



INVOICE

BILL TO:
Murphy Road Recycling

INVOICE DATE: 05/02/2025
INVOICE #: B89026
TERMS: NET 30
DUE DATE: 06/02/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
05/01/2025		2 Kansas Street, Worcester, MA, 01610 - 3510 E Garfield Rd, New Springfield, OH 44443, USA			
		Freight Income	1	\$850.00	\$850.00

TOTAL
\$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

Load Confirmation & Rate Agreement**Pick up Date****5/1/25**

Billing **(NOT PICK UP ADDRESS)**

Murphy Road Recycling
15 Mullen Road
Enfield CT 06082
Timh@usarecycle.com

Carrier: Riki Transportation INC dba BRZMC#: 086875Address: 8225 Leclair AvePhone: (708) 303-5150 ext. 115Burbank, IL 60459Fax: _____

Special Instructions

- Material is baled recycle residue
- **It is the driver's responsibility to ensure that the load is safe, secure, and legal transport. If a load shifts it is the driver's responsibility to fix this. All loads are loaded down the center of the trailer and do not shift unless driver makes a very erratic turn.**
- Facility loading hours 7am-5pm
- **Unload hours: 6:30am- 3 pm - Monday-Friday**
- If a washout is needed it will not be reimbursed.
- **Scale ticket, BOL, POD, Invoice, submitted to Timh@usarecycle.com for payment**
- The load / Reference number for billing is the scale ticket number, you will receive this after weighing out.
- Drivers tandems must be completely slid back before being loaded.
- **Must say F&G Recycling at pick up window**
- Must have swing doors, no roll up doors may be used

Additional Info: _____

Load Information

Pick up Location: Superior Waste

Address: 2 Kansas Street, Worcester, MA, 01610

Commodity: Recycle Residue Weight: 44,000lbs
Trailer size: 48-53 Flat/Van

Deliver To: WM- Mahoning Landfill 3510 E Garfield Rd, New Springfield Oh 44443

Agreed Rate: \$850

F & G RECYCLING, LLC555 Taylor Road, Enfield, CT 06082
(860) 746-3200 • Fax (860) 741-5927**MANIFEST No.****10101274****CONSTRUCTION DEBRIS WASTE MANIFEST****GENERATOR**

Generator Name **F & G RECYCLING** Generator Location **Massachusetts Material Mgmt., Inc.**
Address **2 Kansas Street, Worcester MA 01610** Phone No. **508 797 4848**
Origin Ticket # _____ Net WT **4700** Material **1054**

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations.

Generator Authorized Agent Name **JOSE**Signature **JOSE**Date **5/1/25****TRANSPORTER**

Truck No. **X 828** Trailer No. **X 97974**
Transporter Name **BRZ X TORRENCE CURRY JR** Driver Name (print) **X TORRENCE CURRY JR**
Address _____ Vehicle License No/State **X P1151478 / IL**
Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above.

I certify that I have a valid CDL Class A license, a valid medical card and that my DOT# is valid and in good standing with the FMCSA.

I hereby certify that the above material was delivered without incident to the destination named below.

I hereby certify that F & G Recycling, LLC shall be a named insured on our policy.

I hereby agree to indemnify F & G Recycling, LLC and hold harmless from any liability or expense.

Driver Signature **X T. Curry Jr**

Driver Signature

Delivery Date

DESTINATION

Site Name **Mahoning Landfill** Landfill Ticket Date _____
Address **3510 E Garfield Rd., New Springfield, OH 44443** Landfill Ticket No. _____ Landfill Ticket Tons _____
Phone: **866-909-4458**

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent **Ediberto DEXESUS**Signature **Ediberto**Receipt Date **5-2-25****DIRECTIONS ***MUST FOLLOW******COMMENTS****TRANSPORTER**