



INVOICE

BILL TO:
BEST LOGISTIC SERVICES
829 GRAVES STREET
KERNERSVILLE, NC 27284

INVOICE DATE: 05/27/2025
INVOICE #: R92716
TERMS: NET 30
DUE DATE: 06/27/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
05/26/2025		1201 Unity St, Thomasville, NC 27360, USA - 1902 Kimberly Park Dr, Dalton, GA 30720, USA			
		Freight Income	1	\$800.00	\$800.00

TOTAL
\$800.00

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

TEAM: **Durham Team**

Best Logistics

P.O. Box 336

Kernersville, NC 27285

PHONE: (919) 323-3198 *

FAX: 1 (919) 246-5992 *

Order: **1713454**

ORDER # MUST APPEAR ON ALL BILLING

DRIVER MUST CALL IN FOR DISPATCH

Carrier: ZIGI FREIGHT INC

Carrier ID: ZIGLOM

Phone: 630-566-2080

Fax:

Date: 05/26/2025

Contact: **Durham Team**

*PLEASE NOTE OUR NEW CONTACT NUMBERS BELOW:

Phone: (919) 323-3198 *

Fax: 1 (919) 246-5992 *

Reference:

Instructions / Comments:

IMAFLEX INC. - IMATH001: ALL DRIVERS MUST ACCEPT MACROPOINT TRACKING FOR THIS CUSTOMER. PLEASE CONTACT DISPATCHER IF YOU CANNOT COMPLY WITH THIS INSTRUCTION. FAILURE TO COMPLY WILL RESULT IN A RATE DEDUCTION OF \$100.00 OR GREATER DEPENDING ON WHAT THE CUSTOMER CHARGES.

IMAFLEX INC. - IMATH001: LATE PICK UPS AND DELIVERIES ARE SUBJECT TO FINES OR FEES

IMAFLEX INC. - IMATH001: ALL PAPERWORK (ALL PAGES OF THE POD, LUMPER RECEIPT, AND ANY OTHER RELEVANT PAPERWORK) MUST BE TURNED IN WITHIN 48 HOURS OF DELIVERY. FAILURE TO COMPLY MAY RESULT IN A DEDUCTION OF \$50 OR GREATER, AND ANY DETENTION OR FEE REIMBURSEMENT MAY BE FORFEITED.

IMAFLEX INC. - IMATH001: ALL DRIVERS ARE REQUIRED TO HAVE 53' FOOD GRADE DRY VAN TRAILERS WITH 3 STRAPS.

Order

Miles: 338.0

PU #

BOL:

Weight: 35000.0

Trailer: 53' Van Only

Commodity: PLASTIC PARTS/3 straps

PU 1

Name: IMAFLEX INC.
Address: 1201 Unity Street
THOMASVILLE

NC 27360

Date: **05/26/2025 0700**

05/26/2025 1100

Contact: (919) 323-3198

Driver Assist: N

SO 2

Name: FLEXSTAR PACKAGING
Address: 1902 KIMBERLY PARK DRIVE
DALTON

GA 30720

Date: **05/27/2025 0800**

05/27/2025 1400

Contact: (919) 323-3198

Driver Assist: N

Payment**Total Carrier Pay: \$800.00**

IN ORDER TO HAUL FOR BEST, ALL CARRIERS MUST INFORM DRIVERS OF MACROPOINT TRACKING REQUIREMENT. AT THE TIME OF BOOKING, ALL CARRIERS MUST PROVIDE VALID DRIVER PHONE NUMBER. DRIVERS MUST ACCEPT AND DOWNLOAD MACROPOINT APP BEFORE ARRIVING TO SHIPPER. SHOULD CARRIER/DRIVER NOT COMPLY, A \$100 FINE WILL BE IMPOSED. SUBMISSION OF SIGNED RATE CONFIRMATION VALIDATES THIS AGREEMENT.

NOTE: ELD COMPLIANCE VIA MACROPOINT IS ALSO ACCEPTABLE.

Agreement

Please sign below

- STANDARD TERMS ARE PAYMENT MADE 28 DAYS FROM RECEIPT OF LEGIBLE SIGNED BILL OF LADING, INVOICE, AND LUMPER RECEIPT (IF APPLICABLE).
- ALL EXTRA CHARGES MUST BE PRE-APPROVED BY BEST REPRESENTATIVE THAT BOOKED LOAD. ALL EXTRA CHARGES MUST BE BILLED WITH RECEIPT & BOL.
- DRIVER MUST REPORT ANY OVERAGES, SHORTAGES, OR DAMAGED PRODUCT IMMEDIATELY.
- CARRIER CERTIFIES THAT THEY HOLD THE APPROPRIATE LISCENCES AND AUTHORITIES AND MAINTAIN THE APPROPRIATE INSURANCE COVERAGES AS REQUIRED BY REGULATION TO PERFORM THIS TRANSPORTATION ON BEHALF OF BEST LOGISTICS.
- ANY DOUBLE BROKERAGE WILL RESULT IN NON-PAYMENT. CONFIRMATION OF THE ACTUAL CARRIER OF THIS LOAD WILL BE MADE BEFORE PAYMENT IS RELEASED.
- FINES IMPOSED FOR LATE PICK UPS AND LATE DELIVERIES.
- CARRIER ACKNOWLEDGES AND AGREES THAT BROKER HAS THE EXCLUSIVE OBLIGATION TO PAY FREIGHT CHARGES TO CARRIER.
- CARRIER HEREBY WAIVES AND AGREES TO REFRAIN FROM ALL COLLECTION EFFORTS AGAINST BROKER'S CUSTOMER, SUPPLIER, RECEIVER, CONSIGNOR, OR CONSIGNEE AND ONLY SEEK PAYMENT FROM BROKER.

To Expedite Payment: Email All invoices and Signed POD as attachments to:

CarrierAP@shipwithbest.com

(PICTURES IN EMAIL BODY WILL NOT BE ACCEPTED)

In the SUBJECT LINE Reference ORDER NUMBER 1713454

605 1-27-16

BILL OF LADING - SHORT FORM - NOT NEGOTIABLE

Date: 26-May-2025

SHIP FROM		Bill of Lading #: BOL026561	
IMAFLEX USA INC 1201 Unity Street Thomasville, NC 27360 Tel: 13364741190		Pick-up number:	
SHIP TO		Seal number: 51052085	
FLEXSTAR PACKAGING INC 1902 KIMBERLY PARK DRIVE DALTON, GA 30720 US		CARRIER NAME: BEST LOGISTICS	
Third Party freight Charges Bill To:			
SPECIAL INSTRUCTIONS:		FREIGHT CHARGES : PREPAID	
DO NOT STACK ON THESE PALLETS		<input type="checkbox"/> Master bill of lading with attached underlying bills of lading.	
CUSTOMER ORDER INFORMATION			
Sales Order	Customer purchase no.	No. Packages	Additional Shipper Information
32501539	15774	27	PAK30046762 MFG32561045
TOTAL QTY : 27 SKID		Net: 31.554LB Gross: 33.050LB	
CARRIER INFORMATION			

Del 5 days 5-27-25

Handling Unit	Package	Weight	Unit(X)	Commodity Description <small>Commodity description must be entered in full. If the commodity is a hazardous material, it must be identified by its proper shipping name, hazard class, and packing group.</small>	Unit No.	Class
27	SKID	31.554	LB	Polyethylene film	158830	55
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....."						
COD Amount: \$						
Fee terms: Collect <input type="checkbox"/> Prepaid <input checked="" type="checkbox"/> Customer check Acceptable <input type="checkbox"/>						
Note: Liability limitation for loss or damage in this shipment may be applicable						
Received, subject to individually determined rates or conditions that have been agreed upon in writing between the carrier and shipper. If applicable, conditions to the rates classification, and rules that have been established by the carrier are available to the shipper, on request, and to all applicable state and federal regulations.						
Date: 26-May-2025	Shipper Signature:	Trailer Loaded:	<input checked="" type="checkbox"/> By shipper <input type="checkbox"/> By driver	Freight Counted:	<input type="checkbox"/> By shipper <input checked="" type="checkbox"/> By driver/pallets <input checked="" type="checkbox"/> By other/pieces	Date: 26-May-2025
		Carrier Signature: <small>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 above is received in good order.</small>				