



INVOICE

BILL TO:
PINNACLE PRO LOGISTICS LLC
17200 SE MILL PLAIN BLVD # 280
VANCOUVER, WA 98683

INVOICE DATE: 05/13/2025
INVOICE #: R90589
TERMS: NET 30
DUE DATE: 06/13/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
05/12/2025		2199 10th Ave, Cumming, IA 50061, USA - 802 Henrietta Creek Rd, Roanoke, TX 76262, USA			
		Freight Income	1	\$1,500.00	\$1,500.00

TOTAL
\$1,500.00

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



PINNACLE PRO LOGISTICS
17200 SE MILL PLAIN BLVD
SUITE 280
VANCOUVER WA 98683

PRO # 194865

Rate Confirmation

05/12/25 10:25:38 (EST)

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AUSTIN GRIMES
(913) 386-6610
(971) 244-9311 (f)
a.grimes@pinnacleprologistics.com

ZIGI FREIGHT INC
(630) 485-7370 (p) Att: MACK
(630) 485-6980 (f)
MC # 944686 Truck # 774
DOT 2828543 Trailer # W9T973
Driver CARLOS Cell # (786) 484-5209

Size & Type: 53' DRY VAN
Pieces:
Straps/Chains Required

Description: LOADBANKS
Weight: 20000

Miles:

CHARGES		DISPATCH NOTES
LINE HAUL RATE	1500.00	Required: Macropoint Tracking - DRIVER MUST CONFIRM PIECE COUNT - DRIVER MUST SEND PHOTO OF LOADED CARGO AND BOL BEFORE DEPARTING SHIPPER - BOL MUST HAVE A LEGIBLE PRINTED NAME, SIGNATURE, DATE, AND time from both shipper and receiver to be considered valid POD.
TOTAL RATE	1500.00	

PICK 1

MICROSOFT DSM13
2199 10TH AVE.
CUMMING IA 50065
Hours : 0800-0900

Ready Date: 05/12/25
Seal # 630-566-1575

STOP 1

SUNBELT RENTALS - PC16
802 HENRIETTA CREEK RD DO
ROANOKE TX 76262
Hours : 0800-1200

Must Deliver: 05/14/25
Seal # 630-566-1575

1) EXCLUSIVE USE & DEDICATED USE ONLY. NO PARTIALS ARE ALLOWED WITHOUT EXPRESSED WRITTEN CONSENT OF PINNACLE PRO LOGISTICS. FAILURE TO DO SO IS SUBJECT TO RATE REDUCTION
2) BY ACCEPTING THIS RATE CONFIRMATION, CARRIER AGREES THAT DRIVER(S) HAS THE HOURS OF SERVICE REQUIRED TO COMPLETE THE GIVEN MILEAGE IN THE REQUESTED TIME. FAILURE TO DO SO IS SUBJECT TO RATE REDUCTION WITHOUT PRIOR COMMUNICATION
3) TO ASSIST IN ELIMINATING FRAUD, ALL CORRESPONDENCE VIA EMAIL WILL BE THROUGH OUR COMPANY EMAIL ADDRESS DOMAIN @PINNACLEPROLOGISTICS.COM. IF YOU BELIEVE ARE A VICTIM OF FRAUDULENT ACTIVITY CONTACT OUR OFFICE ASSOCIATED WITH YOUR SHIPMENT VIA THE TELEPHONE NUMBER LISTED ON OUR WEBSITE.
4) CARRIER MUST VERIFY PIECE COUNT ONCE LOADED AND AWAIT PINNACLE'S APPROVAL BEFORE DEPARTURE. FAILURE MAY RESULT IN RATE REDUCTION.
5) CARRIER MUST GET THE FOLLOWING WRITTEN ON BOL AT DELIVERY: PRINTED NAME, SIGNATURE, DATE AND TIME. FAILURE MAY RESULT IN RATE REDUCTION
6) MUST PROVIDE COPY OR VERBAL POD WITHIN 1 HOUR AFTER DELIVERY IS MADE OR SUBJECT TO RATE REDUCTION
7) PLEASE SUBMIT INVOICE WITH POD TO ACCOUNTING@PINNACLEPROLOGISTICS.COM
DRAYAGE INVOICES ARE REQUIRED TO INCLUDE PROOF OF INGATE

Carrier Signature _____

Date _____ / _____ / _____
M D

Send Carrier Bills to the Address Above

PRO # 194865

must appear on all Invoices

RULES

(To be printed on white paper)

UNIFORM STRAIGHT BILL OF LADING

ORIGINAL—NOT NEGOTIABLE

Carrier's Pro No. truck 3 of 4
 Shipper's Bill of Lading No. C# 158935340
 Consignee's Reference (P.O. No. _____)
 Carrier's Code (SCAC) _____

Name of Carrier Pinnacle Pro Logistics

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.

From Microsoft DSM13

Street 2199 10th Ave City Cumming County _____ State GA Zip 50065
 the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned, and destined as shown below, which said carrier agrees to carry to destination, or otherwise to deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to Sunbelt Rentals PC1629/1930

On Collect on Delivery Shipments, the billers "COD" must appear before consignee's name.

Destination Street 802 Henrietta Creek Rd. - Dock# 18City RoanokeCounty _____ State TX Zip 76262

Delivering Carrier _____

Additional Shipment Information _____

Collected on Delivery \$ _____ and remit to: _____ City _____ State _____
 Street _____
 C.O.D. change to be paid by _____ Shipper ☐ Consignee ☐

Handling Units No. Type	⊙ Packages No. Type	Kind of Package, Description of Articles, Special Marks and Exceptions (Subject to correction)	Weight/ (Subject to Correction)	Class or Rate Ref. (For Information Only)	Cube (Op- tional)
		(14) LPH500 Load Banks w/ Cages & Wireless Gtwy Kit	20,000 lbs		
		<i>X Brandon Cox 5/13/25</i>			

⊙ Mark "X" to designate Hazardous Materials as defined in DOT Regulations.

NOTE (1) 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 _____."

NOTE (2) Liability Limitation for loss or damage on this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).

NOTE (3) 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. See Sec. 2(e) of NMFC Item 300.

Notify if problem en route or at delivery _____

Chase Whitetree

Name _____

Company Name _____

City _____

State _____

Zip _____

Carrier _____

Per _____

Date _____

Tel. No. _____

Fax No. _____

720-900-8263 (for informational purposes only)

Send freight bill to: _____

Bennett Intl

Company Name _____

City _____

State _____

Zip _____

Carrier _____

Per _____

Date _____

Tel. No. _____

Fax No. _____

720-900-8263 (for informational purposes only)

Shipper Microsoft DSM13

Per _____

Date _____

Tel. No. _____

Fax No. _____

720-900-8263 (for informational purposes only)

Shipper Certification

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Per X Date 5-13-25

Carrier Certification

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the appropriate emergency response placards as required by Department of Transportation in the vehicle.

Per 6/12/25 Date 5/12/2025

Shawn McWilliams

R44013 Inc

Carlos Varano