



INVOICE

BILL TO:

SQUARE LOGISTIC SOLUTIONS LLC
23 ROOSEVELT AVE
CARTERET, NJ 07008

INVOICE DATE: 07/01/2025**INVOICE #:** R98956**TERMS:** NET 30**DUE DATE:** 08/01/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
06/30/2025		185 National Rd, Edison, NJ 08817-2810, USA - 3004 Park Central Ave, Nicholasville, KY 40356-9102, 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**



23 Roosevelt Ave Carteret, NJ 07008-2413
(888)-757-9572

23 ROOSEVELT AVE
CARTERET, NJ 07008

Docket: MC01230414

Phone: (888) 757-9572

LOAD CONFIRMATION

Load # 13990
Date 06/30/2025
Equipment Van
Equipment Length 53'
Weight 27000 lbs
Commodity Dry Goods (General)
Power Unit 742
Trailer W94943
Distance 695 miles

Carrier Information

ZIGI FREIGHT INC
6850 W 63RD STREET
CHICAGO, IL 60638
(630) 485-7370

MC Number MC00944686
Primary Contact NIKOLA STAMENKOVIC
Phone (630) 485-7370
Fax (630) 485-6980

Driver Nate
Phone 818-314-1485
Email phil@royal3inc.com
Fax

Notes and References

Notes
*CARRIER NEEDS TO SEND BOL AND LOADED TRUCK PICTURES ONCE TRUCK WILL LOADED FOR REVIEW.
*FOR MISSING PICKUP/DELIVERY APPT. THERE COULD BE CHARGES.
*CARRIER/DRIVER WILL BE RESPONSIBLE FOR PALLET COUNT AND IF THERE WILL BE ANY DAMAGES TO THE LOAD DURING TRANSIT.
*CARRIER MUST PROVIDE THERMOKING REPORT IF REQUIRED.
*POD MUST BE SUBMITTED WITHIN 48 HOURS ELSE THERE COULD BE DEDUCTIONS.
*NEED 3 TIMES UPDATE IN A DAY

Stops / Actions

#	Action	Date/Time	Location	Contact
1	Pickup	06/30/25	Zennovate/HABR 185 National Rd Edison, NJ 08817-2810 USA	Primary Contact Phone: +1 848-360-5060
	Cargo: Dry goods Notes: working hours 8am to 5pm Driver Instructions: Please share a picture of the truck before loading once it arrives at the loading facility. Also, please share the BOL once the load has been picked up.			
2	Delivery	07/01/25	3004 Park Central Ave 3004 Park Central Ave Nicholasville, KY 40356-9102 USA	Primary Contact Phone:
	Cargo: Dry goods Notes: Working hours- 8am to 3pm Driver Instructions: Please share the POD once the load has been Delivered.			

Pay Items

Description	Notes	Quantity	Rate	Amount
Flat Rate		1	1200.00	1200.00

Total 1200.00

- **Please send POD/ Signed BOL within 24/48 hours after delivery! Else there will be Deduction of \$100.**
- In case of Double Brokerage, full payment will be made to the original driver.
- We pay our carriers in net 20-25 days or less from the time we receive your invoice.
- **Email all invoices to: AP@SQUARELOGISTICSOLUTIONS.COM.**
- Accessorial charges such as pallet exchanges, fees including lumper, entry, and loading or unloading will be included in the agreed rate confirmation!
- **Missed appointments or late delivery will lead to \$250 deduction.**
- **Incase of any interruption or non acceptance of tracklink by driver will lead to \$250 deduction.**
- Drivers must report damages immediately.
- Incomplete paperwork may delay payment.
- Adherence to tracking procedures is obligatory. Failure to accept the provided tracking link will result in a deduction of \$250.
- **Reefer MUST be able to produce Thermoking report , if needed**

Driver Name

Driver Cell Phone #

Print Name

Signature

Date

Date: 06/30/2025

Delivery Order

Page 1

SHIP FROM

Name: Zennovate/HABR Warehouse

Address: 185 National Rd

City/State/Zip: Edison, NJ 08817

Attn: Office:

FOB: ☐

Bill of Lading Number:

Zen-ZOT061327749-KY 40356

SHIP TO

Name: BioPathogenix LLC

Address: 3004 park Central Avenue
Nicholasville KY 40356

Contact:

BioPathogenix LLC - 1-8592276826

FOB: ☐

CARRIER NAME:

Trailer number:

Seal number(s):

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

Container#:

OOCU9364494-TH01250501448
38

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid

Collect

C.O.D. X

☐
(check box)Master Bill of Lading: with attached underlying
Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	PKG S	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
TH0125050144838	535	11162	20	10 pallets

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 X 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.

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 U.S. DOT.

6/30/25

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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

Property described above is received in good order, except as noted.

IN: 12pm
out: 2:30pm

Date: 06/30/2025

Delivery Order

Page 1

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Name: Zennovate/HABR Warehouse

Address: 185 National Rd

City/State/Zip: Edison, NJ 08817

Attn: Office:

FOB: ☐

Bill of Lading Number:

Zen-ZOT061728132-KY 40356

SHIP TO

Name: BioPathogenix LLC

Address: 3004 park Central Avenue
Nicholasville KY 40356

Contact:

BioPathogenix LLC - 1-8592276826

FOB: ☐

CARRIER NAME:

Trailer number:

Seal number(s):

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

Container#:

FSCU8743980-TH012505014429
9

SPECIAL INSTRUCTIONS:

9-5 call before 1 hour

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid

Collect

C.O.D. X

☐
(check box)

Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	PKG S	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
TH0125050144299	119 0	15219	<input checked="" type="checkbox"/>	20 pallets

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per

COD Amount: \$

Fee Terms: Collect X Prepaid

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- By Driver

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-
- ☐
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- By Driver/Pieces

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IN: 12 pm
Out: 2:53 pm