



INVOICE

BILL TO:

NOLAN TRANSPORTATION GROUP LLC
400 NORTHRIDGE RD STE 1000
ATLANTA, GA 30350

INVOICE DATE: 04/25/2025**INVOICE #:** B87715**TERMS:** NET 30**DUE DATE:** 05/25/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
04/23/2025		1655 Gateway Court, Elkhart, IN 46514, USA - 4841 Freeman Drive, Fort Worth, TX 76140-1533, USA			
		Freight Income	1	\$1,850.00	\$1,850.00

TOTAL

\$1,850.00

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**

Nolan Transportation Group Rate Confirmation: **Load # 8472787**

Carrier Sales Rep: GRADY EDWARDS		After Hours Contact	
P: (854) 800-6029		P: (470) 964-2024	
E: GRADY.EDWARDS@NTGFREIGHT.COM			
General Information	Equipment: 53FT Dry Van	Commodity: General Freight	Total Weight (lbs): 44400
# Of Stops: 2	# Of PALLETS: 24	Packaging Type: PALLETS	Reference #s: PO #: 11678-1(B)
BL#:	CTR#:	MBOL#:	Load Requirements:

Origin Stop 1: Plasticade - Elkhart 1655 Gateway Court, Elkhart,IN 46514,USA Business Hours: 08:00 - 15:00 *All details are exclusive to stop 1	Ship Date: 04/23/25 Weight (lbs): 0 Apt #: Instructions: MACROPOINT REQUIRED SEND PHOTO OF LOADED AND SECURED FREIGHT DEDICATED	Apt. Time: FCFS (see business hours) Pickup #: Stop Requirements:	Quantity: 0
Destination Stop 2: SITE BARRICADES 4841 Freeman Drive, Fort Worth,TX 76140-1533,USA Business Hours: 08:00 - 16:00 *All details are exclusive to stop 2	Delivery Date: 04/25/25 Weight (lbs): 0 Apt #: Instructions: POD DUE IMMEDIATELY UPON DELIVERY WITH PRINTED NAME AND SIGNATURE IN / OUT TIMES REQUIRED FOR DETENTION APPROVAL	Apt. Time: FCFS (see business hours) Delivery #: Stop Requirements:	Quantity: 0

Carrier Info

RIKI TRANSPORTATION INC (MC# 86875, DOT# 3119062)
Dispatcher: rocco **Phone:** (708) 303-5150
Email: rocco@rtbrz.com
Driver Name: jon **Driver Phone:** +1 (520) 499-9166
Truck: 608 **Trailer:** PTLZ241144

Rate Details	
\$1850.00	Line Haul
\$1850.00	Total

CARRIER TERMS AND CONDITIONS CONTINUED: //FAX BACK THIS CONFIRMATION SIGNED & COMPLETED TO FAX # LOCATED ON BOTTOM RIGHT OF THIS CONFIRMATION.FOR DISPATCH, DRIVER MUST CALL NTG TO ACTIVATE PICK UP# //SHOULD A PROBLEM OR CHANGE ARISE AT ANY TIME, NOTIFY NTG IMMEDIATELY, 24 / 7.RATE IS FOR EXCLUSIVE TRUCK ONLY UNLESS STATED IN WRITING.ALL FREIGHT TRAILERS MUST BE 10 YEARS OR NEWER.DO NOT SIGN FOR DAMAGED GOODS. NTG IS NOT RESPONSIBLE FOR OVERWEIGHT/ GROSS TRAILERS AFTER DRIVER HAS LEFT THE SHIPPER.IT IS CARRIER'S RESPONSIBILITY TO CONFIRM OR MAKE ANY NECESSARY APPOINTMENTS 24 HOURS IN ADVANCE, AND CONFIRM DELIVERY ADDRESS ON BILLS. IF DIFFERENT,CALL BOOKING OFFICE IMMEDIATELY FOR APPROVAL.ANY APPROVED CHANGES OR CHARGES MUST BE NOTED ON A NEW RATE CONFIRMATION SUPPLIED BY NTG.ALL LUMPERS AND / OR ACCESSORIAL FEES MUST BE PREAPPROVED BY NTG THROUGH A NEW RATE CONFIRMATION AND AN ORIGINAL RECEIPT SENT IN WITH CARRIER'S INVOICE IN ORDER TO BE REIMBURSED.DRIVER ASSIST AND FUEL SURCHARGE IS INCLUDED IN RATE.CARRIER REPRESENTS THERE ARE NO EXCLUSIONS IN THEIR INSURANCE POLICY THAT WOULD APPLY TO THE FREIGHT BEING TRANSPORTED. NTG DOES NOT ADVANCE FUNDS FOR ANY REASON.CARRIER SHALL COMPLY WITH ALL APPLICABLE FEDERAL, STATE, AND LOCAL LAWS AND REGULATIONS, AS WELL AS ALL ELD COMPLIANCE REGULATIONS,CONCERNING THE TRANSACTIONS CONTEMPLATED BY THIS AGREEMENT.THIS CONFIRMATION MUST BE SIGNED BY CARRIER AND RECEIVED BACK BY OURBOOKING OFFICE FOR PAYMENT.

ALL ACCESSORIALS MUST BE REQUESTED, WITH ALL RECEIPTS UPLOADED WITHIN 48 HOURS OF DELIVERY

Double Brokering this load will cause this contract to become Null &Void. Double Brokering is strictly prohibited!

Signature_____ Position_____ Date_____

Carrier Signature_____ Position_____ Date_____

Driver Name_____ Driver Cell_____

Tractor #_____ Trailer# _____

By doing business with NTG you fully agree with the terms and conditions listed herein and the terms and conditions listed in the NTG Broker-Carrier Agreement.

NTG LOAD # 8472787 must be included on your invoice with a copy of the POD or the invoice will not be paid

SEND ALL INVOICES and PODS TO: 244 Perimeter Center Pkwy NE Fourth Floor, Atlanta, GA 30346 POD@NTGFREIGHT.COM, or Fax to 678-569-1059. **WANT TO GET PAID FASTER?** NTG's exclusive carrier payment program offers permanent Net-1 & Net-2 day terms for a nominal fee. Learn more by contacting your carrier Carrier Sales Representative or visiting <http://www.NTGFreight.com/Carriers> . Broker agreement & rate confirmation must be completed, signed, and on file for payment on this load. \$200.00 will be deducted from the rate is the POD not received within 48 hours of scheduled delivery, or if this rate confirmation is used as a POD.

244 Perimeter Center Pkwy NE Fourth Floor, Atlanta, GA 30346

Find Loads, Book Loads, Get Paid Fast.

beon Carrier

Beon Carrier gives you visibility and control of your business. Take advantage of enhanced load board features, rate visibility, bid and book options, real-time 1 Day and 2 Day payments and document management - all in one place!

Find Loads Hassle-free

Leverage lane preferences in Beon Carrier to receive optimized load options. With expanded equipment availabilities, carriers have access to a wide range of load preference selections.

Submit Bids & Book Loads

With Beon Carrier, you can view all relevant load details, such as loading hours, appointment times and weight information. Then, submit a bid on the load you want and book it with a single click.

Easy Tender Acceptance

Beon Carrier makes it simple to manage your available tenders. Easily accept or decline freight tenders with the click of a button. For shipments specifically matched for you, simply accept, decline or submit a counteroffer from the tender section within Beon Carrier.

Get Paid Fast

Get paid faster with Beon Carrier – use our 1 Day and 2 Day Payment options that deposit cash directly into your checking account. Access load payment status and receive 24/7 support for any payment inquiries.

Manage Documents with Ease

Easily manage loads within Beon Carrier by uploading a picture of shipment documents. With this feature, your shipments and accessorials will be processed quickly.

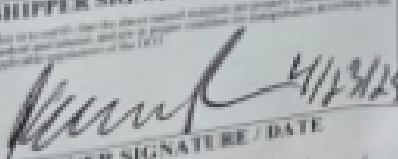
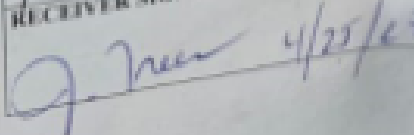
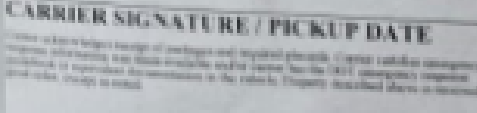


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Don't have an account? [Register](#) to get started!



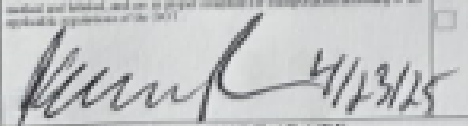
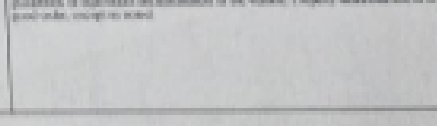
Scan the QR Code to
Download the Beon
Carrier mobile app or
[Click Here](#)

Date: 04/23/25		Page 1 of 1	
SHIP FROM		BILL OF LADING	
Name: Plasticade - Elkhart Address: 1655 Gateway Court City/State/Zip: Elkhart/IN/46514 SID#: 17891801		Bill of Lading Number: 8472787	
SHIP TO		CARRIER NAME:	
Name: SITE BARRICADES Address: 4841 Freeman Drive City/State/Zip: Fort Worth/TX/76140-1533 CID#: 17891802		Trailer number: Seal number(s): SCAC: Pre number:	
THIRD PARTY FREIGHT CHARGES BILL TO		<input type="checkbox"/> Master Bill of Lading with attached underlying bills of Lading	
Name: Nolan Transportation Group Address: 400 Northridge Road #1000 City/State/Zip: Atlanta/GA/30350 SPECIAL INSTRUCTIONS: PCW T1678-1(B)			
CUSTOMER ORDER INFORMATION			
CUSTOMER ORDER NUMBER	#PKGS	WEIGHT	PALLETS/SLIP (CHECK ONE)
			Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>
GRAND TOTAL			
CARRIER INFORMATION			
HANDLING UNIT	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION
QTY	TYPE		
24	Pallets	44400	PCW T1678-1(B)
24	44400		GRAND TOTAL
<small>When the shipper is responsible for loading, the shipper is responsible for securing the cargo in the trailer and for the proper use of the tie-downs. The shipper is responsible for the proper use of the tie-downs.</small>			COD Amount: \$ For Terms:
NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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			The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
SHIPPER SIGNATURE / DATE		Trailer Loaded:	Freight Counted:
 4/13/25		<input type="checkbox"/> By Shipper	<input type="checkbox"/> By Shipper
		<input type="checkbox"/> By Driver	<input type="checkbox"/> By Driver/pallets said to contain
RECEIVER SIGNATURE / DATE		CARRIER SIGNATURE / PICKUP DATE	
 4/25/25			

Date: 04/24/20

BILL OF LADING

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SHIP FROM				SHIP TO			
Name: Plasticade - Elkhart Address: 1633 Gateway Court City/State/Zip: Elkhart/IN/46514 SID#: 17891801				Name: SITE BARRICADES Location #: Address: 4841 Freeman Drive City/State/Zip: Fort Worth/TX/76140-1333 CID#: 17891802			
FOB: <input type="checkbox"/>				POB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO				CARRIER NAME:			
Name: Nolan Transportation Group Address: 400 Northridge Road #1000 City/State/Zip: Atlanta/GA/30350				Trailer number: Seal number(s): SCAC: Pro number:			
SPECIAL INSTRUCTIONS:				Master Bill Of Lading: with attached underlying Bills Of Lading			
POW 11678-1(B)							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		#PKGS	WEIGHT	PALLET/SLIP (CHECK ONE)		ADDITIONAL SHIPPER INFO	
				Y <input type="checkbox"/> N <input type="checkbox"/>			
				Y <input type="checkbox"/> N <input type="checkbox"/>			
				Y <input type="checkbox"/> N <input type="checkbox"/>			
				Y <input type="checkbox"/> N <input type="checkbox"/>			
				Y <input type="checkbox"/> N <input type="checkbox"/>			
				Y <input type="checkbox"/> N <input type="checkbox"/>			
				Y <input type="checkbox"/> N <input type="checkbox"/>			
				Y <input type="checkbox"/> N <input type="checkbox"/>			
				Y <input type="checkbox"/> N <input type="checkbox"/>			
				Y <input type="checkbox"/> N <input type="checkbox"/>			
GRAND TOTAL							
CARRIER INFORMATION							
HANDLING UNIT		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION			ETL ONLY
QTY	TYPE			<small>Commodity description must be in accordance with the commodity code book and must be in accordance with the commodity code book and must be in accordance with the commodity code book.</small>			NMFC # CLASS
24	Pallets	44400		POW 11678-1(B)			
24		44400		GRAND TOTAL			
<small>When the rate is dependent on value, shipper is required to state specifically in writing the agreed or declared value of the property or contents. The agreed or declared value of the property is specifically stated by the shipper to be insurable.</small>				COD Amount: \$			
<small>per</small>				Fee Terms:			
				Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>			
				Customer check acceptable: <input type="checkbox"/>			
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				The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.			
SHIPPER SIGNATURE / DATE				CARRIER SIGNATURE / PICKUP DATE			
<small>This is to certify that the above named material are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>				<small>Carrier releases holder except of packages and material placed. Carrier certifies emergency response information with material labels for material carrier has the DOT emergency response guidelines or materials for information in the vehicle. Property described above is described in good order, except as noted.</small>			
Trucker Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver				Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces			
 4/13/15							
RECEIVER SIGNATURE / DATE							

Date: 04/23/25

BILL OF LADING

Page 1 of 1

SHIP FROM		Bill of Lading Number: 8472787
Name: Plasticade - Elkhart Address: 1655 Gateway Court City/State/Zip: Elkhart/IN/46514 SID#: 17891801		CARRIER NAME: Trailer number: Seal number(s): SCAC: Pro number:
SHIP TO Name: SITE BARRICADES Location #: Address: 4841 Freeman Drive City/State/Zip: Fort Worth/TX/76140-1533 CID#: 17891802		
THIRD PARTY FREIGHT CHARGES BILL TO Name: Nolan Transportation Group Address: 400 Northridge Road #1000 City/State/Zip: Atlanta/GA/30350		
SPECIAL INSTRUCTIONS: PC# 11678-1(B)		<input type="checkbox"/> Master Bill Of Lading: with attached underlying Bills Of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	#PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
			Y <input type="checkbox"/> N <input type="checkbox"/>	
			Y <input type="checkbox"/> N <input type="checkbox"/>	
			Y <input type="checkbox"/> N <input type="checkbox"/>	
			Y <input type="checkbox"/> N <input type="checkbox"/>	
			Y <input type="checkbox"/> N <input type="checkbox"/>	
			Y <input type="checkbox"/> N <input type="checkbox"/>	
			Y <input type="checkbox"/> N <input type="checkbox"/>	
			Y <input type="checkbox"/> N <input type="checkbox"/>	
			Y <input type="checkbox"/> N <input type="checkbox"/>	
GRAND TOTAL				

CARRIER INFORMATION

HANDLING UNIT	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE		<small>Commodities requiring special or additional care in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300.</small>	NMFC #	CLASS
24	Pallets	44400	PC# 11678-1(B)		
24		44400	GRAND TOTAL		

When the value 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 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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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 ICA.

[Signature] 4/23/25

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 documents. Carrier certifies emergency response information was made available and carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is insured in good order, except as noted.

RECEIVER SIGNATURE / DATE

[Signature] 4/25/25