



INVOICE

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

INVOICE DATE: 03/14/2025
INVOICE #: B81137
TERMS: NET 30
DUE DATE: 04/14/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
03/12/2025		12685 McManus Blvd., Newport News, VA 23602 - 1300 Morningside Rd, Fremont, NE 68025			
		Freight Income	1	\$2,300.00	\$2,300.00

TOTAL
\$2,300.00

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

TEAM: **Charlotte Team**

Best Logistics

P.O. Box 336

Kernersville, NC 27285

PHONE: (704) 520-7288 *

FAX: 1 (866) 356-3436 *

Order: **1693426**

ORDER # MUST APPEAR ON ALL BILLING

DRIVER MUST CALL IN FOR DISPATCH

Carrier: RIKI TRANSPORTATION INC

Carrier ID: RIKBUI

Phone: 708-852-5536

Fax:

Date: 03/12/2025

Contact: **Charlotte Team**

*PLEASE NOTE OUR NEW CONTACT NUMBERS BELOW:

Phone: (704) 520-7288 *

Fax: 1 (866) 356-3436 *

Reference:

Instructions / Comments:

AMERICAN TURBOCHARGER - Sam Maples 205-292-5847

Order	Miles: 1293.0	Weight: 44000.0
	PU #	Trailer: 53' Van Only
	BOL:	Commodity:

<u>PU 1</u>	Name: AMERICAN TURBOCHARGER	Date: 03/12/2025 0700
	Address: 12685 McManus Blvd.	03/12/2025 1500
	NEWPORT NEWS VA 23602	Contact: (704) 520-7288
		Driver Assist: N

<u>SO 2</u>	Name: MAGNUS, LLC	Date: 03/15/2025 0830
	Address: 1300 Morningside Rd	03/15/2025 1200
	FREMONT NE 68025	Contact: (704) 520-7288
		Driver Assist: N

Payment	Total Carrier Pay:	\$2,300.00
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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 **1693426**

605 1-27-16

Date: 03/12/25

BILL OF LADING -- NOT NEGOTIABLE

BOL No: A1123056

SHIP FROM	
Name:	AMERICAN TURBO
Address:	12685 MCMANUS BLVD
Address:	
City/State/Zip:	NEWPORT NEWS, VA 23601
Contact:	SAM MAPLES
Phone:	205-292-5847
Appt Date:	
Appt Time:	

CARRIER DETAILS	
Carrier:	BEST SPECIALIZED
Service level:	
Pro No:	
BAR CODE SPACE	

SHIP TO	
Name:	MAGNUS, LLC
Address:	693 S HOWARD CT
Address:	
City/State/Zip:	FREMONT, NE, 68025
Contact:	SAM MAPLES
Phone:	2052925847
Appt Date:	
Appt Time:	
Location #:	

THIRD PARTY FREIGHT CHARGE BILL TO	
Name:	DALKO RESOURCES, INC.
Address:	P.O. BOX 98
Address:	
City/State/Zip:	SHARPSVILLE, PA, 16150
Phone:	

SPECIAL INSTRUCTIONS	

FREIGHT CHARGE TERMS	
THIRD PARTY PREPAID	
ADDED SERVICES	

CLIENT INFORMATION					
TYPE	REFERENCE	ADDITIONAL INFORMATION	PCS	HDLG UNITS	WEIGHT
To Plant	U601				

CARRIER INFORMATION											
DLG UNITS	PKG TYPE	PCS	HM (X)	COMMODITY DESCRIPTION	NMFC	CLASS	WEIGHT	LENGTH	WIDTH	HEIGHT	PCF
1	SKID	1		TURBO/TURBO PARTS		50	44,000bs				
1		1		GRAND TOTAL			44,000 lbs				

COFF
3/13/25

"X" to designate hazardous materials as defined in the title 49 of code of Federal Regulations		Hazmat emergency contact #:	
The rate is dependant 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 as shipper to be not exceeding _____ per _____."		COD Amount :\$ _____	
		Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>	
		Customer check acceptable: <input type="checkbox"/>	
Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 14706(c)(1)(A) and (B)			
SHIPPER SIGNATURE / DATE Signature: <i>[Signature]</i> Date: 3/12/25		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 or equivalent document in the vehicle. Property described above is received in good order, except as noted.	
Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	
Print Name: _____ Signature: _____ Date: _____			