ELD COMPLIANCE VIA MACROPOINT IS ALSO ACCEPTABLE.

Agreement Please sign below

STANDARD TERMS ARE PAYMENT MADE 28 DAYS FROM RECEIPT OF LEGIBLE SIGNED BILL OF LADING, INVOICE, AND LUMPER RECEIPT (IF APPLICABLE). ALL EXTRA CHARGES MUST BE PRE-APPROVED BY BEST REPRESENTATIVE THAT BOOKED LOAD. ALL EXTRA CHARGES MUST BE BILLED WITH RECEIPT & BOL. DRIVER MUST REPORT ANY OVERAGES, SHORTAGES, OR DAMAGED PRODUCT IMMEDIATELY. CARRIER CERTIFIES THAT THEY HOLD THE APPROPRIATE LICENCES AND AUTHORITIES AND MAINTAIN THE APPROPRIATE INSURANCE COVERAGES AS REQUIRED BY REGULATION TO PERFORM THIS TRANSPORTATION ON BEHALF OF BEST LOGISTICS. ANY DOUBLE BROKERAGE WILL RESULT IN NON-PAYMENT. CONFIRMATION OF THE ACTUAL CARRIER OF THIS LOAD WILL BE MADE BEFORE PAYMENT IS RELEASED. FINES IMPOSED FOR LATE PICK UPS AND LATE DELIVERIES. CARRIER ACKNOWLEDGES AND AGREES THAT BROKER HAS THE EXCLUSIVE OBLIGATION TO PAY FREIGHT CHARGES TO CARRIER. CARRIER HEREBY WAIVES AND AGREES TO REFRAIN FROM ALL COLLECTION EFFORTS AGAINST BROKER'S CUSTOMER, SUPPLIER, RECEIVER, CONSIGNOR, OR CONSIGNEE AND ONLY SEEK PAYMENT FROM BROKER.

To Expedite Payment: Email All invoices and Signed POD as attachments to: CarrierAP@shipwithbest.com
(PICTURES IN EMAIL BODY WILL NOT BE ACCEPTED)
In the SUBJECT LINE Reference ORDER NUMBER 1686047

605 1-27-16

Devorah Jones

02/21/2025

Roobens

(812) 887-5416

(X) Accept

763

() Decline

W99430



Date: 2/22/2025

BILL OF LADING

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SHIP FROM
Name: ELECTROLUX MAJOR APPLIANCES
Address: 1310 FANNING BRIDGE ROAD
City/State/Zip: FLETCHER, NC 28732
SID#: FOB: ☐

Bill of Lading Number: 00125050014797272



(402) 00125050014797272

CARRIER NAME: BEST DEDICATED

Trailer number: W99430 ✓

Seal number(s): 14030049 ✓

Shipment Number:

SCAC: BSCG

Pro number:



(9012K) BSCG1686047

Freight Charge Terms: (freight charges

are prepaid unless marked otherwise)

Prepaid ☒ Collect ☐ 3rd Party ☐☐ Master Bill of Lading: with attached
(check box) underlying Bills of Lading

SHIP TO
Name: ELECTROLUX HOME PR Location #: 00001
Address: 9585 N VIRGINIA ST
City/State/Zip: RENO, NV 89506
CID# FOB: ☐

PREPAID, THIRD PARTY OR COLLECT FREIGHT CHARGES TO:

Name: ELECTROLUX-FLETCHER C/O
Address: CITI BANK POWERTRACKLOGISTICS
P.O. BOX 3001
City/State/Zip: NAPERVILLE, IL 60566

SPECIAL INSTRUCTIONS:

Includes - Order Numbers:, 3735081301. Includes Customer PO numbers 6000136759.
BSCG VIA ZIGI

Rec. 02/24/25

[Signature]

Silvia Ponce

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET (Y/N)	ADDITIONAL SHIPPER INFO
6000136759		20,520	Y	3735081301
GRAND TOTAL		20,520		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
36	plts		ctns	20,520		Appl Parts - Fletcher 0085	156600-5	85
36				20,520		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: ☐ Prepaid: ☐Customer check acceptable: ☐

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14708(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. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

[Signature]
Shipper Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

[Signature] 2/22/25

Trailer Loaded:

☒ By Shipper☐ By Driver

Freight Counted:

☒ By Shipper☐ By Driver/pallets said to contain☐ By Driver/Pieces

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 DOT emergency response guidebook or equivalent documentation in the vehicle.

[Signature] 2/22/25
Property described above is received in good order, except as noted