

New Wave Logistics

Assignee: Parikh Financial, LLC
2802 Trailridge Court
Missouri City, Texas 77459

Invoice

Invoice #: NWL-46694

Date: 05/11/21

Load # :

PO:168130-2

Bill To :

Jetco Logistics, LLC
EMAIL INVOICES
3010 Aldine Bender Rd
Houston, TX 77032

**PAYMENT INSTRUCTIONS
PLEASE REMIT ALL PAYMENTS TO
PARIKH FINANCIAL, LLC
2802 TRAILRIDGE COURT
MISSOURI CITY, TX 77459**

Any questions regarding this invoice please email
us at
admin@parikhfinancial.com

Total **1,200.00**

Carrier Confirmation

05/06/2021 10:28:44PM



3010 ALDINE BENDER RD
HOUSTON, TX 77032
PH: 713-678-6499
FAX: 832-383-2792
EMAIL: logistics@jetcodelivery.com

Please Refer To This # On Invoice:

REF# 168130-2

MC: 584105

Contact: LEO GONZALEZ x6405

| | |
|--|--|
| <u>Carrier</u> NEW WAVE LOGISTICS PO Box 230004 HOUSTON, TX 77223 dispatch@newwavelogistics.net (832) 799-2977 | Total Agreed Rate (inclusive of Accessorials / fuel) 1,200.00 Rate agreed upon is for a DEDICATED truck - no additional freight allowed unless otherwise stated. Instructions Driver must check call by 10:00 AM CST to 713-678-6499. Any delays in check calls or delivery appointments without notification may result in rate reduction. POD MUST be faxed to 832-383-2792 or emailed to payables@jetcodelivery.com within 24 hours of completion or payment may be delayed. |
|--|--|

| | | | | | |
|---|--|---|---|-------------------------------|-------------------------------|
| <u>From:</u> ACADEMY #320 1605 12th avenue ardmore ok 73401 | <u>Pick #</u> STORE #320 <u>Container #</u> <u>Commodity:</u> | <u>Pcs</u> 1 <u>BOOKING</u> POWER ONLY | <u>Wgt</u> 35000 <u>BOL</u> | <u>Date</u> 05/07/2021 | <u>Time</u> 03:30:00AM |
|---|--|---|---|-------------------------------|-------------------------------|

| | | | | | | |
|--------|----------------|--------|-------|--------|--------|------|
| Pieces | Dimension Type | Length | Width | Height | Weight | Eqpt |
|--------|----------------|--------|-------|--------|--------|------|

| | |
|--|---|
| <u>To:</u> ACADEMY 1800 N MASON RD. KATY TX 77449 281-646-5200 | <u>Date</u> 05/07/2021 <u>Time</u> 00:00 |
|--|---|

Remarks:

Carrier Pay Breakdown

| | | | |
|--------------------|------------|-------------|---------------|
| <u>Description</u> | <u>Qty</u> | <u>Rate</u> | <u>Amount</u> |
| DRAYAGE | 1.00 | 1,200.00 | 1,200.00 |

Upon receipt of this Rate Confirmation and acceptance of the load described herein, CARRIER AGREES TO THE TERMS AND CONDITIONS IN THIS RATE CONFIRMATION, and the terms and conditions herein shall be binding unless modified by a written agreement signed by both parties. Carrier further agrees to comply with Jetco Logistics' Tips for Carriers & Drivers, contained herein. Carrier agrees that this Rate Confirmation reflects the entire amount due for all services provided by Carrier related to the load described herein.

CARRIER AGREES THAT THE TERMS AND CONDITIONS CONTAINED IN JETCO LOGISTICS' CURRENT BROKER-CARRIER AGREEMENT, WHICH IS AVAILABLE UPON REQUEST, SHALL BE BINDING ON CARRIER, REGARDLESS OF WHETHER CARRIER HAS SIGNED THE BROKER-CARRIER AGREEMENT.

Signature: _____ Driver Name _____
Name: _____ Driver Phone _____

Carrier Signature and Driver Info

Help

EMINENT

Date: 05/06/2021

BILL OF LADING

Page: 1

| | | | |
|---|--|---|--|
| SHIP FROM: | | Bill of Lading #: <u>JETD-003027</u> | |
| Name: KATY DC Address: 1549 PRIMEWEST PWKY City/State/Zip: KATY TX 77449 SID#: _____ FOB: <input type="checkbox"/> | | <div style="font-size: 2em; text-align: center;">JETD-003027</div> | |
| SHIP TO: | | | |
| Name: ST320 ARDMORE, OK Address: 1605 12TH AVE. City/State/Zip: ARDMORE OK 73401 CID#: _____ FOB: <input type="checkbox"/> | | CARRIER NAME: JETCO DELIVERY LLC Trailer Number: 083763 Seal Number: 215999 Shipment ID: 21102305 | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | SCAC: JETD | |
| Name: Address: City/State/Zip: | | Pro Number: Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid <u> Y </u> Collect <u> </u> 3 rd Party <u> </u> | |
| SPECIAL INSTRUCTIONS: | | <input type="checkbox"/> (check box) | |
| <div style="text-align: center; font-size: 2em;">A2</div> | | Master Bill of Lading: with attached underlying Bills of Lading | |
| | | | |

| CUSTOMER ORDER INFORMATION | | | | | | |
|----------------------------|----------|--------------|-------------|--------------|-------------------------|--|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | VOLUME | PALLET COUNT | ADDITIONAL SHIPPER INFO | |
| | 1 | 38000 | 3000 | | | |
| GRAND TOTAL | 1 | 38000 | 3000 | | | |

| CARRIER INFORMATION | | | | | | | LTL ONLY | | |
|---------------------|------|---------|------|--------|-------------|---------------------|----------|--------|-------|
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | Product Description | | NMFC # | CLASS |
| QTY | TYPE | QTY | TYPE | | | | | | |
| | | 1 | | 38000 | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | GRAND TOTAL | | | |


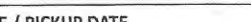
| | |
|---|---|
| Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: | COD Amount: \$ _____ |
| "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____". | Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/> |

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. n 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.

Signature

| | | | |
|---|--|---|---|
| SHIPPER SIGNATURE / DATE  | Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/Pallets said to contain <input type="checkbox"/> By Driver/Pieces | CARRIER SIGNATURE / PICKUP 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. | 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. <i>Property described above is received in good order, except as noted.</i> | | |