



NATIONAL LOGISTICS SERVICE LLC
PO BOX 141078
CINCINNATI OH 45250

PRO # 70336 Rate Confirmation
09/15/21 17:17:11 (EST)

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MARK KUHLMANN
(513) 725-2163
(800) 604-6365 (f)
mkuhlmann@nlsfreight.com

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DUBAI EXPRESS HAUL LLC
(402) 305-9975 (p) Att: KAMIL
MC # 1100230 Truck #
DOT 3411708 Trailer #
Driver ABIDIN Cell # (531) 739-8258

Size & Type: 53' VAN
Pieces:

Description: MAILERS
Weight: 42000

Miles: 1735

CHARGES		DISPATCH NOTES
LINE HAUL RATE	3100.00	
TOTAL RATE	3100.00	

PICK 1

LSC COMMUNICATIONS OWE
1005 COMMERCIAL DR
OWENSVILLE MO 65066
Phone/Contact: (573) 437-4161

Appointment 09/15/21
Appt Notes: 1600-2359
Seal # 4023059975
Ref # 106323155

STOP 1

USPS SANTA CLARITA
28201 FRANKLIN PKWY
SANTA CLARITA CA 91383
Phone/Contact: (661) 775-6606

Appointment 09/18/21
Seal # 4023059975
Ref # 127171239

This rate confirmation supplements the broker-carrier agreement. NLS agrees to pay the rate and charges shown hereon(subject to set-off for freight claims), a and no different tariff, rate or schedule of rates shall apply. Due to the nature of the business, time is of the essence with respect to the freight. NLS reserves the right to impose reasonable and industry accepted fees upon the Carrier for late pickup or late delivery. Carrier agrees that the freight will not be re-brokered, interlines, reassigned or subcontracted. In the event that the shipper of the freight requires NLS to waive rights of salvage or resale, Carrier hereby waives any and all rights of salvage or resale of the subject freight to the same extent as waived by NLS. Terms and conditions of the Standard Truckload Bill of Lading apply.

****Please be sure to provide us with your driver's name and phone#****

*For Standard Pay Terms, please email your invoice to docs@nlsfreight.com.
For Quick Pay Terms, please email your invoice to quickpay@nlsfreight.com.*

If originals are required for payment on this shipment, please mail your invoice to us.

For payment questions, you can email ap@nlsfreight.com or call 877-401-5408.

Carrier Signature _____

Date _____ / _____ / _____
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Send Carrier Bills to the Address Above

PRO # 70336

must appear on all Invoices