



## INVOICE

**BILL TO:**  
CHAPMAN TRUCKING INC  
497 WASHINGTON ST NORTH  
AUBURN, ME 04210

**INVOICE DATE:** 07/08/2025  
**INVOICE #:** R99802  
**TERMS:** NET 30  
**DUE DATE:** 08/08/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
07/07/2025		21 Saratoga Street, Lewiston, ME - 20 North Ave East, Elizabeth, NJ			
		Freight Income	1	\$1,150.00	\$1,150.00

<b>TOTAL</b>
\$1,150.00

**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**



Chapman Trucking, Inc.  
497 Washington Street North  
Auburn, ME 04210  
Phone: (207) 783-3232  
Fax: (207) 786-5677

## RATE CONFIRMATION AGREEMENT

**TMP # : 205288 (Put this # on all paperwork)**

**CARRIER:** ZIGI FREIGHT DBA ROYAL3 INC

**CONTACT:** \_\_\_\_\_ **PHONE:** (630) 485-7370 x \_\_\_\_\_ **FAX:** (630) 485-6980

**DRIVER CELL:** \_\_\_\_\_ **TRUCK #:** \_\_\_\_\_ **TRAILER #:** \_\_\_\_\_

**\*\*\*DRIVER MUST DOWNLOAD A CUSTOMER REQUIRED TRACKING APP ON LIQUOR/SPIRIT LOADS\*\*\***  
**\*\*\*PLEASE PROVIDE YOUR DRIVERS CELL#, TRUCK# AND TRAILER#\*\*\***

LOAD #	See Fourkites
ORDER #	5019870
P.O. #	55545

### SHIPMENT NOTES

APPOINTMENT# 31213

### SHIPMENT ITINERARY

Event	Date	Time	Name	Address	Phone
PICKUP	7/7/25	12:00 pm	BOSTON BRANDS OF MAINE	21 SARATOGA STREET	LEWISTON, ME (207) 783-1433
DELIVER	7/8/25	10:00 am	FEDWAY ASSOCIATES, INC.	20 NORTH AVE EAST	ELIZABETH, NJ (973) 624-6444

QUOTE: Total below includes handling unless otherwise specified. In the event there is a handling charge, a signed receipt with the Social Security # is required.

LINE HAUL: 1150.00  
ACCESSORIAL: 0  
TOTAL: 1150.00  
(Payable in U.S. Funds)

Payment of your freight charges requires the following: 1. Signed Delivery Receipt(s) 2. Original Bill of Lading(s)  
3. Chapman TMP # 4. Signed Rate Confirmation Agreement 5. Certificate of Insurance & Authority.

*No additional charges will be paid without properly signed documentation*

This confirmation represents a legal contract between the contract carrier and Chapman Trucking, Inc. Contract Carrier accepts all liability related to the transportation of freight. It is further understood that contract carrier is solely responsible for any claims, fines, violations, or suits that may arise due to negligence. **Contract Carrier agrees to deal exclusively with Chapman Trucking, Inc. and will not contact the shipper and/or Chapman Trucking, Inc. customers directly. Contract Carrier is responsible for any required permits and cargo insurance on liquor/spirit loads. Driver must download a customer required tracking app on liquor/spirit loads. Detention and/or layover charges will not be approved on loads that were not properly tracked, when required.**

Contract Carrier's Printed Name

Contract Carrier's Signature

Date Signed

TANYA

Broker's Printed Name

Broker's Signature

7/7/25  
Date Signed





70

GATE PASS

TRAILER #

CHAPMAN

LOAD

☐

EMPTY

☒

SEAL #

M/P

SIGNATURE

Jim

DATE:

7/8/25

DRIVER:



## BILL OF LADING

<b>SHIP FROM</b> BRANDS OF MAINE KATOGA STREET STON, ME 04240 SA		<b>SHIP TO</b> EDWAY ASSOCIATES NJ ELIZABETH 20 NORTH AVENUE EAST ELIZABETH, NJ 072012959 USA <b>CID#: 1056444004</b>		<b>Bill of Lading Number: L578928</b>  (402) L578928 <b>CARRIER NAME: CHAPMAN TRUCKING INC</b> (BROKERAGE DIVISION) Trailer Number: P5260127 Seal Number(s): F8388772 <b>SCAC: CPBM</b> <b>Pro Number: NONE</b> 9012KCPBMNONE 9012KCPBMNONE <b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b> Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> CPT Dest <input type="checkbox"/> <b>Attached MSDS Documents:</b> <input type="checkbox"/> Alcoholic Beverages 5 - 55 %ABV <input type="checkbox"/> Alcoholic Beverages > 55 %ABV	
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b> Mail Invoices to: Sazerac c/o Northern Continental Logistics 130 E. Main Street New Albany, IN 47150 <b>SPECIAL INSTRUCTIONS:</b>  <b>LOAD #: 469420</b>					

CUSTOMER ORDER INFORMATION						
ORDER #	CUSTOMER ORDER #	# PKGS	TOTAL CS/BT	WEIGHT (LB/KG)	Pallet/Slip (Circle One)	
5019870/N	55545	1,210	1210 CS/0 BT	43,012.6/19,510.2	Y	N
				1,050.0 / 476.3		
Pallets/Slip Sheets: 21/0						
GRAND TOTAL			1,210	1210 CS/0 BT	44,062.6/19,986.5	

CARRIER INFORMATION						
Handling Unit		Package		H.M.	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE	WEIGHT	(X)	LTL ONLY
						NMFC# CLASS
						111450 100
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 \_\_\_\_\_.

The Fibre boxes used for this shipment conform to the specifications set forth in the box maker's certification thereon, and all other requirements of consolidated Freight Classification. Shipper's imprint in lieu of stamp, not a part of bill of lading approved by the Interstate Commerce Commission.

**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 Straight 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 him/herself and his/her assigns.

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Sazerac Company, Inc.

**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.

D. Higgins 7-7-25

**Trailer Loaded Freight Counted:**

☒ By Shipper ☒ By Shipper  
☐ By Driver ☐ 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 DOT emergency response placards as required by regulation in the vehicle. Property described above is received in good order, except as noted.

**COD Amount: \$****Fee Terms:**Collect: ☐Prepaid: ☐Customer check acceptable: ☐

If transportation is arranged through a broker, Carrier designates broker as its agent for the collection of freight charges. When charges are paid to broker, Carrier agrees not to hold shipper or consignee responsible for said charges.

Sazerac Company, Inc.

SAZERAC COMPANY INC, ASCENT PLAZA 10101 LINN STATION ROAD LOUISVILLE, KY 40223