



## INVOICE

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

**INVOICE DATE:** 03/31/2025  
**INVOICE #:** R83707  
**TERMS:** NET 30  
**DUE DATE:** 05/01/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
03/28/2025		737 Industrial Park Drive, Newport News, VA 23602 - 1300 Morningside Rd, Fremont, NE 68025			
		Freight Income	1	\$2,300.00	\$2,300.00

<b>TOTAL</b>
\$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: **1697178**

\*ORDER # MUST APPEAR ON ALL BILLING\*

\*DRIVER MUST CALL IN FOR DISPATCH\*

Carrier: ZIGI FREIGHT INC

Carrier ID: ZIGLOM

Phone: 321-465-5667

Fax:

Date: 03/28/2025

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

<b>Order</b>	<b>Miles:</b> 1293.0	<b>Weight:</b> 44000.0
	<b>PU #</b>	<b>Trailer:</b> 53' Van Only
	<b>BOL:</b>	<b>Commodity:</b>

<b><u>PU 1</u></b>	Name: AMERICAN TURBOCHARGER	<b>Date:</b> 03/28/2025 0700
	Address: 737 Industrial Park Drive	03/28/2025 1500
	NEWPORT NEWS VA 23602	Contact: (704) 520-7288
		Driver Assist: N

<b><u>SO 2</u></b>	Name: MAGNUS, LLC	<b>Date:</b> 03/31/2025 0830
	Address: 1300 Morningside Rd	03/31/2025 1200
	FREMONT NE 68025	Contact: (704) 520-7288
		Driver Assist: N

<b>Payment</b>	<b>Total Carrier Pay:</b>	<b>\$2,300.00</b>
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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](mailto:CarrierAP@shipwithbest.com)**  
**(PICTURES IN EMAIL BODY WILL NOT BE ACCEPTED)**  
**In the SUBJECT LINE Reference ORDER NUMBER **1697178****

605 1-27-16

van 402

Date: 03/28/2025

# BILL OF LADING -- NOT NEGOTIABLE

BOL No: A1127929

## SHIP FROM

Name: AMERICAN TURBOCHARGER  
Address: 737 INDUSTRIAL PARK DR  
Address:  
City/State/Zip: NEWPORT NEWS, VA, 23602  
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: 1300 MORNINGSIDE ROA  
Address:  
City/State/Zip: FREMONT, NE, 68025  
Contact: SAM MAPLES  
Phone: 2052925847  
Appt Date:

Location #:

Appt Time:

## THIRD PARTY FREIGHT CHARGE BILL TO

Name: DALKO RESOURCES, INC.  
Address: P.O. BOX 98  
Address:  
City/State/Zip: SHARPSVILLE, PA, 16150  
Phone:

## FREIGHT CHARGE TERMS

THIRD PARTY PREPAID

## SPECIAL INSTRUCTIONS

## ADDED SERVICES

MANAGEMENT FEE

## CLIENT INFORMATION

TYPE	REFERENCE	ADDITIONAL INFORMATION	PCS	HDLG UNITS	WEIGHT
Bill To Plant	U501				

## CARRIER INFORMATION

HDLG 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				

To Deliver Call Adam Schultz at 402 719 1913

Mark "X" to designate hazardous materials as defined in the title 49 of code of Federal Regulations

Where 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 by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

Hazmat emergency contact #:

COD Amount :\$

Fee Terms: Collect: ☐

Prepaid: ☐

Customer check acceptable: ☐

Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 14706(c)(1)(A) and (B)

## 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 Department of Transportation.

*[Signature]* 3/28/25

## Trailer Loaded: Freight Counted:

☐ By Shipper ☐ By Shipper  
☐ By Driver ☐ By Driver

## 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.

## CONSIGNEE SIGNATURE / DATE

Received subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

Print Name:

*[Signature]*

Signature:

*[Signature]*

Date: