



INVOICE

BILL TO:

BENNETT INTERNATIONAL LOGISTICS LLC
1001 INDUSTRIAL PKY
MCDONOUGH, GA 30253

INVOICE DATE: 06/23/2025**INVOICE #:** B97240**TERMS:** NET 30**DUE DATE:** 07/23/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
06/20/2025		333 Logistics DR, Ellabell, GA 31308, USA - 6300 Northwind Pkwy, Hobart, IN 46342, USA			
		Freight Income	1	\$1,750.00	\$1,750.00

TOTAL

\$1,750.00

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**

RATE CONFIRMATION SHEET

Bennett Load: 9653800



PO Box 569 McDonough, GA 30253

Dispatcher TRUCKLOAD DIRECT **Date:** 20-Jun-2025
Local Ph#: (319)594-1027 **FAX:** (877)251-8541
Email: IAM@BENNETTIG.COM
BOL: M151125

Carrier #	Carrier Name	Carrier Ph	Driver Name	Driver Ph	Carrier Pay
877053	BRZ	(708)303-5150	LEONARDO	(347)659-3264	\$1,750.00
Carrier Email		PHIL@RTBRZ.COM			

For invoice submission, please email bildocs@bennettig.com

For payment requests, please email payment@bennettig.com

Load Details

Commodity: AS35 FIXTURES **Equipment:** VAN
Pcs: 999 **Weight:** 35000 **Length:** 53 ft **Width:** 8 ft **Height:** 4 ft **B/H:**

Origin

DAIFUKU AT BURLINGTON
447 LOGISTICS DR
ELLABELL GA 313080000
Load Date: 20-Jun-2025 to 20-Jun-2025 **Pcs:** 0
Load Time: 0800 to 1400 **Wt:** 0
Appt?: N **Ref#:**

Destination

DAIFUKU / WYNRIGHT
6300 NORTHWIND PKWY
HOBART IN 463420000
Delivery Date: 23-Jun-2025 to 23-Jun-2025 **Pcs:** 0
Delivery Time: 1000 to 1000 **Wt:** 0
Appt?: Y **Ref#:**

EXCLUSIVE USE ONLY - CANNOT LTL

Carrier Pay Details

LINEHAUL \$1,750.00
Total Pay: \$1,750.00

Carrier Notes

- POD DUE UPON DELIVERY. TRACKING REQUIRED

Driver Name: _____ **Cell #:** _____ **Truck #:** _____ **Trailer #:** _____

Carrier Initials: _____

Driver must call BIL for dispatch when loaded and upon completion of load for Release #. When delivered, fax signed BOL/POD to: 800-688-2221. Report any claims or delivery problems at the time they occur to: (319)594-1027. Emergency After Hours Contact: (319)594-1027

Payment Requirements: Include signed Bill of Lading, free and clear of any notation of loss, damage, or delay at the time of delivery of the cargo. Include BIL Order and Release Numbers. BIL will not pay freight bills without our Release Number. Freight bill must show origin, destination, commodity, pieces, weight, and the quoted rate. Must provide receipts to backup any accessorial charges. Any accessorial charges not specifically listed on this Rate Confirmation will not be paid without prior BIL written approval and only upon BIL's successful reimbursement from BIL's customer. The Rate compensation amount listed above includes any motor carrier fuel-related surcharge adjustments, which the parties hereby acknowledge are being passed through entirely to the person, corporation or entity that directly bears the cost of fuel for the shipment transported under the Load Confirmation. Carrier shall not be paid Detention, Layover, Deadhead, Re-consignment or Truck Called for Not Used unless and until BIL is paid in full by the customer.

Other Terms and Conditions: This Rate Confirmation is made pursuant to the terms of the Brokerage Agreement between BIL and the Carrier and becomes a binding addendum to that contract. Carrier is operating under Carrier's own authority and assumes all risks and costs associated with contract carrier transportation. Carrier agrees that it shall not under any circumstances broker (sub-contract) the transportation obligation outlined in this document to any party not specifically noted in this agreement, such additional brokerage/subcontracting shall negate any payment obligation BIL has for the shipment. Drivers must be U.S. citizens for government loads tendered to Carrier, violation of this provision will result in forfeit of all pay for the shipment and CARRIER specifically waives any obligation therefor. To the extent a shipment is subject to Federal Acquisition Regulations(FAR), Carrier shall abide by the following laws applicable to government contractors: 29 CFR Part 471, Appendix A to Subpart A; 41 CFR section 60-1.4(a), 60-300.5(a) and 60-741(a); applicable FAR, including: (i) 52.219-8, (ii) 52.222-19, (iii) 52.222-41, (iv) 52.222-50, (v) 52.244-6, and (vi) 52.247-64; and the applicable provisions of the Defense Federal Acquisition Regulation Supplement, including but not limited to DFARS 252.244-7000. CARRIER agrees that CARRIER's insurance policies shall name BIL as an additional insured and contain a waiver of subrogation against BIL. In addition, if Carrier contacts the customer referenced in this Rate Confirmation concerning payment for the transportation of the shipment, Carrier shall be deemed to have waived, and BIL shall withhold, payment for services in addition to any other action. Carrier shall pay to BIL, or allow BIL to deduct, from the amount BIL owes to CARRIER, BIL's customer's full actual loss or damage for the kind and quality of commodities so lost, delayed, damaged, or destroyed. Carrier shall be liable to BIL for all economic loss, including consequential damages, which are incurred by BIL or BIL's customer for any freight loss, damage or delay claim. Carrier shall pay, decline, or make a firm compromise settlement offer in writing or electronically within thirty (30) days after Carrier's receipt of a claim. If Carrier fails to pay or satisfy a claim within such thirty (30) days period, Carrier shall be assessed and pay a service charge in an amount equal to 1.5% per month of the outstanding principal amount of the claim. All disputes arising hereunder shall be brought in and heard exclusively by the State or Superior Court of Henry County, Georgia, and the parties hereby consent and submit to the personal jurisdiction and venue thereof. By signing this agreement Carrier confirms that vehicles used for the transportation of the cargo referenced hereunder are in compliance with all California Air Resources Board (CARB) regulations and requirements. Carrier certifies that it has complied with the requirements of 49 CFR Part 395 regarding installation and use of Electronic Logging Devices ("ELDs") in good working order, and further warrants that it shall, before entering into this Rate/ Load Confirmation to transport the subject shipment, ensure that the assigned driver(s) shall have sufficient DOT hours of service to complete delivery within the time period specified hereunder. Carrier further acknowledges and agrees that time is of the essence, and Carrier shall indemnify and hold BIL harmless from any delay or damages caused by Carrier's failure to make agreed upon pickup or delivery schedule; failure to have the required ELD installed and in good working order; failure to provide an assigned driver without sufficient DOT hours of service available; or for any other cause related to the performance of the service contemplated hereunder.

Signing this confirmation acknowledges that you've read all previous pages.

RETURN SIGNED COPY TO:

Bennett Order #: 9653800

CARRIER PRINTED NAME: _____

CARRIER _____

CARRIER SIGNATURE: _____

DATE: _____

For Reload Opportunities, Please Visit Our Interactive Load Board At
www.bennettlogistics.com

BILL OF LADING

Date: 6/20/25

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SHIP FROM		Bill of Lading Number: RMA#60003524	
Name: BURLINGTON Address: 447 LOGISTICS DR City/State/Zip: ELLABELL GA 31308 SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO			
Name: DAIFUKU INTRALOGISTICS Location#: X Address: 6300 NORTHWIND PKWY City/State/Zip: HOBART, IN 46342 CID#: _____ FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:		CARRIER NAME: BENNETT Trailer number: _____ Seal number(s): _____ SCAC: _____ Pro Number: _____	
Name: AP@WYNRIGHT.COM Address: RMA#60003524AS35 FIXTURE City/State/Zip: RETURN		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) X Prepaid _____ Collect _____ Other _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading	

SPECIAL INSTRUCTIONS: ATTN: RMA#60003524

Attention Carrier:

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	SO-SHIP	#PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
				Y N	TRUCK#2
GRAND TOTAL					

CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY
TYPE	QTY	QTY	TYPE			NMFC#	CLASS
						KD CONVEYOR PARTS	77.5 120060-2
		6				GRAND TOTAL	

When this 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"/>
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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. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Freight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for his/her self and his/her assigns.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;"> _____ Signature Shipper </div>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" 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.
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DSTARKEY

Miozotis Suarez
 06-20-25