



INVOICE

BILL TO:
GO TO EXPRESS INC
2233 WEST ST
RIVER GROVE, IL 60171

INVOICE DATE: 04/01/2025
INVOICE #: B83908
TERMS: NET 30
DUE DATE: 05/01/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
03/28/2025		1019 W 400 N, Ogden, UT 84404 - 1100 Glen Clarida Dr, Suite 101, Marion, IL 62959			
		Freight Income	1	\$2,100.00	\$2,100.00

TOTAL
\$2,100.00

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



GO TO EXPRESS, INC [MC665467]
2233 N. WEST ST
RIVER GROVE IL 60171
P: 708-338-0303
F: 708-338-0404

LOAD CONFIRMATION

TRIP 1139383

SENT: Friday, March 28, 2025 4:22PM

BOOKED: Tim Edington

CARRIER NAME: BRZ
BOOKED WITH: SARA
PHONE: (708) 303-5150
FAX:
EMAIL: nick@rtbrz.com; SHAWN@RTBRZ.COM
EQUIPMENT: V

REFERENCE
PICKUP#: B0015892
LOAD#: 197536
LOAD#: 256724
PO#: 512340

PICK UP: 03/28/2025 8:00AM to 03/28/2025 8:00PM

LOCATION	FREIGHT	DESCRIPTION / INSTRUCTIONS	INFO	TEMP	PLTS	WGT
READERLINK DIST SERVICES/DC OGDEN 1019 W 400 N **BY APPT ONLY** OGDEN, UT 84404 877-538-9278 CONTACT: 801-773-3303 TRISHA SHIPPING	B0015892	FREIGHT OF ALL KINDS		0-00	59	16,012.0

DELIVER: 04/01/2025 7:00AM APPT MADE

LOCATION	FREIGHT	DESCRIPTION / INSTRUCTIONS	INFO	TEMP	PLTS	WGT
READERLINK - MARION 1100 GLEN CLARIDA DR SUITE 101 MARION, IL 62959 618-422-6050 CONTACT: MELISSA	B0015892	FREIGHT OF ALL KINDS		0-00	59	16,012.0

PLEASE SEND INVOICES + POD TO: ap@gotologistics.net

AGREED RATES

Our Reference	Rate Type	Amount
B0015892	BASE	\$2,100.00
TOTAL: \$USD		<u>\$2,100.00</u>

SPECIAL BILLING NOTES

- * 'Trip' and 'Our Reference Number(s)' must be referenced on your invoice.
- * A copy of the Original Bills must be provided with your invoice.
- * Rates include all Add-on and Surcharges.
- * Any Freight Claims will be deducted from the agreed rates.
- * All Lumper receipts must be turned in within 24 hours of delivery to be refunded
- * Payments will be made by ACH only. Ensure your ACH info on file

Please sign and fax back.

(SIGNATURE)

(PRINTED NAME)

(DATE)

Mar 27, 2025

Bill Of Lading

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Name: Readerlink Distribution Services	BOL: 197536
Address: 1019 W 400 N	
City/State/Zip: OGDEN, UT 84404	
SID#: _____ FOB: _____	
Name: Marion	Carrier Name: Go To Logistics
Address: 1100 GLEN CLARITA DR	READERLINK DISTRIBUTION SERVICES
City/State/Zip: MARION, IL 62959	Trailer: Date: 3.31.25
CID#: _____ FOB: _____	Time In: 12:40 Time Out: 1:30
	Seal Number(s): Pallet Count: 59
	Signature: [Signature]
	Acknowledged Receipt Only
Name: Readerlink Distribution Services	Quantity subject to verification
Address: 1375 N Weber Road	SCAC: 7am GTJN
City/State/Zip: Romeoville, IL 60446 US	Pro Number: _____
SPECIAL INSTRUCTIONS: Mstr: 020822754- 512340	Freight Charge Terms: (freight charges prepaid unless marked)
Truck 1	Prepaid _____ Collect _____ X 3rd Party _____
Located TFR08 stage lanes	(check box) Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET / SLIP	ADDITIONAL SHIPPER INFO	
512340		59	16,012	(Y) / N	201,519	
Overall - Total		59	16,012			

HANDLING UNIT		PACKAGE		WEIGHT	HM(X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M	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(e) of NMFC Item 360	NMFC	CLASS
1,079	CARTONS	59	PALLETS	16,012			60	60
Overall - Total		59		16,012				
1,079		Overall - Total		16,012				

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 _____

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. -14706(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, and to all applicable state and federal regulation.

SHIPPER SIGNATURE / DATE
This is to certify that the above named materials are properly classified, packaged, marked and labeled, are in proper condition for transportation according to the shipper, on request, and to all applicable state and federal regulation.

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. Property described above is received in good order, except as noted.

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