



Invoice

Due Date	Date	Invoice #
6/14/2017	5/15/2017	20286

Bill To

Target Freight Management
ATTN: Truckload Division
5905 Brownsville Road
Pittsburgh, PA 15236

Ship To

Walton Hills, OH to Medina, OH

☐ Please check box if address is incorrect or has changed, and indicate change(s) on reverse side.

New e-mail address? Enter here: _____

		P.O. No.	Ship Date	Terms
		1704370	5/8/2017	Net 30
Service	Description	Weight	Amount	
Truckload	General freight	11,221	325.00	
			Total USD	\$325.00

SOLD, ASSIGNED AND PAYABLE TO

Please remit
Ph

Transfac Capital, Inc.
P.O. Box 3238
Salt Lake City, UT 84110-3238

61 Solon, OH 44139
40-349-8116

nan

Load #	1704370
PRO #	
Equipment	Van
Tendered	05-08-2017 10:34 AM

Carrier Load Tender

INTERSTATE FREIGHT CARRIERS LLC MC#: 692147



Invoicing Via E-Mail? Send Invoices to
TLPayables@TargetFMI.com

References		
Type	Reference	Description
Purchase Order #	431273	
Sales Order #	3023504-000	
Target TMS BOL#	201704278	The Target TMS Bill of Lading associated

Target Freight Management
ATTN: Truckload Division
5905 Brownsville Road
Pittsburgh, PA. 15236
☎ 1-844-653-7789
Amber Tolentino
☎ 412-532-2829
☎ 888-217-3114
✉ atolentino@targetfmi.com

Stop 1 (PICKUP) May. 08, 2017 08:00 AM – May. 08, 2017 03:00 PM

Compass Health C/o NAL LLC , 7120 Krick Rd. , Walton Hills, OH 44146

☎ 440-439-1017 📠 ✈

💬 1122 cases

HEALTH CARE PRODUCTS	11221Lb	25 pallets	N/A
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Stop 2 (DROPOFF) May. 09, 2017 07:00 AM – May. 09, 2017 07:00 AM

Discount Drug & Food Mart , 211 Commerce Dr. , Medina , OH 44256

☎ 330-725-2340 📠 ✈

HEALTH CARE PRODUCTS	11221Lb	25 pallets	N/A
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Freight Terms

Charge Description	Rate	QTY	Total Charge
truckload Total	\$325.00	1	\$325.00
Total			\$325.00

Payment Terms & Conditions

Additional services and/or accessorial charges not contained herein must be reported to the operating office as soon as possible. If the requested service/accessorial takes place outside business hours, reporting must take place before noon of the following day. A written authorization/rejection for the charges will be sent within 24 hours of carrier notification.

* CARRIERS SHALL NOT DOUBLE BROKER. * CARRIERS AND BROKERS SHALL BE RESPONSIBLE FOR ALL LOSS, DAMAGE, AND DELAY. * CARRIERS AND BROKERS REMAIN LIABLE EVEN IF A CLAIM IS DENIED BY THEIR INSURER.

Load # MUST be placed on bill for payment and submitted to Target Freight Management, Inc. at the address above or via E-mail to TLPayables@TargetFMI.com.



Sign, Date, and return. Signature confirms carrier's acceptance of terms and conditions above; all terms and conditions set forth in

5-8-17

COMPASS HEALTH

Bill of Lading Non-Negotiable




Page 1 of 1
B/L #: 201704278
Carrier's #:
Date: 05/08/2017
PRO #: 1704370
TFM USE DO NOT MARK

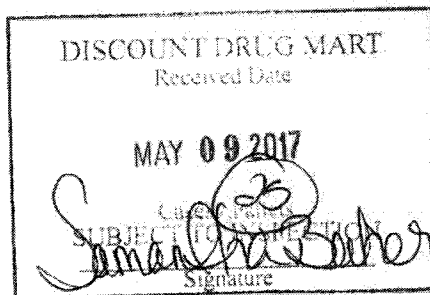
RECEIVED, subject to the "COMMON CARRIER RATE AGREEMENT" or the CONTRACT between the Shipper and Carrier in effect on the date of shipment, the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below. This Bill of Lading is not subject to any tariffs or classifications whether individually determined or filed with and federal or state regulatory agency, except as specifically agreed to in writing by the shipper and the carrier.

Shipper Compass Health C/o NAL LLC 7120 Krick Rd. Walton Hills, OH. 44146 P: 440-439-1017	Consignee Discount Drug & Food Mart 211 Commerce Dr. Medina, OH. 44256 P: 330-725-2340
Bill Freight Charges To Compass Health Brands C/O TFM 5905 Brownsville Road Pittsburgh, PA. 15236 Customer Service: P: 412-653-1323 F: 412-653-1908 E: customerservice@targetfmi.com	Purchase Order No. 431273 Reference No. 1704370 Ship Date 05/08/2017 Order/SO# 3023504-000 Carrier TFM TRUCKLOAD

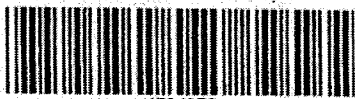
Special Instructions	
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Handling Units	Pieces	H M	Description of Articles, Packages, Markings, Exceptions	NMFC #	Class	Total Weight LBS	Freight Charges Prepaid
25 Pallets			48in. x 40in. x 48in. (Cube: 53.33)				Subject to Section 7 of the agreement between Shipper and Carrier, if the shipment is to be delivered to the consignee without recourse on the consignor, the originator shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all lawful charges. Compass Health Brands
	25 Piece		HEALTH CARE PRODUCTS	56828	125	11,221.00 LBS	
Total			Total Cube: 1.333.33, Total PCF: 8.42  201704278 ↑ BoL # Customer Use Only DO NOT MARK ↑			11221	

C.O.D. Amount: \$0.00
Remit C.O.D. Amount to: N/A
C.O.D. Fee Paid With: N/A



Carrier's liability is for actual loss unless otherwise agreed in Appendix B to Common Carrier Rate Agreement, contract, or stated below. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per pound.	Accepted in good order and condition, unless otherwise stated herein. PIECES _____ Exceptions: _____ Per _____ (Driver's Signature) Time & Date tendered <u>5 8 17</u> at _____ AM / PM
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Per _____ (shipper or Shipper's Agent Signature) Time & Date tendered _____ at _____ AM / PM PERMANENT ADDRESS: _____	TFM TRUCKLOAD ↓ PRO Label Carrier Use Only ↓  1704370
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Shipper Certification 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. Per _____ Date _____	Carrier Certification Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent document in the vehicle. Per _____ Date _____ Package Nos. _____
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INTERSTATE
Freight Carriers, Inc.

P.O. Box 391361 - Solon, OH - 44139

(10)

Rate Confirmation

Carrier: Laura Simpkins **Contact:** Dispatch
Pickup Origin: Walton Hills, OH **Phone:** 440-669-8238
Destination: Medina, OH **Fax:**
Pickup Date: 5/8/2017 ☐ AM ☐ PM **Delivery Date:** 5/9/2017
Equipment Type: Van
Trailer must be completely clean or be subject to be turned away by client.
Weight: 11221
Carrier Pay: \$200.00 QP

****Drivers Must Call 440-349-8109 For Dispatch****

IFC, Inc. will not be responsible for any other charges that we are not made aware of when they occur. Carriers may not deviate from pickup or delivery instructions shown herein, without prior *written* consent by IFC. Unreported service failures or arbitrary schedule changes will be subject to a fine of \$100.00, deducted from the settlement of this load.

Fax Back to 440-349-8116.

Lori Thomas

Interstate Freight Carriers, Inc. Agent

Carrier Agent

Mail Freight Bills To:
Interstate Freight Carriers, Inc.
P.O. Box 391361
Solon, OH 44139