



INVOICE

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

INVOICE DATE: 04/25/2025
INVOICE #: B87895
TERMS: NET 30
DUE DATE: 05/25/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
04/24/2025		350 S Rohlwing Rd, Addison, IL 60101 - 1725 Research Dr, Suite 101, Louisville, KY 40299			
		Freight Income	1	\$700.00	\$700.00

TOTAL
\$700.00

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

*** Load Confirmation ***

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TEAM: Green Team

Best Logistics

P.O. Box 336

Kernersville, NC 27285

PHONE: (336) 515-9001 ***FAX: 1 (866) 557-5170 *****Order: 1706538*****ORDER # MUST APPEAR ON ALL BILLING******DRIVER MUST CALL IN FOR DISPATCH*****Carrier: RIKI TRANSPORTATION INC**
Carrier ID: RIKBUI**Phone: 708-852-5530****Fax:****Date: 04/24/2025****Contact: Green Team**
PLEASE NOTE OUR NEW CONTACT NUMBERS BELOW:*Phone: (336) 515-9001 *****Fax: 1 (866) 557-5170 *****Reference: MPO187838**

Instructions / Comments:

ADDISON - JDE - DOMCHA01: NA

Order**Miles: 317.0****PU # 215717****BOL: 51946217****Weight: 44600.0****Trailer: 53' Van Only****Commodity: ROLL PAPER on pallets**

PU 1Name: ADDISON - JDE
Address: 350 S ROHLWING RD
ADDISON

IL 60101

Date: 04/24/2025 1430Contact: (336) 515-9001
Driver Assist: NReference number(s): PO MPO187838
Reference number(s): PO MPO187838
Reference number(s): PO MPO187838
Reference number(s): PO ZZ

SO 2Name: MILLCRAFT PAPER STORE-LOUISVILLE
Address: 1725 RESEARCH DR , SUITE 101
LOUISVILLE KY 40299**Date: 04/25/2025 1000**Contact: (336) 515-9001
Driver Assist: N

*** Load Confirmation ***

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TEAM: Green Team
Best Logistics
P.O. Box 336
Kernersville, NC 27285

PHONE: (336) 515-9001 *
FAX: 1 (866) 557-5170 *



Order: 1706538

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DRIVER MUST CALL IN FOR DISPATCH

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Reference number(s): PO MPO187838
Reference number(s): PO ZZ

Payment Total Carrier Pay: \$700.00

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 PICKS 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
(PICTURES IN EMAIL BODY WILL NOT BE ACCEPTED)
In the SUBJECT LINE Reference ORDER NUMBER 1706538

608 1-27-16

John Djordjevic

04/24/2025

Osmar

704-778-7367

826

W94934

(X) Accept

() Decline






Date: 04/24/2025

Page: 1

BILL OF LADING

CARRIER -ALL PAGES OF BILL OF LADING MUST BE PROVIDED TO RECEIVER

SHIP FROM		Bill of Lading: 30193591	
Name: EG c/o ADDISON - JDE Address: 350 S ROHLWING RD REPORT TO DOOR 1 NORTHSIDE EG ADDISON IL 60101 SID#: 215717		 BLQV30193591	
SHIP TO		Trailer Number: W94934	
Name: MILLCRAFT PAPER STORE-LOUISVILLE Address: 1725 RESEARCH DR , SUITE 101 LOUISVILLE KY 40299		SCAC/Carrier Name: BLQV / BEST LOGISTICS	
		Seal number(s): 0	
		Freight Terms: Hold for Truckload	
		Pro number:	
SOLD TO		Point of Lading: ADDISON/IL/60101	
Name: MILLCRAFT PURCHASING CORPORATION INC*** Address: 1729 RESEARCH DR STE 101 AUTO EMAIL INVOICE LOUISVILLE KY 40228		INCOTERMS 2020: CPT LOUISVILLE KY 40299	
		Customs Broker:	
		Filer Code:	
THIRD PARTY FREIGHT CHARGES BILL TO		End Customer PO # :	
Name: DOMTAR Address: PO BOX 809 FORT MILL SC 29716		Importer of Record:	
		<input type="checkbox"/> Master Bill of Lading: (With attached underlying Bills of Lading)	

DELIVERY INSTRUCTIONS:

Stand Apt: M-W-F 10 am Other Days: Call for appointment Del Hours: 9-2pm Louisville.receiving@millcraft.com

Seal breach : Appeler si violation du sceau. Call if seal has been tampered @ 514-848-5555, ext.: 85099 during business hours\ durant les heures d'affaires.
After business hours\ Apres les heures d'affaires. @ 1-800-461-2771.

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# OF PKGS	NET WEIGHT	PALLET	ADDITIONAL SHIPPER INFO
MPO187838				
MPO188199				
GRAND TOTAL	405.00	42,825.00		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		GROSS WEIGHT	H M (X)	COMMODITY DESCRIPTION <small>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.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
41.00	PLT	405.00	EA	44,872.00		GRAND TOTAL	150550-5	55 - Paper for printing in boxes or wrapped rolls.

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: If any provision of this BOL, any tariffs or rate schedules conflict with the terms of agreement signed between the Shipper and the Carrier, the terms of the agreement will control.

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. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.

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:

☐ By Shipper☐ By Shipper☐ By Driver☐ By Driver/Pallets said to contain☐ By Driver

Shipper Signature

CARRIER SIGNATURE / PICKUP DATE

The commodities were exported either from the United States in accordance with the Export Administration Regulations or from Canada in accordance with Canada's Export Control as the case may be. Diversion contrary to the applicable law is prohibited. ECCN-EAR99