



Invoice

Due Date	Date	Invoice #
6/16/2017	5/17/2017	20303

Bill To
Cleveland Express 3091 Rockefeller Ave Cleveland, OH 44115

Ship To
Cleveland, 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
		90334	5/15/2017	Net 30
Service	Description	Weight	Amount	
Truckload	General freight	11,474	275.00	
		Total USD		\$275.00

SOLD, ASSIGNED AND PAYABLE TO

Please remit Phc	Transfac Capital, Inc. P.O. Box 3238 Salt Lake City, UT 84110-3238	11 Solon, OH 44139 0-349-8116
---------------------	---	----------------------------------

Cleveland Express Transportation

Phone : (800) 860-1102 Fax: (216) 348-0998

Shipment Confirmation

Pro # : 90334
Date : 5/15/2017 12:49:46 PM
Pieces : 16
Weight : 10,000
Commodity :
B/L # :
PO/Ref # :
Equipment : V

Carrier : INTERSTATE FREIGHT CARRIERS CORP

Phone: (440) 349-8109

Fax : (440) 349-8116

☐ Hazmat**Shipper Information :**

TAP PACKAGING SOLUTIONS
2160 SUPERIOR AVENUE EAST
CLEVELAND OH 44114
Phone: (216) 781-6000 ext: 242 Fax:

Pickup Date : 05/15/2017

Monday

P/U READY NOW!

Consignee Information :

JUST MIKES JERKY CO INC
711 WEST SMITH RD
MEDINA OH 44256

Delivery Date

: 05/15/2017

Monday

DELIVER STRAIGHT THROUGH BY 4PM

FREIGHT SERVICE

\$275.00

This serves as an addendum to the Carrier Agreement on file. Driver must call to be dispatched, loaded, and delivered. Any additional charges must be authorized by Cleveland Express at the time they are incurred. Driver must report O/S/D at time of loss. This agreement is void if tendered to another Carrier or Broker. A minimum of 25% or \$150 fine, whichever is greater, will be assessed for later delivery or unreported service failures. Carrier recognizes this agent as intermediary and agrees not to solicit Shipper/Principal/Consignee. Carrier must supply the original bill of lading, original signed delivery receipt and rate confirmation. A current certificate of insurance must be on file. Your company will be held liable if any bill of lading has been signed by the driver where section 7 has been signed by the shipper. This is a highway move, unless otherwise noted and agreed. If your company moves intermodal/rail without approval, no compensation will be given.

Due to issues with double-brokered freight, our shipper has been informed to only load a truck that shows up with a company name on this rate confirmation. If your truck or trailer does not have the above listed company name on it, your driver will not be loaded.

Agreed Compensation due Carrier

\$275.00

Submit Paperwork to:
Cleveland Express Transportation
3091 Rockefeller Avenue
Cleveland, Ohio 4411


Authorized Carrier Representative5-15-17
Date☐ Please FAX Updated Insurance Certificate



BILL OF LADING

Non-Negotiable

ProNumber :

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 any federal or state regulatory agency, except as specifically agreed to in writing by the shipper and the carrier.

Shipper TAP PACKAGING SOLUTIONS 2160 SUPERIOR AVENUE CLEVELAND, OH 44114	Consignee JUST MIKE'S JERKY 711 W SMITH ROAD MEDINA, OH 44256
Bill Freight To TAP PACKAGING SOLUTIONS C/O KDL 800 NORTH BELL AVE CARNEGIE, PA 15106	Ship Date 05/15/2017 Purchase Order No. P18747 B/L No. 2017051500130 Order/SO No. 524612 Shipper's No. Carrier's No.

Special Instructions:

Handling Units	Pieces	H M	Description of Articles, Packages, Markings, Exceptions	NMFC #	Class	Weight Lbs.	Freight Charges Prepaid & Add
16 PALLETS	434 CARTONS		PAPERBOARD	154555	85	11474	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. TAP PACKAGING SOLUTIONS C.O.D. AMOUNT \$ _____ Remit C.O.D. AMOUNT TO: CARRIERS C.O.D. FEE PAID BY: <input type="checkbox"/> Shipper <input type="checkbox"/> Consignee FORM OF PAYMENT <input type="checkbox"/> Company Check <input type="checkbox"/> Money Order <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Other _____
Total			434 pieces on 16 pallets , 0 loose pieces			11474	

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.

_____ Shipper

per _____

per _____
(shipper or Shipper's Agent Signature)

Time & Date tendered _____ AM/PM

PERMANENT ADDRESS:

Accepted in good order and condition, unless otherwise stated herein.

PIECES
Exceptions:

Driver Load: Yes _____ No _____

Placard Provided: Yes _____ No _____

per _____

(Driver's Signature)

Time & Date tendered _____ AM / PM

Shan White
05-15-17

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 *Rel* 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 _____ Package Nos _____

Date _____