



INVOICE

BILL TO:
INLAND TRANSPORT INC
777 PALM DR
OCOE, FL 34761

INVOICE DATE: 06/20/2025
INVOICE #: R96814
TERMS: NET 30
DUE DATE: 07/20/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
06/18/2025		3344 Cazassa Rd, Memphis, TN 38116, USA - 6 Brown Rd, Albany, NY 12205, USA			
		Freight Income	1	\$1,200.00	\$1,200.00

TOTAL
\$1,200.00

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



PRO # 229504

Rate Confirmation

06/18/25 11:33:59 (EST)

INLAND TRANSPORT, INC.
777 PALM DRIVE
OCOE FL 34761

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BRYAN NADEAU
(407) 858-3039 X 223 (p)
(407) 858-3021 (f)
bryan@shipinland.com

ROYAL3 INC
(630) 485-7370 (p) Att: D
(630) 485-6980 (f)
MC # 944686 Truck # 772
DOT 2828543 Trailer # H11498
Driver DEDE Cell # (786) 350-6674

Size & Type: 16' VAN
Pieces: 4

Description: FAK
Weight: 2500

Miles:

CHARGES		DISPATCH NOTES
LINE HAUL RATE	1200.00	***MUST SEND PICTURE OF FREIGHT & BOL ONCE LOADED**. MUST HAVE 98'' CLEARANCE AT THE DOOR FOR LOADING *
TOTAL RATE	1200.00	

PICK 1

JIT-EX LLC
3344 CAZASSA ROAD
MEMPHIS TN 38116
Phone/Contact: (901) 367-7405

Appointment 06/18/25
Ref # Z8144910

STOP 1

BAYSTATE POOL ALBANY
6 BROWN ROAD
ALBANY NY 12205
Phone/Contact: (518) 877-3000

Appointment 06/20/25

BMCA: The terms and conditions set forth in the Broker-Motor Carrier Agreement whether or not executed by the motor carrier detailed are hereby incorporated onto this Rate Confirmation By RC or by acceptance of all or all or any portion of this shipment remains subject to all such terms and conditions. No modifications or amendment to this RC or the BMCA shall be binding against Inland Transport, Inc. unless initialed and signed by Broker authorized representative. Carrier acknowledges and agrees that it has received, read, understands, and agrees to the terms and conditions of the BMCA and this RC.

BY SIGNING THIS CONFIRMATION OR ACCEPTING POSSESSION OF ANY OR ALL OF THE FREIGHT DETAILED HEREIN, CARRIER ACKNOWLEDGES AND AGREES TO THE TERMS, CONDITIONS AND PRICING LISTED HEREIN AND THE BMCA.

This rate confirmation is only valid if received from a @SHIPINLAND.COM email address and confirmed by an employee or agent of Inland Transport, Inc. Subject to \$150 Shipper fine for no approval of dropped trailer or broken seals If applicable.

- SEND INVOICES TO: Inland Transport, Inc. 777 PALM DRIVE OCOEE, FL 34761
- CARRIERINVOICES@SHIPINLAND.COM UPON REQUEST: QUICKPAY is available at 5%
- ONLY SEND 'QUICK-PAY INVOICES TO: AP@SHIPINLAND.COM
- MUST INCLUDE ONLY INLAND'S PRO NUMBER IN THE SUBJECT LINE

Carrier Signature _____

Date _____ / _____ / _____
M D

Send Carrier Bills to the Address Above

PRO # 229504

must appear on all Invoices

BILL OF LADING

BOL Number: 63150286

SHIP FROM

Name: JIT-EX, LLC
Address: 3344 CAZASSA RD.,
City/State/Zip: MEMPHIS, TN, 38116
Wesley P: 901-367-7405 Ext.413
Stop Notes:

Carrier: INLAND TRANSPORT, INC.

Pro #:

BAR CODE SPACE

Pick up date: 6/18/2025

Trailer #:

Seal #:

SHIP TO

Name: BAYSTATE POOL SUPPLY INC
Address: 6 BROWN RD
City/State/Zip: ALBANY, NY, 12205
Receiving P: 518-877-3000 Ext.
Stop Notes: del appt required

REFERENCE INFORMATION

Reference Name

Value

Carrier Pickup Number Z814910

Delivery ID # 35142129

Load PO# 6x72018

Patterson's Order Number Z814910

Sales Order # 3736785

THIRD PARTY FREIGHT CHARGES BILL TO

Echo Global Logistics
600 W. Chicago, Suite 200
Chicago, IL 60654 UNITED STATES

Freight Charge Terms:

Prepaid ☒

Collect ☐

3rd Party ☒

Carrier Acct #:

Quote ID:

Special Instructions:

PLEASE CALL 518-877-3000 TO ARRANGE DELIVERY APPOINTMENT.(LONG PALLETS)
See Shipper and Consignee Instructions

ECHO is not liable for any accessorial charges unless pre-approved by Echo or noted on this bill of lading.

LTL or Partial Only:

of Pallets: 4 Pallet Type: Skid Spots: 8 Stackable: No
Pallet Dimensions: L: 48 W: 55 H: 80 inches

Paul cs
PAUL CAZ
6-20-25

Shipper Instructions

Pickup #: Z8144910

Loc Type: Business

Special Services:

Consignee Instructions

Delivery # 6x72018

Loc Type: Business

Special Services:

- Notify Prior to Delivery

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	HM (X)	OD (X)	COMMODITY DESCRIPTION	LTL Only	
QTY	TYPE	QTY	TYPE					NMFC#	CLASS
4	Pallets	4	EA	820 lb			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		
4		4		820 lb			Plastic Articles 160-300 lbs	156600-03	250
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: ☐

Prepaid: ☐

Customer check acceptable: ☐

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. (Section 7)

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 Department of Transportation.

Shipper: _____ Date: _____

Trailer Loaded:

☐ By Shipper

☐ By Driver

Freight Counted:

☐ By Shipper

☐ By Driver/pallets said to contain

☐ 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 Department of Transportation emergency response guidebook or equivalent documentation in the vehicle.

Carrier: _____

Date: _____