



## INVOICE

**BILL TO:**

CLEVER TRANSCO  
7025 N SCOTTSDALE RD SUITE 303  
PARADISE VALLEY, AZ 85253

**INVOICE DATE:** 05/12/2025**INVOICE #:** R90409**TERMS:** NET 30**DUE DATE:** 06/12/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
05/09/2025		800 Cochran Ave, Cambridge, OH 43725, USA - 7550 E 30th St, Yuma, AZ 85365, USA			
		Freight Income	1	\$3,200.00	\$3,200.00

**TOTAL**

\$3,200.00

**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**



CLEVER TRANSCO, LLC  
3925 W LONE CACTUS DRIVE  
GLENDALE AZ 85308

PRO # 26754

Rate Confirmation

05/09/25 12:46:50 (EST)

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JUSTIN VAITIEKUS  
(602) 325-8282 x 103 (p)  
(602) 962-5584 (c)  
justin@clevertransco.com

ZIGI FREIGHT INC  
(630) 485-7370 (p) Att: MATEO

MC #	944686	Truck #	748
DOT	2828543	Trailer #	W97036
Driver	DEVIN	Cell #	(903) 990-0847

Size & Type: 53' VAN  
Pieces: 0

Description: WINDOWS & SCREENS  
Weight: 26359

Miles: 0

CHARGES		DISPATCH NOTES
LINE HAUL RATE	3200.00	
TOTAL RATE	3200.00	

PICK 1

QUANEX  
800 COCHRAN AVE  
CAMBRIDGE OH 43725  
Phone/Contact: (740) 439-6423 TROY BAKER

Appointment 05/09/25  
Pieces: 0  
Weight: 26359  
Ref # C15380041

STOP 1

ASSOCIATED MATERIALS -  
7550 EAST 30TH STREET  
YUMA AZ 85365  
Hours : 0800-1400  
Phone/Contact: RICARDO ESCOBEDO

Appointment 05/12/25  
Pieces: 0  
Weight: 26359

NET 60 DAY CUSTOMER

CARRIER TERMS AND CONDITIONS CONTINUED: /////EMAIL BACK THIS CONFIRMATION SIGNED & COMPLETED TO EMAIL LOCATED ON BOTTOM RIGHT OF THIS CONFIRMATION. FOR DISPATCH, DRIVER MUST CALL CT TO ACTIVATE PICK UP# ///// SHOULD A PROBLEM OR CHANGE ARISE AT ANY TIME, NOTIFY CT 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. CT IS NOT RESPONSIBLE FOR OVERWEIGHT/GROSS TRAILERS AFTER DRIVER HAS LEFT THE 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 CT. ALL LUMPERS AND/OR ACCESSORIAL FEES MUST BE PRE APPROVED BY CT 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. CT 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 OUR BOOKING OFFICE FOR PAYMENT. CARRIER CERTIFIES THAT THE TRANSPORT REFRIGERATION UNIT (TRU OR REEFER) EQUIPMENT FURNISHED FOR LOADING THIS SHIPMENT IS IN COMPLIANCE WITH CALIFORNIA TRU REGULATIONS. FURTHERMORE, YOUR DRIVER'S SIGNATURE ON THE BILL OF LADING IS AN ACKNOWLEDGEMENT OF THE ABOVE STATEMENT AND CERTIFICATION

(Rate Confirmation Details on Next Page)

Carrier Signature Mateo Utvic

Date        /        /         
M D

Send Carrier Bills to the Address Above

PRO # 26754

must appear on all Invoices



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GLENDALE AZ 85308

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Driver	DEVIN	Cell #	(903) 990-0847

THAT THE EQUIPMENT SUPPLIED BY SAID COMPANY FOR LOADING IS IN COMPLIANCE.  
\*\*\*\*\*

By doing business with CT you fully agree with CT terms & conditions listed in the CT broker agreement, carrier packet, and terms and conditions document located at [www.clevertransco.com](http://www.clevertransco.com)

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CT LOAD # MUST BE INCLUDED ON YOUR INVOICE WITH A COPY OF THE P.O.D!

Invoices will not be paid without a P.O.D

SEND ALL INVOICES TO: [Billing@clevertransco.com](mailto:Billing@clevertransco.com)

EFS charge per code is \$10 fee.

SEND ALL BOLs TO: broker carrier representative

\$200.00 WILL BE DEDUCTED FROM RATE IF POD IS NOT RECEIVED WITHIN 48 HOURS OF SCHEDULED DELIVERY, OR IF THIS RATE CONFIRMATION IS USED AS A POD!

P.O.D. HAS TO BE SIGNED BY SHIPPER, RECEIVER AND DRIVER. CT ACCEPTS ONLY SCANNED COPIES OF P.O.D. IF DRIVER IS LATE IN ANY APPOINTMENT

(SHIPPER OR RECEIVER) CT HAS ALL RIGHTS TO CHARGE THE CARRIER LATE FEE AND APPOINTMENT RESCHEDULE FEE. IF MACROPOINT NOT ACCEPTED \$200 DEDUCTION.

MACROPOINT NEEDS TO BE ON FOR THE FULL DURATION OF THE LOAD. PICK TO DROP DRIVER MISSES APPOINTMENT SCHEDULED, \$200 DEDUCTION PER DAY MISSED.

Carrier Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D

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PRO # 26754

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Date: 05/09/2025

Page 1

## AMI Bill of Lading

SHIP FROM				Bill of Lading Number: 88279725			
Ship From Code: QUANE800							
Name: QUANEX							
Address: 800 COCHRAN AVE				AMI Load ID:			
Address 2:				CARRIER NAME: CLEVER TRANSCO			
City/State/Zip: CAMBRIDGE, OH 43725				Equipment Type: Dry Van			
Contact Name: TROY BAKER				Trailer number:			
Contact Number: 740-439-6423				Seal number(s):			
SID#: MITC							
SHIP TO				SCAC: CEVO			
Ship To Code: 015				Pro Number:			
Name: ASSOCIATED MATERIALS - YUMA							
Address: 7550 EAST 30TH STREET							
Address 2:				Freight Charge Terms:			
City/State/Zip: YUMA, AZ 85365				(freight charges are Collect unless marked otherwise)			
Contact Name: RICARDO ESCOBEDO				Prepaid: <input type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: <input checked="" type="checkbox"/>			
Contact Number: (928) 920-0574				Scheduled Pickup Date: 2025-05-09 08:20			
CID#:				<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading			
INVOICE REMIT TO:							
Name: AMI C/O RYDER FREIGHT BILL PROCESSING							
Address: 39550 THIRTEEN MILE ROAD STE 101							
City/State/Zip: NOVI, MI 48377-2360							
SPECIAL INSTRUCTIONS:							
CUSTOMER ORDER INFORMATION							
Customer Order Number		#PKGS		Weight		Pallet/Slip (CIRCLE ONE)	
C15380041		48		26359		N N	
GRAND TOTAL		48		26359			
CARRIER INFORMATION							
Handling Unit		Package		Weight		Commodity Description	
Qty	Type	Qty	Type	Weight	HAZ (X)	LTL Only	
48	PLT			26359		NMFC# Class	
48				26359.0		spacers and separators	
GRAND TOTAL							
<small>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: Noting a value is not a request for Additional Cargo Liability under OD Rules 100, Item 574 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding.</small>						COD Amount: \$	
<small>per</small>						Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>	
<i>Ar 5/12</i>						Personal/Company check Not acceptable: <input type="checkbox"/>	
NOTE - Liability Limitation applies. See OD Rules 100, Items 574 and 594							
<small>RECEIVED, subject to the rates, classifications and rules that have been established by the Carrier and are available on request to the Shipper (Shipper defined in 49 U.S.C.A. § 13102 (13)), and to all applicable state and federal regulations. Shipper 1) warrants it has read all applicable contract(s) or Carrier's applicable tariff(s) and the limitation of liability provisions set forth therein; and 2) has actual knowledge of and accepts the applicable contract or tariff terms, including the limits on carrier liability. Carrier's tariff(s), including OD Rules 100, take precedence in the event of any terms or conditions conflicts.</small>						<small>The carrier shall not make delivery of this shipment without payment of the freight and all other lawful charges.</small>	
SHIPPER SIGNATURE / DATE		Trailer Loaded:		Freight Counted:		CARRIER SIGNATURE / PICKUP DATE	
<i>Ar 5-09-25</i>		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S DOT emergency response guidebook or equivalent documentation in the vehicle.	
						X Property described above is received in good order, except as noted.	