



INVOICE

BILL TO:
TFA LOGISTICS BROKERAGE LLC
10448 DOW-GIL ROAD
ASHLAND, VA 23005

INVOICE DATE: 06/13/2025
INVOICE #: B95614
TERMS: NET 30
DUE DATE: 07/13/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
06/12/2025		9602 Georgia St, Crown Point, IN 46307, USA - 4600 NW 41st St, Riverside, MO 64150			
		Freight Income	1	\$1,300.00	\$1,300.00

TOTAL
\$1,300.00

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

*** Load Confirmation ***

TFA Logistics Brokerage LLC
10448 Dow-Gil Rd
Ashland, VA 23005
877.945.5623



Page 1

2060934

Carrier: BRZ
BURBANK IL 60459
Date: 06/12/2025

Contact: steve
Phone:
Fax:

Order
Order: 2060934
Miles: 514.0
Temp:
BOL:

Commodity: Dry Foods
Weight: 30000.0
Trailer:
Reference:

PU 1 Name: NFI CROWN POINT 929
Address: 9602 GEORGIA ST

CROWN POINT IN 46307
Phone:

Date: 06/12/2025 1400
06/13/2025 1100
Contact:
Dvr Ld/Unld: No driver loading or unload

SO 2 Name: BIMBO KCDC
Address: 4600 NW 41st St
816-759-0701X3
RIVERSIDE MO 64150
Phone:

Date: 06/13/2025 0800
06/13/2025 2359
Contact:
Dvr Ld/Unld: No driver loading or unload

Payment
Carrier Freight Pay: \$1,150.00
driver must accept tracking 150.00
Total Carrier Pay: \$1,300.00

Instructions

Detention must be reported 30 minutes prior to starting, In and Out times MUST be on the BOL. Detention starting after business hours please leave a message and follow up the next business day or within 12 hours.
EFS Check fees for lumpers will incur a \$10 fee upon request.

Agreement Please sign and send back to **Bryan Doerflinger**
Phone 816-373-7595
Email bdoerflinger@teamtfa.com
Fax 816-373-8889




*** FAILURE TO DO ANY OF THE FOLLOWING WILL RESULT IN FINES ***
* Driver must call TFA Logistics Brokerage for dispatch information 877.945.5623
* Driver Must report any overages, shortages of damaged product immediately.

-
1. Double Brokering Prohibited: Double brokering of this load is strictly prohibited and will void this Load Confirmation Agreement, "Agreement". TFA Logistics Brokerage LLC, reserves the right to pay the actual carrier.
 2. Additional Authorized Charges: In order to be paid for any additional charges such as lump sum fees, detention, etc., such charges must be approved in writing by TFA Logistics Brokerage, LLC. and must be supported by receipts, if applicable.
 3. Reporting: An authorized carrier representative must call the TFA Logistics Brokerage LLC. office at the following times:
 - a. When leaving the pick up location.
 - b. When arriving at the destination.
 - c. If any delays are experienced during the trip.
 - d. If the receiving party alleges that the cargo was delivered short, over, or with damage of any kind.
 4. Deductions: Failure to comply with the terms of this Agreement, late delivery, incorrect or late paperwork, and/or the assertion of a claim by the shipper or consignee may subject the Carrier to deductions from the total agreed amount due to Carrier.
 5. Emergencies: If Carrier experiences an emergency outside of normal business hours, please call 1-877-945-5623, they will direct the carrier to the correct TFA Logistics Brokerage LLC after hours personnel.
 6. Payment Terms: Net thirty (30) days from the date TFA Logistics Brokerage LLC. receives Carrier invoice and all required supporting documents in proper form.
 7. Advances: Advances may be available on a case by case basis. Carrier must call TFA Logistics Brokerage LLC. to arrange for any advance.
 8. Sole Responsible Party: By executing the Agreement, Carrier agrees that TFA Logistics Brokerage LLC. is the sole responsible party for paying Carrier charges and Carrier waives its rights to contact any shipper or consignee regarding same.
 9. Billing Instructions: To receive payment on this load, Carrier must submit to TFA Logistics Brokerage LLC. at its office by email or mail at the address shown on Page 1 of this Agreement the following documents:
 - a. Carrier's invoice referencing the Load Number
 - b. A signed copy of the Agreement
 - c. The original bill of lading signed by an authorized individual of the receiving party or other proof of delivery satisfactory to TFA Logistics Brokerage LLC. and its customer
 - d. If applicable, any receipts or supporting documents for any additional authorized charges
 - e. Invoices with supporting documentation may be sent to brkinvoices@teamtfa.com
 10. Addendum to Broker / Carrier Contract: This Agreement shall be considered an Addendum to the Broker/Carrier Contract between TFA Logistics Brokerage LLC. and Carrier and supersedes any oral agreements between the parties.

Questions or concerns please contact dispatch

Invoices and documentation should be e-mailed to BRKINVOICES@TEAMTFA.COM

Date: 06/12/2025		BILL OF LADING		Page: 1
SHIP FROM			Bill of Lading Number	
Name: BMBU Address: 9602 Georgia Street City/State/Zip: Crown Point IN 46307 SID#: 9010153258 FOB: <input type="checkbox"/>				
SHIP TO			CARRIER NAME:	
Name: Riverside Location #: Address: 4600 NW 1st City/State/Zip: Riverside MO 64150 CID#: FOB: <input checked="" type="checkbox"/>			Trailer number: 10506 Seal Number: 2107757	
THIRD PARTY FREIGHT CHARGES BILL TO			SCAC:	
Name: Address: City/State/Zip: 			Pro number: 	
SPECIAL INSTRUCTIONS			Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Underlying DO Numbers: Stop2: DO1: RIV-061725-01			Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>	
			<input type="checkbox"/> Master Bill of Lading with attached underlying Bills of Lading (check box)	

CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER			# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO		
			30 ctns	11154	Y N 0				
GRAND TOTAL			30 ctns	11154					
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
30	pfts	30	ctns	11154		EN LB PTYCK MFN 20P			
30		30		11154		GRAND TOTAL			
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 type="checkbox"/> Customer check acceptable <input type="checkbox"/>			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).									
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, and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature			
SHIPPER SIGNATURE/DATE				Trailer Loaded:		Freight Counted:		CARRIER SIGNATURE/PICKUP DATE	
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.				<input type="checkbox"/> By Shipper		<input type="checkbox"/> By Shipper		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, except as noted.	
				<input type="checkbox"/> By Driver		<input type="checkbox"/> By Driver/pallets said to contain			
				<input type="checkbox"/> By Driver/Pieces					

Cal 6/12/24


Driver


Dr. 18

Date: 06/12/2025

BILL OF LADING

Page: 1

SHIP FROM Name: BMBU Address: 9602 Georgia Street City/State/Zip: Crown Point IN 46307 SID#: 9010153258 FOB <input type="checkbox"/>		Bill of Lading Number:
SHIP TO Name: Riverside Location #: Address: 4600 NW 41St City/State/Zip: Riverside MO 64150 CID#: FOB: <input checked="" type="checkbox"/>		CARRIER NAME: Trailer number: 10506 Seal Number: 2107757
THIRD PARTY FREIGHT CHARGES BILL TO Name: Address: City/State/Zip: 		SCAC: Pro number:  (9012K)---
SPECIAL INSTRUCTIONS: Underlying DO Numbers : Stop2: DO1: RIV-061725-01		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO	
		30 ctns	11154	(Y)	N	0	
GRAND TOTAL		30 ctns	11154				
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY
QTY	TYPE	QTY	TYPE				NMFC #
30	pts	30	ctns	11154		EN LB PTYCK MFN 20P	
30		30		11154		GRAND TOTAL	
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 type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).							
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, and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature	
SHIPPER SIGNATURE/DATE 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. 				Trailer Loaded: Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE/PICKUP DATE 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, except as noted.	

Driver
Dr. 18