

Invoice

6/14/2017	5/15/2017	20260
Due Date	Date	Invoice #

Bill To	Ship To
Safe Transportation Srvs Inc. P O Box 42504 Cincinnati, OH 45242	Massillon, OH to Middlefield, OH
Please check box if address is incorrect or has changed, and ir on reverse side.	ndicate change(s)
New e-mail address? Enter here:	The second second control of the second cont

		\bigcap	P.O. No.	Ship Date	Terms
			76747	5/12/2017	Net 30
Service		Description		Weight	Amount
Truckload	General freight			30,000	300.00
				Total USD	\$300.00

Please remit payment to P.O. Box 391361 Solon, OH 44139 Phone: 440-349-8109 Fax: 440-349-8116

Date and Time Sent: 05/11/17 10:34

SAFE TRANSPORTATION SRVS INC.

P.O. BOX 42504

CINCINNATI, OH 45242-0504

PH# (513) 598-1100

FAX# (513) 598-4355

Carrier: INTERSTATE FREIGHT CARRIERS LLC

Phone: (440)349-8109

MC#: 692147

Fax:

Attn: LESLIE

Pick up: INTERNATIONAL ENTERPRISES*******

4300 STERILITE STREET S.E.

Time: 00:00

MASSILLON, OH 44646

Phone: 513-598-1100

Date: 05/12/2017

 Pieces
 Description
 Weight

 1
 T/L HOUSEHOLD ITEMS
 30000

Delivery: KURTZ SALVAGE

16777 SHEDD ROAD

MIDDLEFIELD, OH 44062

Date: 05/12/2017

Time: 00:00

Phone: 513-598-1100

by 3pm

Reference fields:

PO#

B/L# .

PU# .

Carrier Pay: 1 \$300.00

Load#:

76747

LOAD COMMENTS

* Drivers need to call SAFE Transportation @ 513-598-1100 for Dispatch.

* All loads should be secured with a strap or load lock on the rear of the freight.

* After delivery is unloaded, driver or dispatcher must call SAFE for a Release Number.

* ANY PROBLEMS - Call SAFE immediately.

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TERMS AND CONDITIONS

1. This rate includes all stop-charges, fuel surcharges, loading and unloading charges and all arbitrary and accessorial charges.

2. Deviation from this rate must be approved in writing and signed by both carrier and SAFE. A copy of the signed approval must accompany the freight bill presented to SAFE Transportation.

 This agreement requires that, current insurance, operating authority and our signed contract must be on file for payment.

 SAFE Transportation agrees to pay within 30 days of receipt of Carrier invoice and signed original Bill of Lading. Lumper receipts must be turned in with the original invoice.

5. Your signature indicates approval of all rates and terms listed above.

SAFE Transportation:	_ Date: _	5/11/17
Carrier Signature: / Kule, lashfud	Date:	5/11/17
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^{*} Please reference our Load # on your invoice

STRAIGHT NOTICE: Shippers response talephol	STRAIGHT BILL OF LADING - SHORT FORM NOTICE: Shippers of hazardous materials must enter 24-hour emergency response telephone number under "Emergency Response Phone Number.	RT FORM 24-bour emergency anse Phone. Number	Date State	Bill of Lading No.	
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