



## INVOICE

**BILL TO:**  
AXLE LOGISTICS LLC  
835 N CENTRAL STREET  
KNOXVILLE, TN 37917

**INVOICE DATE:** 03/21/2025  
**INVOICE #:** B82363  
**TERMS:** NET 30  
**DUE DATE:** 04/21/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
03/20/2025		1950 George Street, Melrose Park, IL 60160 - 155 First Quality Dr., Andersonville, TN 37705			
		Freight Income	1	\$1,229.00	\$1,229.00

TOTAL
\$1,229.00

**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**

**AXLE LOGISTICS, LLC**  
835 N. Central Street

Page 1

Knoxville, TN 37917

\*\*\* **Load Confirmation** \*\*\*

2326315

Dispatcher: Bricen Montgomery Phone: (865) 867-7844 Fax: (866) 431-5399 Email: sam.hall@axlelogistics.com

<b>Carrier:</b>	Brz	<b>Contact:</b>	John/Sean
	Burbank IL 604592734	<b>Phone:</b>	
<b>Date:</b>	03/20/2025	<b>Fax:</b>	

<b>Order</b>	<b>Order:</b> 2326315	<b>Commodity:</b> Cabinets
	<b>Miles:</b> 545.0	<b>Weight:</b> 25000.0
	<b>Temp:</b>	<b>Trailer:</b> Van (DAT)
	<b>BOL:</b> Heritage Cabinets	<b>Reference:</b>

<b>PU 1</b>	<b>Name:</b> Kitchen Crest Cabinets, LLC	<b>Date:</b> 03/20/2025 1200
	<b>Address:</b> 1950 George Street	03/20/2025 1330
	<b>Phone:</b> MELROSE PARK IL 60160	<b>Contact:</b>
	(630) 868-0888	Drvr Ld/Unld: No driver loading or unload

<b>SO 2</b>	<b>Name:</b> Heritage Cabinets	<b>Date:</b> 03/21/2025 0600
	<b>Address:</b> 155 Flrst Quality Dr.	03/21/2025 0700
	<b>Customer:</b> ANDERSONVILLE TN 37705	<b>Contact:</b> Alex
	<b>Phone:</b> (865) 693-4700	Drvr Ld/Unld: No driver loading or unload

<b>Payment</b>	<b>Carrier Freight Pay:</b>	\$1,229.00
	<b>Total Carrier Pay:</b>	\$1,229.00
	*Does not include quick pay or advance fee.	

**Instructions**

Attn: **Bricen Montgomery**



## Heritage Cabinets

**Date 3/7/25**

# BILL OF LADING – SHORT FORM – NOT NEGOTIABLE

Load #

<b>Shipper Name:</b> KCC <b>Shipper Address:</b> 1950 George Street <b>Shipper City, Zip:</b> Melrose Park, IL 60160		<b>Bill of Lading Number: Load #</b>  <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>	
<div style="background-color: #cccccc; text-align: center; padding: 2px;"><b>SHIP TO</b></div> Zach Blum Zachary Curtis Construction LLC 1016 Edington Street Moscow, ID 83843		<b>Carrier Name:</b> <b>Driver:</b> <b>Truck:</b>	
<div style="background-color: #cccccc; text-align: center; padding: 2px;"><b>THIRD PARTY FREIGHT CHARGES BILL TO</b></div>		<b>SCAC:</b>  <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>	
<b>Special Instructions:</b> 208-669-1092 (business phone)		<b>Freight Charge Terms (Freight charges are prepaid unless marked otherwise):</b> Prepaid <input type="checkbox"/> Collect: 3rd Party <input type="checkbox"/> <input type="checkbox"/> Master bill of lading with attached underlying bills of lading.	
<b>CUSTOMER ORDER INFORMATION</b>			
<b>Customer Order No.</b>	<b># of Packages</b>	<b>Weight</b>	<b>Pallet/Slip (circle one)</b>
5527-310408/5528-310411			
<b>Grand Total</b>			
<b>CARRIER INFORMATION</b>			
<b>Handling Unit</b>	<b>Package</b>		<b>LTL Only</b>
		48x40x78 = 1247 lbs 96x48x32 = 1174 lbs 96x48x50 = 1665 lbs	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> NMFC No.      Class
<b>COD Amount: \$</b> _____ Fee terms: Collect <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer check acceptable <input type="checkbox"/>			
<b>Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC § 14706(c)(1)(A) and (B) and applicable contract.</b>			
Received, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier, shipper, and any transportation broker, if applicable, and to all applicable state and federal regulations not waived by contract.		The carrier shall not make delivery of this shipment without payment of charges and all other lawful fees. <b>Shipper Signature</b> _____	
<b>Shipper Signature/Date</b>  This is to certify that the above named materials are properly classified, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<b>Trailer Loaded:</b> <input type="checkbox"/> By shipper <input type="checkbox"/> By driver	<b>Freight Counted:</b> <input type="checkbox"/> By shipper <input type="checkbox"/> By driver/pallets said to contain <input type="checkbox"/> By driver/pieces	<b>Carrier Signature/Pickup Date</b>  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. Property described above is received in good order, except as noted.

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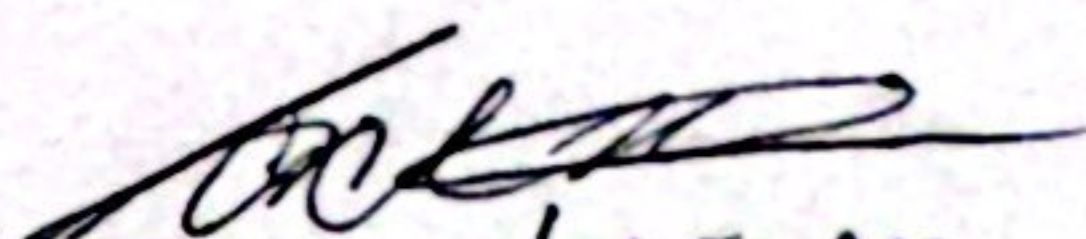
# Heritage Cabinets

Date 3/7/25

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Zach Blum Zachary Curtis Construction LLC 1016 Edington Street Moscow, ID 83843		Carrier Name: Driver: Truck:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>		BAR CODE SPACE	
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 6:50 AM.

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