



**Bill to:**  
TRANSPORTATION ONE, LLC  
747 LA SALLE,  
Chicago,  
IL,  
60290

Invoice Date: 05/19/2023  
Invoice #: 379378  
Terms: NET 30  
Due Date: 06/19/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
05/16/2023		202 S Belmont Ave, Indianapolis, IN 46222, USA - 21540 Southwest Frontage Road, Shorewood, IL, USA			
			1	550	550

<b>TOTAL</b>
550

**PLEASE NOTE**

The right to payment under this invoice has been assigned to Compass payment Solutions LLC (CFS) and all payments hereunder are to be directed to the assignee at the address noted below. Remittances to other than CFS do not constitute payment of this invoice. CFS must be given notification of any claims, agreements or merchandise returns which would affect the payment of all or part of this Invoice on the due date.

**COMPASS FUNDING SOLUTIONS LLC**

**P.O.BOX 205154**

**DALLAS, TX 75320-5154**

**Tel: 844-899-8092**



## Carrier Rate Confirmation

BY PICKING UP THIS SHIPMENT, THE CARRIER AGREES TO BE BOUND BY ALL REQUIREMENTS, SPECIFICATIONS, AND TERMS AND CONDITIONS LISTED IN THIS RATE CONFIRMATION AND THE BILL OF LADING.

Order Number(s)

379378

Equipment Miles

53V 188

24/7 Track & Trace Support | [tracing@transportationone.com](mailto:tracing@transportationone.com) | 312-429-6670 opt 1

**Booked With** Camilo Mesa  
**Phone** (224)346-8975  
**Email** [cmesa@transportationone.com](mailto:cmesa@transportationone.com)

**Carrier** ROYAL3 INC  
**Attn** John  
**Phone** (630)566-2083  
**Driver** JULIO PH 9412507606

**\*\*MACROPOINT TRACKING IS REQUIRED FOR ALL LOADS!\*\***

Pick up	Earliest 05/16/23 18:00	Latest 05/16/23 18:00	Hours	CONFIRMED
SATARIA 202 S BELMONT AVE INDIANAPOLIS, IN 46222	<b>PICK#</b> CONFIRMED <b>PRO#</b> 159972460 <b>PO#</b> 4501921509	<b>REFERENCE#</b> 90185686 <b>BOL#</b> MACROPOINT REQUIRED <b>NOTES:</b> SWEEP TRAILER PRIOR TO FOOD GRADE EQUIPMENT/FSMA COMP		
<u>Pieces</u> 855	<u>Piece Type</u> PIECES	<u>Weight</u> 44,759	<u>Description</u> DRY PRODUCTS	
Facility Notes CLEAN FOOD GRADE TRAILER REQUIRED. NO DEBRIS, HOLES, MOISTURE, OR ODOR				
Delivery	Earliest 05/17/23 08:00	Latest 05/17/23 08:00	Hours	CONFIRMED
KENCO C/O INGREDION 21540 SOUTHWEST FRONTAGE ROAD SHOREWOOD, IL 60404	<b>DELIVERY#</b> CONFIRMED <b>PRO#</b> 159972460 <b>PO#</b> 4501921509	<b>REFERENCE#</b> 90185686 <b>BOL#</b> MACROPOINT REQUIRED <b>NOTES:</b> FOOD GRADE EQUIPMENT/FSMA		

### CUSTOMER REQUIREMENTS & SPECIFICATIONS

FOOD GRADE EQUIPMENT/FSMA COMPLIANCE REQUIRED: clean/sanitized, water-tight, FREE OF odors, debris, splinters/protrusions, holes/tears, etc. Equipment must never have been used for transportation of toxic chemicals or substances, any liquid or solid waste or garbage, hazardous or not, or any other item that might adulterate or contaminate food commodities.

\*\*\*\*\*DRIVER IS RESPONSIBLE FOR CONFIRMING BOL/PAPERWORK MATCHES WITH RATE CONFIRMATION NUMBERS PROVIDED AND ALL PO'S ON THE SHIPMENT. ANY DISCREPANCIES MUST BE REPORTED TO YOUR CARRIER REPRESENTATIVE TO CONFIRM PRIOR TO LEAVING SHIPPING FACILITY\*\*\*\*\*

**\*\*ALL LOADS MUST BE SEALED, AND REMAIN SEALED AT ALL TIMES. IF LOAD IS NOT SEALED AT THE SHIPPER, PLEASE CONTACT TRANSPORTATION ONE IMMEDIATELY\*\*** It is ultimately carrier's responsibility to ensure trailer is sealed before departing shipper. CARRIER'S ARRIVAL AT THE CONSIGNEE WITH A DAMAGED, BROKEN, OR MISSING SEAL SHALL BE SUFFICIENT GROUNDS FOR CARGO OWNER OR THE CONSIGNEE TO REJECT ALL OR PART OF THE SHIPMENT. If seal must be broken, contact Broker or Dispatch for direction.  
Product integrity becomes is the carrier's responsibility once the trailer is loaded.

**\*\*LATE WITHOUT NOTICE IS NOT ACCEPTABLE\*\*** Notify Broker or Dispatch immediately of any potential delay

**DETENTION:** Carrier must NOTIFY at least 1 hour PRIOR TO THE START of billable detention, or it will Not be approved.

REJECTED PRODUCT: Carrier/Driver must immediately contact T1 for direction.

If rejected product is required to be returned to the shipper, the return rate paid will be equal to the original transit line haul/ rate per mile. CARRIER IS RESPONSIBLE FOR RESEALING THE TRAILER!!

Broker's customer retains the exclusive right to determine acceptability, salvageability and disposition of all freight and Carrier must follow all instructions regarding disposition. Product should never be donated or sold without prior written approval from Broker's customer

Appropriate clothing and footwear required (shirts with sleeves, full length trousers and durable footwear, no canvas or open toed shoes). If a plant or weather emergency occurs, follow the instructions of a site employee.

**\*\*NO PETS ALLOWED ON SITE\*\***

Equipment shall be certified as Kosher where applicable.

**\*\*\*NO DUMPING AND/OR LEAVING WASTE/DEBRIS AT ANY PU OR DELIVERY LOCATION. SUBJECT TO \$250 FINE FOR EACH OCCURRENCE\*\*\*\***

#### Rate Detail

Please refer to the Order Number on your invoice: **379378**

Quoted Amount	550.00
<b>Total:</b>	<b>\$550.00</b>

**ACCESSORIAL REQUESTS AND ALL PAPERWORK, INCLUDING PODs AND RECEIPTS, MUST BE SUBMITTED TO THE PERSON YOU BOOKED THIS LOAD WITH WITHIN 48 HOURS OF DELIVERY UNLESS OTHERWISE INDICATED IN THE CUSTOMER REQUIREMENTS & SPECIFICATIONS SECTION ABOVE**

**\*\*MACROPOINT TRACKING IS REQUIRED FOR ALL LOADS\*\*!!** If tracking is accepted and maintained throughout transit, verified detention will be automatically approved. Free time is 2 hours per facility, unless superseded by the Customer Requirements & Specifications notes above. IF TRACKING IS NOT ACCEPTED, EXPECT SIGNIFICANT DELAYS FOR DETENTION APPROVAL

#### ACCESSORIALS

Driver Tailgate: \$35 | Driver Load/Unload: \$100 | Stop-Off: \$50 | Detention: \$50 per hour after 2 free hours, subject to Layover maximum.  
Truck Order Not Used: \$150 | Driver Layover (Dry): \$175 | Driver Layover (Temp Controlled): \$250 | Trailer Storage (No Power): \$30 per day  
Lumper Fee: Reimbursed in full with valid receipt. Notification in real time required unless otherwise noted on this Carrier Rate Confirmation.

**COMCHEK SERVICE FEE** Comcheks issued by Broker for accessorials (lumper, pallet exchange, etc) or quickpay incur Comdata's automatic fee of \$5 per \$500-tier issued. This fee will be applied to the carrier invoice regardless if the Comchek is used or cancelled, and regardless if a replacement Comchek is issued. **Comdata's fee is applied to every single Comchek issued. Use caution when requesting duplicate or replacement Comcheks.**

**EMAIL COMPLETE INVOICES** to [ap@transportationone.com](mailto:ap@transportationone.com). Re-bills will not be accepted. (fax# 312-284-4946)

Must include invoice with correct remittance address, bill of lading, signed proof of delivery, signed rate confirmation, and all lumper/accessorial receipts. For Quick Pay, email complete invoices to [quickpay@transportationone.com](mailto:quickpay@transportationone.com) and indicate preference for Same-Day Comchek (3% fee, must be submitted before 3pm) or 7-Day Physical Check (2% fee). Fees are calculated off the total invoice amount.

Please Reference: Order # **379378**

This Rate Confirmation, the Carrier Terms and Conditions and Exhibit A: Accessorial Schedule maintained by Transportation One LLC as revised from time to time, available at <http://www.transportationone.com/carrier-terms-conditions> govern the rate and conditions for the movement of the above referenced freight (the 'Order') and are hereby incorporated by reference and become a part of your Transportation One LLC Carrier-Broker Contract. Carrier, as indicated above, agrees that said mutually agreed rates are reasonable and compensatory, the Order would not have been tendered to Carrier at higher rates, and the Order will not subsequently be subject to a later claim of under charges. Acceptance of the Order into Carrier's care, custody, or control is deemed Carrier's acceptance of all terms, conditions, requirements, and specifications of the Order. Failure of Carrier to sign and return this Rate Confirmation does not release Carrier from its obligations with respect to the Order. The terms and conditions in effect on the pick up date apply to and govern all services rendered with respect to the Order.

Signature: Lisa Bojovic

By typing your name/signature/initials on this document, you agree that you are signing it electronically (hereafter referred to as 'E-Signature'). You agree that your E-Signature is the legal equivalent of your handwritten signature on this document and constitutes acceptance of and agreement to this document's terms and conditions as if actually signed by you with pen-and-paper. You also represent that you are authorized to enter into

*this agreement on behalf of yourself, your employer, agent, principal, servant, attorney, insurers, and/or reinsurers, and they and you collectively will be bound by the terms of this document.*

Date: 5/16/2023

## BILL OF LADING

Page 1

## SHIP FROM

Name: Ingreddion Incorporated  
Address: C/O KENCO LOGISTICS SERVICES  
202 S Belmont Avenue  
City/State/Zip: Indianapolis, IN 46222  
FOB:

Bill of Lading Number: 009018568601



(402) 009018568601

## SHIP TO

Name: INGREDION INCORPORATED  
Address: 21520 Sw. FRONTAGE Rd.  
City/State/Zip: SHOREWOOD, IL 60404

Location #:

FOB:

Carrier Name: TXOK-TRANS ONE LLC

Equipment: 173504

Seal number(s): 7420125

SCAC: TXOK

Pro Number:

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name: Ingreddion Incorporated  
Address: 5 Westbrook Corporate Center  
City/State/Zip: Westchester, IL 60154-5749

SalesOrd Num: 4501921509

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid ☒Collect ☐3rd Party ☐

SPECIAL INSTRUCTIONS:

☐  
(check box)

Master Bill of Lading: with attached underlying Bills of Lading

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER		# PKGS	WEIGHT (LB / KG)		Pallet/Slip (Circle One)		ADDITIONAL SHIPPER INFO
QTY	TYPE				Y	N	
0090185686		19	43605.0	19753.1	Y	N	
		0	0.0	0.0	Y	N	
		0	0.0	0.0	Y	N	
		0	0.0	0.0	Y	N	
		0	0.0	0.0	Y	N	
GRAND TOTAL		19	43605.0	19753.0			

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT ()	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care See Section 2(a) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
0		0		0.00				
0		0		0.00				
0		0		0.00				
0		0		0.00				
0		0		0.00				
0		0		0.0				
GRAND TOTAL								

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_."

COD Amount: \$

Fee Terms:

Collect: ☐Prepaid: ☐Customer check acceptable: ☐

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper

Signature

## SHIPPER SIGNATURE/DATE

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 DOT.

Trailer Loaded:

☐ By Shipper☐ By Driver

Freight Counted:

☐ By Shipper☐ By Driver/pallets said to contain☐ By Driver/Pieces

## CARRIER SIGNATURE/PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook of information documentation in the vehicle.

check-in at 6:35 PM  
check-out 10:35 PM

**Ship From:**

Ingredion Incorporated  
C/O KENCO LOGISTICS SERVICES  
202 S Belmont Avenue  
Indianapolis, IN 46222

Order: 0090185686

Client ID: ----

Customer PO Number:

Customer PO Date: 05/16/2023

Shipment ID: 009018568601

**Ship To:**

INGREDION INCORPORATED  
21520 Sw. FRONTAGE Rd.  
SHOREWOOD, IL 60404

**Bill To:**

INGREDION INCORPORATED  
21520 Sw. FRONTAGE Rd.  
SHOREWOOD, IL 60404

**Notes:****Item Number / Customer Part No.**

06811105CA - THERMTEX 50 LB

06811105CA - THERMTEX 50 LB

**Lotnum**

DN5445

EN5886

**Quantity**

450 BA

405 BA

**Weight**22,950.0 lbs  
10,409.9 kgs20,655.0 lbs  
9,368.9 kgs**Total**

855

43,605.0 lbs

19,778.9 kgs

Printed 5/16/2023 10:32:39 PM Eastern

Page 1 of 1


INGREDION INCORPORATED - Straight Bill of Lading - Short form - not negotiable as to all parties herein this contract subject to the terms and conditions of the uniform domestic straight Bill of Lading set forth in the uniform freight classification tariff in effect on the date hereof. Need to check the status of an order or delivery? Login to MyIngredion.com to get updates MyIngredion.com



Date: 5/16/2023

## BILL OF LADING

Page 1

<b>SHIP FROM</b> Name: Ingredion Incorporated Address: C/O KENCO LOGISTICS SERVICES 202 S Belmont Avenue City/State/Zip: Indianapolis, IN 46222 FOB		Bill of Lading Number: 009018568601  (402) 009018568601	
<b>SHIP TO</b> Name: INGREDION INCORPORATED Address: 21520 Sw. FRONTAGE Rd City/State/Zip: SHOREWOOD, IL 60404 Location #: FOB		Carrier Name: TXOK-TRANS ONE LLC Equipment: 173504 Seal number(s): 7420125 SCAC: TXOK Pro Number:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b> Name: Ingredion Incorporated Address: 5 Westbrook Corporate Center City/State/Zip: Westchester, IL 60154-5749		SalesOrd Num: 4501921509 Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT (LB / KG)		Pallet/Slip (Circle One)	
0090185686	19	43605.0	19753.1	Y	N
	0	0.0	0.0	Y	N
	0	0.0	0.0	Y	N
	0	0.0	0.0	Y	N
	0	0.0	0.0	Y	N
GRAND TOTAL		19	43605.0 19753.0		

CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT()	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			LTL ONLY	
						Commodities requiring special or additional attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care	
						See Section 2(e) of NMFC Item 380	
0		0		0.00			
0		0		0.00			
0		0		0.00			
0		0		0.00			
0		0		0.00			
0		0		0.0		GRAND TOTAL	

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"		COD Amount: \$ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Shipper Signature	
SHIPPER SIGNATURE/DATE 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 DOT.		CARRIER SIGNATURE/PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.	
Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	

check-in 6:35 PM  
check-out 10:35 PM

Date: 5/16/2023

## BILL OF LADING

Page 1

## SHIP FROM

Name: Ingreddion Incorporated  
 Address: C/O KENCO LOGISTICS SERVICES  
 202 S Belmont Avenue  
 City/State/Zip: Indianapolis, IN 46222  
 FOB:

Bill of Lading Number: 009018568601



(402) 009018568601

## SHIP TO

Name: INGREDION INCORPORATED  
 Address: 21520 Sw. FRONTAGE Rd.  
 City/State/Zip: SHOREWOOD, IL 60404

Location #:

FOB:

Carrier Name: TXOK-TRANS ONE LLC

Equipment: 173504

Seal number(s): 7420125

SCAC: TXOK

Pro Number:

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name: Ingreddion Incorporated  
 Address: 5 Westbrook Corporate Center  
 City/State/Zip: Westchester, IL 60154-5749

SalesOrd Num: 4501921509

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid ☒Collect ☐3rd Party ☐

(check box)

Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT (LB / KG)	Pallet/Slip (Circle One)		ADDITIONAL SHIPPER INFO
0090185686	19	43605.0 19753.1	Y	N	
	0	0.0 0.0	Y	N	
	0	0.0 0.0	Y	N	
	0	0.0 0.0	Y	N	
	0	0.0 0.0	Y	N	
GRAND TOTAL	19	43605.0 19753.0			

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT ( )	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care See Section 2(a) of NMFC Item 360	NMFC #	CLASS
0		0		0.00				
0		0		0.00				
0		0		0.00				
0		0		0.00				
0		0		0.00				
0		0		0.0				
GRAND TOTAL								

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_."

COD Amount: \$

Fee Terms:

Collect: ☐Prepaid: ☐Customer check acceptable: ☐

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper

Signature

## SHIPPER SIGNATURE/DATE

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 DOT.

Trailer Loaded:

☐ By Shipper☐ By Driver

Freight Counted:

☐ By Shipper☐ By Driver/pallets said to contain☐ By Driver/Pieces

## CARRIER SIGNATURE/PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

check-in at 6:35 PM  
 check-out 10:35 PM