



INVOICE

BILL TO:
AVERITT
1415 NEAL STREET
COOKEVILLE, TN 38502-3166

INVOICE DATE: 06/26/2025
INVOICE #: B97981
TERMS: NET 30
DUE DATE: 07/26/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
06/25/2025		20 Lagoon Trl, London, KY 40741 - 4512 S Pleasant Valley Rd, Austin, TX 78744			
		Freight Income	1	\$2,100.00	\$2,100.00

TOTAL
\$2,100.00

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

Carrier Rate and Load Confirmation

AVERITT**THE POWER****OF ONE**

AVERITT - North America Truckload

1415 Neal Street/ PO Box 3166

Cookeville, TN 38502

Phone: (866) 249-8496 Fax: (931) 520-2755

**Please call Averitt Integrated at
(888) 679-2749 when
unloaded for a release number.**

North America Truckload - Load 7500166446**Date:** 06/25/2025**Mode:** Truckload**Equipment Type:** Van**Distance:** 1061.0**TWIC Certification Required:** No**TSA Certification Required:** No**Hazmat:** No**Averitt Rep:** Misty Moss**Rep Phone:** 931-520-2714**Rep Email:** mmoss@averitt.com**Rep Fax:** 931-520-2755**Carrier:** BRZ**MC Number:** 086875**Contact:** Phil**Dispatch Notes:****Pickup 1****Name:** AVERITT EXPRESS (COR)**Address:** 20 LAGOON TRL
LONDON, KY 40741**Phone:** 606-864-8660**Case(s):****Item(s):** Clothing**Earliest:** 06/25/2025 0830**Lastest:** 06/25/2025 1030**Weight****Pallet(s):****Delivery 2****Name:** Travis Association For The Blind**Address:** 4512 S Pleasant Valley Rd
AUSTIN, TX 78744**Phone:** 512-442-2329**Case(s):****Item(s):** Clothing**Earliest:** 06/27/2025 1000**Lastest:** 06/27/2025 1200**Weight****Pallet(s):**

Drop Instructions

Special instructions:

Proof of Delivery Information Will Be Required Immediately Following Delivery

Pay Summary

Service for load #	7500166446
Line Haul:	\$2,100.00
Total Rate:	\$2,100.00

Signature:



Date: _____

PLEASE SIGN AND FAX BACK TO (931) 520-2755

Payment Requirements - Upon Delivery

- Must include Load # and Release Order #
- Signed BOL / Signed Delivery Receipt / Signed Rate Confirmation Sheet
- Load/Unload/Lumper receipts must accompany invoicing in order to receive payment
- All accessorial charges must be pre-approved & billed with receipt & POD

Payment Options

Phone (931) 525-5328

integratedap@averitt.com

Mail: Averitt Integrated, PO Box 3166, Cookeville, TN 38502

Quik Pay Option

(3% Reduction of total payable for expedited processing of Carrier payment)

Email: integratedap@averitt.com

Fax: (931)520-2755

Notes:

All times on this Carrier Rate/Load Confirmation are local time zone.

Any additional charges not listed on this Carrier Rate/Load Confirmation must be authorized in advance of providing the service by calling the Integrated Team @ 866-249-8496.

Please contact Averitt Integrated immediately with any questions on Rate/Load Confirmation or delays asap.

Terms and Conditions

This Carrier Rate/Load Confirmation is a legal contract between the CARRIER and Averitt Integrated, but otherwise does not waive any rights under federal law. This rate supersedes and has a precedence over any other conflicting rate currently on file with this carrier. CARRIER must provide legible, accurate, signed, and dated documentation upon delivery to receive prompt payment. Failure to provide proof of delivery will result in BROKER's forfeit of payment to Carrier.

THIS LOAD SHALL NOT BE DOUBLE BROKERED. It is agreed that any re-brokering of this load will result in non-payment to CARRIER, in addition to any other penalties applicable by contract or by law. No additional charges other than those listed above may be added by the CARRIER. Any additional charges must appear on a revised confirmation sheet signed by the BROKER. CARRIER must include signed copy of shipper's bill of lading and any other proof of delivery with invoice to BROKER. Rates, except as specifically designated above, are inclusive of any fuel surcharge. CARRIER certifies that it is in compliance with all requirements of the California Air Resources Board (CARB) that are applicable to the scope of Carriers operations, including, but not limited to Statewide Truck and Bus Regulations, Transport Refrigeration Unit (TRU) Regulations, Tractor-Trailer Greenhouse Gas Regulations (TTGHG), and Drayage Truck Regulations. Carrier also warrants that it is in the compliance with any comparable requirements of Environmental Protection Agency (EPA) and other states, where applicable. CARRIER shall be responsible for any fines imposed on BROKER and or shipper resulting from noncompliance.

ALL LOADS ARE SUBJECT TO ELECTRONIC TRACKING

By accepting this shipment, CARRIER agrees that it has obtained a written agreement from each driver transporting a shipment tendered by BROKER to CARRIER pursuant to the Agreement in which each driver provides all necessary consents to (i) receiving text messages and/or phone calls from on or on behalf of BROKER and (ii) allowing BROKER or its vender to track such drivers location while transporting such shipment. CARRIER shall comply with all applicable laws relating to the collection, use, storage, retention, disclosure, and disposal of any of any information CARRIER provides to BROKER, including information regarding the drivers transporting shipments. CARRIER shall indemnify, defend, and hold BROKER and its affiliates harmless from and against any and all claims, damages, liabilities, losses, actions and expenses (including attorneys' fees) arising out of or in connection with CARRIER's breach of this Section. This Section shall survive the expiration or termination of the Agreement between BROKER and CARRIER.

Please Sign: *Phil Vukovic*

☒ Accept

☐ Decline

Driver Name:

Driver Cell:

Driver Email:

Tractor #:

Trailer #:

026 0083230



STRAIGHT BILL OF LADING - Original-Not Negotiable

AVERITT

THE POWER OF ONE

One Contact.
Many Services.
One Invoice.
Zero Problems.

SHIPPER

1-800-AVERTITY (1-800-283-8274)

Name SEKRI

Address 201 OPPORTUNITY DR

City CORBIN State KY ZIP 40701

Customer No. 0498456

01-7116

Name SEKRI
 Address 1205 W CUMBERLAND GAP PKWY
PO BOX 1692
 City CORBIN State KY ZIP 40702
 Customer No. 0595866

Shipper's Reference No.	N017-0989 SKR0003	20B
Consignee's Reference/PO No.	N017-0985 SKR0003	21B

CONSIGNEE

Name Travis Association For The Blind
 Address 4512 S Pleasant Valley Rd Docks 1-4
AF & MC 3PL - DISTRIBUTION SERVICES
 City AUSTIN State TX ZIP 78744
 Telephone 512-442-2329
 Customer No. TRAVAUTX

TERMS

FREIGHT CHARGES:

☒ Prepaid ☐ Collect
Freight Prepaid unless
Collect box is marked

GUARANTEE

☐ Standard LTL Guarantee*

*Additional charges shall apply

COD AMT. \$

Cash or Certified Funds ☐ (CCR)COD Fee: PPD ☐ Collect ☐

Customer Check ☐ (CCA)

Remit to:

Street _____
City _____ State _____ ZIP _____

ALWAYS LIST HAZARDOUS MATERIALS FIRST IN DESCRIPTION OF ARTICLES COLUMN

ALWAYS LIST HAZARDOUS MATERIALS FIRST IN DESCRIPTION					
NO. OF PIECES	HM	(KIND OF PACKAGE) Description of Articles, Special Marks and Exceptions (Subject to Correction)	NMFC #	CLASS Subject to Correction	WEIGHT Subject to Correction
11		CLOTHING; Clothing BOONIE WOODLAND & BOONIE DESERT			6,205 LBS
TOTAL	11	ADDITIONAL SHIPMENT INFORMATION: 7500166446 QUOTE#: Q0194984 \$2,375.00			6,205 LBS

☐ Mark X to designate Hazardous Materials as defined in DOT Regulations

Declared Excess Value WARNING: Additional and/or Maximum Liability Limitations or other restrictions may apply. Please refer to the AVRT100 rules tariff for further details.

NOTE: (1) Where the rate is dependant on value, shippers are required to state specifically in writing the property as follows: The agreed or declared value of the property is hereby specifically stated by the shipper to be \$ _____.

NOTE: (2) Liability Limitation for loss or damage on this shipment may be applicable. See USC

[illegible]

NOTE: (4) Commodities requiring special or additional care or attention in handling or storing must be so marked as

SHIPPER SIGNATURE FP Kelly Walsh DATE 6-23-25 PICKUP TIME 12:15

(MUST BE SIGNED BY REPRESENTATIVE OF SHIPPER)

CARRIER SIGNATURE Don Woyt DATE 6-24-25 No. OF HANDLING UNITS 11

AVRT-100776

ENHANCED CUSTOMER 6-16-25 10:32 PT

(If over 25 units, use Tally on back of Part 2.)

