

Customer Invoice

AMB Logistic
55 East Long Rd Suite no. 457
Troy, MI, USA 48085
Phone: 888-538-6433
Fax:



Dispatcher	Balpreet	LOAD #	10001
Phone #:	,	Ship Date:	12-08-2022
Fax #:		Today's Date:	12-08-2022
Email:	rohn16@amblogistic.us		
W/O:			

Customer Details

Name	Phone #	Fax #	Address	
Blue hawk logistics	1234455		5540 Broadway Ave #200, Houston	

Shipper

Date:

Time:

Type:

Quantity:

Weight:

Major Intersection:

Shipping Hours:

Appointment:

Notes:

Consignee

Date:

Time:

Type:

Quantity:

Weight:

Major Intersection:

Shipping Hours:

Appointment:

Notes:

Customer Pay: Line Haul: \$1500 TOTAL: \$1895



TTS LOGISTICS
A DUPRE LOGISTICS COMPANY
201 ENERGY PARKWAY STE 500
LAFAYETTE LA 70508

PRO # 102586

Rate Confirmation

12/21/21 14:28:56 (EST)

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AMANDA KELLEY
(616) 888-3955
(800) 398-6985 (f) (810) 305-1137 (c)
akelley@ttslogistics.net

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DELIVERIES UNLIMITED LLC
(407) 780-8130 (p) Att: NAEEM

MC # 882777 Truck #
DOT 2489436 Trailer #
Driver ANDRE Cell # (813) 704-8810

Size & Type: 53' REEFER

Description: CHEESE

Miles: 932

Pieces: 2540

Weight: 42500

* TEMP RANGE 36 TO 36 PRECOOL -2 F *

DECLARED VALUE \$10000.00

CHARGES		DISPATCH NOTES
LINE HAUL RATE	4000.00	POD must be sent upon delivery. NEED3-4 LOAD LOCKS. MUST SEND PICTURES OF LOAD SECURED TO BROKER (810)-623-8380. PRECOOL REEFERS TO 2 DEG BELOW REQUIRED TEMP AT LEAST 2 HR BEFORE LOADING. GO WIT shipper on temp.
TOTAL RATE	4000.00	

TYPE	REFERENCE #	TYPE	REFERENCE #	TYPE	REFERENCE #
Cust Ref	CS07394120	Pick 1	03652160	Stop 1	03652160

PICK 1

GREAT LAKES CHEESE CO
17825 GREAT LAKES PKWY
HIRAM OH 44234
Phone/Contact: (585) 968-1552

Appointment 12/21/21 @ 14:00
Appt Notes: 1221_143404
Pieces: 3145
Seal # 407-780-8130
Ref # 03652160

STOP 1

BSC BAUGH SOUTH COOPER
11505 NW 173RD STREET
ALACHUA FL 32615
Hours : 0800-1700
Phone/Contact: (999) 999-9999

Appointment 12/23/21 @ 07:00
Appt Notes: CONF: DEAUNDRE
Seal # 407-780-8130
Ref # 03652160

Items									
	Pieces	Plt	Type	Class	Weight	L	W	H	Description
1	2540								

BOLS MUST BE SENT IN VIA FAX OR EMAIL WITHIN 48 HOURS OF DELIVERY OR \$100 FINE
3 LOAD LOCKS, 53' AIR-RIDE SUSPENSION, AND AIR CHUTE REQUIRED!!
REEFER MUST BE CONTINUOUS @ ALL TIMES on reefer loads.
DRIVERS ARE RESPONSIBLE FOR CASE COUNT & PUMP TEMP WHEN LOADING/UNLOADING!!
DETENTION IS NOT WARRANTED AT FCFS FACILITIES.
LAYOVERS ARE PAID ON A CASE BY CASE BASIS.
MISSED DELIVERIES WILL RESULT IN FINES: \$250/DROP AND \$500/DROP FOR TEAM LOADS
UPDATES MUST BE PROVIDED BY 09:00AM EST OR \$100 FINE!!
CUTTING PALLETS WITHOUT TTS AUTHORIZATION WILL RESULT IN \$200 PER PALLET FINE!
MUST CALL BROKER HEATHER DIRECT FOR DISPATCH 800-472-6096(1036) .
FAILURE TO DO SO VOIDS ANY TRUCK ORDERED NOT USED IF LOAD IS CANCELLED.
FAILURE TO ACTIVATE, OR CHOOSING TO DEACTIVATE MACROPOINT WILL RESULT IN \$250

(Rate Confirmation Details on Next Page)

Carrier Signature _____

Date _____ / _____ / _____
M D

Send Carrier Bills to the Address Above

PRO # 102586

must appear on all Invoices



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FINE PER DAY!!!

REPORT DAMAGES, BREAKDOWNS, OR DELAYS IMMEDIATELY. NO REPORT GETS \$100 FINE.
FAILURE TO NOTIFY BROKER OF A DRIVER CHANGE WILL RESULT IN \$100 FINE.

TTS offers Lumper service Via Com Data at a Charge of \$1

BY SIGNING AND RETURNING THIS RATE CONFIRMATION, YOU VERIFY THAT DRIVER HAS
ENOUGH HOURS ON LOGS TO COMPLETE THE RUN AS SHOWN WITH DATES ABOVE.

PODS and Invoice must be sent to ACCOUNTING@TTSLOGISTICS.NET

Lumpers will be reimbursed, escort and gate fees are drivers responsibility.
To our Valued Carriers. TTS has recently been acquired by Dupre Logistics LLC
TTS Logistics will now be known as TTS Logistics, A Dupre Logistics Company.
Your Payment Remits will now come from 'Dupre Logistics LLC'. Your PRO #
will still be referenced for reconciliation purposes. The email subject line
will start with 'Direct Deposit Reports' Please update your Accounting Dept
and Factoring Companies. We look forward to continuing and growing business
with you. If you have any question regarding remittance please reach out to
accounting@ttslogistics.net

Carrier Signature _____

Date _____ / _____ / _____
M D

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