



INVOICE

BILL TO:
FIRST FREIGHT INC
2597 233RD ST
FORT MADISON, IA 52627

INVOICE DATE: 04/18/2025
INVOICE #: B86641
TERMS: NET 30
DUE DATE: 05/18/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
04/16/2025		1910 48th Street, Fort Madison, IA 52627 - 4300 E Holmes Rd., Memphis, TN 38118			
		Freight Income	1	\$1,000.00	\$1,000.00
		Layover	1	\$250.00	\$250.00

TOTAL
\$1,250.00

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



FIRST FREIGHT INC.
2597 233RD ST
FORT MADISON IA 52627

PRO # 79833

Rate Confirmation

04/16/25 09:53:10 (EST)

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SEAN CONRAD
(319) 316-1905
seanconrad@firstfreightinc.com

BRZ
(708) 303-5150 (p)

MC # 86875
DOT 3119062
Driver MARK

Truck # 607
Trailer # PTLZ
Cell # (954) 853-8600

Size & Type: 53' VAN
Pieces: 43

Description: NON HAZ CHEM.
Weight: 42500

Miles: 484

CHARGES		DISPATCH NOTES
LINE HAUL RATE	1000.00	
TOTAL RATE	1000.00	

PICK 1

THE SCOTTS COMPANY
1910 48TH STREET
FORT MADISON IA 52627

Appointment 04/16/25 @ 10:00
Ref # 832251262

STOP 1

MEMPHIS
4300 E HOLMES RD.
MEMPHIS TN 38118

Appointment 04/17/25 @ 06:00

Remarks: Please submit ALL pages of the POD within 48 hours of delivery to
invoicing@firstfreightinc.com.

CARRIER SPECIAL INSTRUCTIONS

- Carriers must inform First Freight Inc. 1 hour before entering detention.
- Detention will not be paid at PU/DEL without IN/OUT times marked on the BOLs by the shipper or consignee and prior approval by broker.
- Carrier must notify First Freight Inc. immediately of any issues that may cause the carrier to miss the scheduled PU/DEL time.
- All late PU/DEL not communicated to broker will result in \$100 fine per day.
- All load concerns should be communicated to First Freight Inc. ONLY.
- The carrier must not contact the shipper or consignee for any reason.
- Trailer seals may only be removed by customer or authorized personnel.
- Carrier is liable for all transportation costs associated with a return shipment if the driver breaks the trailer seal without authorization.
- Carrier must inform broker if the trailer seal is broken during transit.
- Carrier must have clean, dry, odorless trailer.
- If this shipment is re-brokered, co-brokered, subcontracted, assigned, or interlined, agreement is VOID.
- Carrier must adhere to all FMCSA regulations.
- Carrier is responsible for compliance with California Air Resources Board regulations if operating in California.
- Carrier is required to inform broker of any overages, shortages, and damages at the shipper or consignee.
- Carrier shall be liable for all loss, damage and liability occurred by the transportation of property arranged by broker.
- Any additional charges must be approved by broker prior to invoicing.

Carrier Signature

Steve Tatum

Date 04 / 16 / 2025
M D

Send Carrier Bills to the Address Above

PRO # 79833

must appear on all Invoices



FIRST FREIGHT INC.
2597 233RD ST
FORT MADISON IA 52627

PRO # 79833

Rate Confirmation

04/18/25 15:24:54 (EST)

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SEAN CONRAD
(319) 316-1905
seanconrad@firstfreightinc.com

BRZ
(708) 303-5150 (p)

MC # 86875
DOT 3119062
Driver MARK

Truck # 607
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Size & Type: 53' VAN
Pieces: 43

Description: NON HAZ CHEM.
Weight: 42500

Miles: 484

CHARGES		DISPATCH NOTES
LINE HAUL RATE	1000.00	
LAYOVER	250.00	
TOTAL RATE	1250.00	

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1910 48TH STREET
FORT MADISON IA 52627

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Ref # 832251262

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Steve Tatum

Date 04 / 18 / 2025
M D

Send Carrier Bills to the Address Above

PRO # 79833

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Date: 04/14/2025

BILL OF LADING Page: 01 of 01

SHIP FROM

Name: The Scotts Company and Subsidiaries
 Address: 1910 48th St
 City/State/Zip: Ft Madison, IA 52627-3208
 Phone: 1-800-233-5296
 SID#: 3050-5005

Bill of Lading Number: 832251262

FOB: ☐

SHIP TO

Name: Memphis
 Location#:
 Address: 4300 E Holmes Rd.
 City/State/Zip: Memphis, TN 38118
 Phone: 937-644-0011
 CID#: P50J6

FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO

Name: The Scotts Company - Freight Payables C/O Sterling TMS
 Address: 14111 Scottslawn Road
 City/State/Zip: Marysville, OH 43040

SPECIAL INSTRUCTIONS:

Appt: 00:00:00

CARRIER NAME: FIRST FREIGHT

Trailer number:

Seal number(s):

SCAC: FFR

113251

Pro number: 79833

Equipment:

Load ID:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid ☐Collect ☐3rd Party ☒

Shipment Number: 6802244829

☐ Master Bill of Lading with attached
 underlying Bills of Lading

Shipment Number: 6802244829

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	#PKGS	WEIGHT	PALLETS (Y/N)	ADDITIONAL SHIPPER INFO
5001730571	1.032	41,879	Y	
GRAND TOTAL	1.032	41,879 LB		

CARRIER INFORMATION

PACKAGE		COMMODITY DESCRIPTION		LTL ONLY	
QTY	WEIGHT	H.M. (X)	Commodities requiring special (or additional) care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation. See Section 2(e) of NMFC Item 360.	NMFC#	CLASS
1.032	41,879		Fertilizing Compounds (Mfg Fertilizers)	68140-55	50
			43 pallets		
			T. J. J. 4.14.25 11:55		
1.032	41,879 LB		PALLETS: 43 #CHEP: 0 #PECO: 0 EACHES: 4128		

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 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 regulations.

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

Signature

Shipper

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

☒ By Shipper
☐ By Driver

Freight Counted:

☒ By Shipper
☐ By Driver/forwarded to consignee
☐ By Driver/Pieces

CARRIER SIGNATURE/PICKUP DATE & TIME

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 documentation in the vehicle.

Mr. Moore 4/17/25

Damage described above is accepted as good order, correct as noted.