



INVOICE

BILL TO:
FREIGHT SERVICES INC
6440 N SWAN STE 210
TUCSON, AZ 85718

INVOICE DATE: 05/15/2025
INVOICE #: B90862
TERMS: NET 30
DUE DATE: 06/15/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
05/13/2025		265 N Freeport Dr, Nogales, AZ 85621 - 4101 Research BLV, Building #1 / Suite 200, Arlington, TX 76014			
		Freight Income	1	\$2,600.00	\$2,600.00

TOTAL
\$2,600.00

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

Freight Services, Inc.**6440 N SWAN RD, Tucson, AZ 85718**

Station: FSI MLS Phone: 480-272-6673 Fax: 480-454-3746

LOAD TENDER: 217550

Pickup Date:	05/13/2025	Due Date:	05/15/2025		
Dispatch To: BRZ 8225 LECLAIRE AVE BURBANK, IL 60459 (708) 303-5150 (Phone) (Fax)		Shipment Details: Pieces: 1 Pallets: 0 Weight: 25000 Description Cable electrico de muestra Cable electrico Class:			
Ready Time: 15:00 Close Time: 17:00		Due Time: 10:00 Service Level: TRUCKLOAD			
Shipper Information AMPHENOL FIBER OPTIC PRODUCTS 265 N FREEPORT DR NOGALES, AZ 85621 Attn: SHIPPING PU Reference #: ASN		Consignee Information TECH NATIONAL DISTRIBUTION CENTE 4101 RESEARCH BLV BUILDING #1 / SUITE 200 ARLINGTON, TX 76014 Attn: DEL Reference #: ASN			
Special Instructions 53' SMOOTH WALLED VAN OR REEFER IS REQUIRED PICKUP TUESDAY 5/13 FROM 3PM-5PM WITH		Special Instructions DELIVER THURSDAY 5/15 AT 10AM WITH			
Dec Value: \$100,000.00					
Carrier Name: BRZ Carrier Acct#: BRZ60459 MAWB: 217550 Dest: DFW - DALLAS, FT. WORTH Tariff Code: Service Level: TRUCKLOAD Dest Agent: Agent Phone: Flight Information: driver Total Miles: 0 M Truck Number: Trailer Number: Equipment Requested::		Shipment Dimensions		Appointment Information	
				Appt Date: 05/15/2025 Appointment Time: 10:00 Appointment Notes:	
		Rate Details: Base Rate: \$2,100.00			
		MacroPoint Acce: \$250.00 ON TIME DELIVER: \$250.00			
		Rate All Inclusive: \$2,600.00			

**Please send all invoices and supporting
documentation for payment to
Accounting@FreightServices.net**

This Confirmation must be signed and returned back via fax to 480-454-3746 or emailed to mls@freightservices.net prior to load being picked up. Repls via email will also be considered as acceptance of rate confirmation and all applicable rules and regulations provided on the rate confirmation.

Printed Name: Steve Tatum Date: 05/13/2025

Signature: Steve Tatum

THIS LOAD CONFIRMATION IS SUBJECT TO THE TERMS OF THE AGREEMENT FOR TRANSPORTATION BROKERAGE ("AGREEMENT") PREVIOUSLY EXECUTED BETWEEN OUR COMPANIES AND THIS CONSTITUTES AN ADDENDUM TO THE TERMS OF THAT AGREEMENT. WE AGREE TO PAY THE RATES AND CHARGES SHOWN ABOVE AND NO DIFFERENT TARIFF RATE OR SCHEDULE OF RATES APPLY. THIS LOAD CONFIRMATION IS INCLUSIVE OF ALL CHARGES. UNLESS ORAL AND WRITTEN FAX OBJECTIONS ARE MADE TO ITS TERMS, AT THE EARLIER OF WITHIN TWENTY-FOURS (24) HOURS OF RECEIPT OR PRIOR TO WORK BEING INITIATED, YOU HAVE AGREED TO THESE TERMS.



Multimodal Waybill
Issued by: Freight Services Inc.
6440 N SWAN RD Suite 210
Tucson, AZ 85718
520-777-3850

217550



SERVICE LEVEL: TRUCKLOAD (TRUCK LOAD)		ORIGIN TUS	PICK UP DATE 05/13/2025	DESTINATION DFW	DELIVERY DATE 05/15/2025	LOAD POSITION
Shipper: AMPHENOL FIBER OPTIC PRODUCTS			Consignee: TECH NATIONAL DISTRIBUTION CENTER - E930			
Address: 265 N FREEPORT DR			Address: 4101 RESEARCH BLV			
Address:			Address: BUILDING #1 / SUITE 200			
City: NOGALES	State: AZ	Zip: 85621	City: ARLINGTON	State: TX	Zip: 76014	
Attn: SHIPPING		Ref: ASN0000000038239	Attn:		Ref: ASN0000000038239	
READY TIME: 15:00	CLOSE TIME: 17:00	Phone:	DUE TIME: 10:00		Phone:	
SPECIAL INSTRUCTIONS: PICKUP		PICKUP OPTIONS	SPECIAL INSTRUCTIONS: DELIVERY		DELIVERY OPTIONS	
53' SMOOTH WALLED VAN OR REEFER IS REQUIRED PICKUP TUESDAY 5/13 FROM 3PM-5PM WITH			DELIVER THURSDAY 5/15 AT 10AM WITH DEL # 157952		Purchase Orders: ASN0000000038239	
TIME IN		TIME OUT		TIME IN		TIME OUT
PIECES	SHIPMENT DESCRIPTION	CLASS	NMFC #	HAZMAT	DIMS IN L W H / INCHES	WEIGHT
21	Cable electrico de muestra					15945
						Declared Value for Carriage Enter DV in US Dollars \$100,000.00 IF NO DOLLAR AMOUNT IS ENTERED ABOVE DECLARED VALUE WILL BE SET AS STATED VALUE AGREED TO BE \$100.00 PER SHIPMENT OR \$0.50 PER POUND UNLESS DECLARED NON NEGOTIABLE WAYBILL SUBJECT TO TERMS AND CONDITIONS TO VIEW TERMS & CONDITIONS GO TO: www.FreightServices.net
TOTAL PIECES	TOTAL PALLET			DIM FACTOR	TOTAL DIM WEIGHT	TOTAL WEIGHT
21	0			200	0	15945
It is agreed that the goods declared herein are accepted in apparent good order and condition (except as noted) and the carrier shall be liable to the conditions of contract on the reverse hereof. ALL GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD OR ANY OTHER CARRIER UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVEN HEREON BY THE SHIPPER. AND SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICH THE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATION OF LIABILITY.						
I hereby certify that the particulars on the face hereof are correct and that insofar as any part of the consignment contains dangerous goods I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled, and in proper condition for carriage according to applicable national governmental regulations. Shipper understands and agrees that any and all air cargo tendered on behalf of our company is subject to inspection per TSA regulations IACSSP 3.1.E						
Shippers Signature: <u>[Signature]</u> 5/13/25		BILL TO: AMPHENOL FIBER OPTICS			CHARGES	
SHIPPER LOAD AND COUNT / CHECK BOX IF DRIVER LOAD AND COUNT		Company Name:			<input type="checkbox"/> PREPAID	
Shippers Name (please print):		Address: 482 N. MARIPOSA RD WHSE A			<input type="checkbox"/> COLLECT	
RECEIVED ABOVE DESCRIBED CARGO IN GOOD ORDER EXCEPTIONS NOTED		Address:			<input type="checkbox"/> C.O.D.	
NOTE ANY DAMAGE OR MISSING		City: NOGALES State: AZ Zip: 85621			<input checked="" type="checkbox"/> 3RD PARTY	
Drivers Signature		Attn:				
Date		Phone:				
PLACE PRO STICKER HERE		VEHICLE TYPE			FREIGHT CHARGE	
		<input type="checkbox"/> FTL <input type="checkbox"/> BOX TRUCK <input type="checkbox"/> SPRINTER <input type="checkbox"/> CAR			FUEL SURCHARGE	
		DRIVER NAME			OTHER	
		DRIVER NUMBER			TOTAL CHARGES	
		VEHICLE NUMBER			AMOUNT RECEIVED	
		TRAILER NUMBER			RECEIVED BY (NAME)	
					CASH / CHECK CC	
		Consignee Signature: <u>[Signature]</u> POD				
		Print Name: <u>[Signature]</u>				
		Date: <u>5/15</u> Time: <u>10:45</u>				
		Received: <u>21</u> Pieces <u>21</u> Pallets				
		NOTE ANY DAMAGED OR MISSING				

View Terms & Conditions at www.freightservices.net