



INVOICE

BILL TO:

WORLDWIDE EXPRESS
2700 COMMERCE STREET SUITE 1500
DALLAS, TX 75226

INVOICE DATE: 05/08/2025**INVOICE #:** R89971**TERMS:** NET 30**DUE DATE:** 06/08/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
05/07/2025		3835 Knight Road, Memphis, TN 38118 - 1100 Westlake Pkwy, Suite 120, Atlanta, GA 30336			
		Freight Income	1	\$1,100.00	\$1,100.00

TOTAL

\$1,100.00

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

PRO # 1032391

Rate Confirmation

05/07/25 12:41:36 (EST)



WORLDWIDE EXPRESS
2700 COMMERCE ST SUITE 1500
DALLAS TX 75226

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M

STUART RIZMAN
(888) 956-7447 (p)
(888) 804-6421 (f)
stuart.rizman@globaltranz.com

C
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ZIGI FREIGHT INC
(630) 485-7370 (p) Att: ASTA
(630) 485-6980 (f)
MC # 944686 Truck #
DOT 2828543 Trailer #
Driver Cell #

Size & Type: 53' VAN

Description: MEDICAL SUPPLIES

Miles: 365

Pieces: 26

Weight: 22354

DECLARED VALUE \$100000.00

CHARGES		DISPATCH NOTES
LINE HAUL RATE	1100.00	TO1000525//MUST BE DEDICATED - ANY SIGN OF PARTIALLING IS SUBJECT TO PASS THROUGH CHARGES FROM THE CUSTOMER
TOTAL RATE	1100.00	

PICK 1

RHYTHM HEALTHCARE
3835 KNIGHT ROAD
MEMPHIS TN 38118
Hours : 0900-1600

Appointment 05/07/25 @ FCFS

STOP 1

RHYTHM HEALTHCARE
1100 WESTLAKE PKWY
SUITE 120
ATLANTA GA 30336
Hours : 0900-1700

Appointment 05/08/25 @ FCFS

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Please reference additional page for requirements and details.

Send available equipment emails to trucklist@wwex.com

Carrier Signature _____

Date _____ / _____ / _____
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Send Carrier Bills to the Address Above

PRO #1032391

must appear on all Invoices

To be eligible for Accessorials / Incidentals, driver must:

- Be checked in to shipper **OR** receiver by the appointment time
- Submit all proof of detention, accessorial, incidentals within 24-48 hours of delivery.
- ***Carrier must accept location tracking via an approved visibility technology (confirm with broker)***

Detention:

- Carrier must be on time for pickup/delivery.
- Detention accrual begins 2 hours after appointment time at shipper/receiver IF:
 - Carrier must notify Broker after **60** minutes of waiting.
 - Provide time stamped BOL within 48 hours of delivery.
- Detention Rate - **\$40/hr** after 2 hours. Max \$200 detention per stop.

Layover, Truck Order Not Used (TONU):

- Carrier must contact Broker to request.
- Delays or cancellations must be confirmed by Broker
- Layovers: \$200 Dry Van or \$250 Running Reefers.
- TONU: \$200

Submitting Payments:

- Email Invoice, Rate Confirmation, Proof of Delivery & Receipts to CarrierAP.Invoices@wwex.com and **MUST** include the word **INVOICE** in the subject line.
- 2.5% Quick Pay available upon request
- For Payments question contact Inquiry.CarrierAP@wwex.com or call the Carrier AP Department at 888-860-4030

Carrier understands and acknowledges that any instruction or information given to Carrier by Broker are merely for the Carrier's convenience and not to be construed as Broker's attempt to control the manner, method, or means by which Carrier or its employees performs the work hereunder. This Carrier Rate Confirmation is a legally binding agreement between Broker and Carrier. No signature is required to enforce any provision of this agreement; rather both parties accept the terms and conditions contained herein upon Carrier's partial or full performance of the shipment. In the event of any conflict between the Agreement and this Carrier Rate Confirmation, the Agreement shall govern and then any terms set forth in this Carrier Rate Confirmation shall apply. Carrier must immediately notify Broker if shipper's instructions do NOT match this Rate Confirmation. Broker does not authorize handwritten or verbal changes to this rate confirmation. If this rate confirmation does not accurately reflect the load terms, Carrier must obtain a revised rate confirmation from Broker. Carrier's failure to provide equipment and/or services as agreed upon may result in line haul deductions.

WORLDWIDE EXPRESS
2700 COMMERCE SUITE SUITE 1500
DALLAS TX 75226
(888) 956-7447
(888) 804-6421 Fax

STRAIGHT BILL of LADING

Carrier : ZIGI FREIGHT INC
Date : 05/07/25
Trailer # : 94946
Pro # : 1032391

SHIPPER		CONSIGNEE		INSTRUCTIONS	
RHYTHM HEALTHCARE 3835 KNIGHT ROAD MEMPHIS TN 38118 Ref # P/U Appt : 05/07/25 FCFS		RHYTHM HEALTHCARE 1100 WESTLAKE PKWY SUITE 120 ATLANTA GA 30336 Ref # Del Appt : 05/08/25 FCFS		TO1000525 Seal# 2088812	
Description	Class	Pcs	Weight	Plts	Additional Info
MEDICAL SUPPLIES		26	22354		
MEDICAL SUPPLIES		26	22354		
Totals		26	22354		
Additional Ref #'s	Prepaid ____ Collect ____ 3rd Party XXX WORLDWIDE EXPRESS CARRIERAP.INVOICES@WWEX.COM 2700 COMMERCE SUITE SUITE 1500 DALLAS TX 75226			Carrier Please Put WORLDWIDE EXPRESS Pro # 1032391 on Your Invoice to Ensure Prompt Payment	
Please fax copy of BOL to WORLDWIDE EXPRESS @ (888) 804-6421 after Pickup & Delivery					

**** NOTE TO CARRIER **** ANY questions or problems with this call WORLDWIDE EXPRESS @ (888) 956-7447
NOTE : Liability limitation for loss or damage in this shipment may be applicable pursuant to an agreement between the parties or under applicable law including, but not limited to, See 49 USC Section 101 et seq.

Subject to Section 7 conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper : RHYTHM HEALTHCARE Signature <i>[Signature]</i> Date 5/7/25		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 about is received in good order, except as noted. Carrier/Driver Signature License Plate Trailer # Pieces Date / / MC #	
This is to certify that the above named materials are classified, marked and labeled and are in proper condition for transportation according to the applicable regulations of the DOT. Shipper : RHYTHM HEALTHCARE Name of Signor: Signature Time In : Date / / Time Out:		Received subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise 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. Consignee : RHYTHM HEALTHCARE Name of Signor: Trevon Brown Signature: <i>[Signature]</i> Time In: Date 5/8/25 Time Out: 9:55 am	

ADD BL TEXT IN THE SETUP MENU
THIS IS THE LAST LINE OF BL TEXT