



Bill to:
GLOBALTRANZ ENTERPRISES, INC
7350 N DOBSON RD STE130,
SCOTTSDALE,
AZ,

Invoice Date: 07/03/2023
Invoice #: 27183097
Terms: NET 30
Due Date: 08/03/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/30/2023		355 East South Street, Collierville, TN, USA - 7033 Walrond Drive, Hollins, VA, USA			
			1	2150	2150

TOTAL
2150

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****BOL#: 27183097****GENERAL DISPATCH**

GTZ DISPATCH: (805) 744-7585 Jean@WhiteWolfLogistics.com

GTZ DISPATCH FAX:

CARRIER PAYMENTS:

INVOICE/POD/RATE CON submit to: TLINVOICES@globaltranz.com

PAYMENT INQUIRIES: APTLREQUESTS@globaltranz.com

PO#:
REF#:
PRO#:
CARRIER QUOTE:

SERVICE:

SERVICE TYPE: Full
TRAILER TYPE: Van
SIZE: 53

ACCESSORIAL(S):**COMMODITY:**

DESCRIPTION:24019
WEIGHT: 43999 lbs
PALLETS:22
PIECES:783

CARRIER INFORMATION:

CARRIER NAME: BRZ
LEGAL NAME:RIKI TRANSPORTATION INC.
MC#:086875 [CA458]

DISPATCHER: Bill Carson
PHONE: (708) 852-5527
FAX:
EMAIL: Bill.C@rtbrz.com

DRIVER: Guevens Remy
DRIVER PHONE: (806) 316-9138
TRAILER NUMBER:W94934

IMPORTANT LOAD NOTES:

Absolutely must deliver on Monday 7/3 or else no payment to carrier. Please call in route for dock instructions. Phone#: (540) 265-1193 Kathy or Chad..

ORIGIN:

FACILITY: Floratine Products Group
STREET: 355 E. South Street
CITY/STATE/ZIP: Collierville, TN 38017
FAX:

PICKUP DATE: 06-30-2023
HOURS: 08:00 - 13:30
CONTACT: Francis Blessike

REF #:

PICKUP #:
APPOINTMENT REQUIRED: No
APPOINTMENT MADE: No

PICKUP NOTES:

DESTINATION:

FACILITY: GE Turf C/O Dehaven Transportation
STREET: 7033 Walrond Dr.
CITY/STATE/ZIP: Hollins, VA 24019
FAX:

DELIVERY DATE: 07-03-2023
HOURS: 09:00 - 09:00
CONTACT: Kathy or Chad

REF #:

DELIVERY#:
APPOINTMENT REQUIRED: Yes
APPOINTMENT MADE: Yes CONF #: Kathy

DELIVERY NOTES:

**RATE INFORMATION:**

BASE RATE:\$2,150.00
TOTAL RATE: \$2,150.00

GTZ SIGNATURE : Jean Duenas (50057) (805) 744-7585

CARRIER SIGNATURE :

Bill Carson

Carrier understands and acknowledges that any instruction or information given to Carrier by Broker are merely for the Carrier's convenience and not to be construed as Brokers attempt to control the manner, method, or means by which Carrier or its employees performs the work hereunder. The Rate Confirmation Sheet is a legally binding agreement between Broker and Carrier. No signature is required to enforce provision of this agreement, rather both parties accept the terms and conditions contained herein upon Carrier's partial or full performance of the shipment. In the event of any conflict between the Agreement or the Carrier's Carrier Rate Confirmation, the Agreement shall govern and then any terms as set forth in this Carrier Rate Confirmation shall apply. Carrier must immediately notify Broker if shipper's instructions do NOT match the Rate Confirmation. Broker does not authorize hand written or verbal changes to the rate confirmation. If this rate confirmation does not accurately reflect the load terms, carrier must obtain a revised rate confirmation from Broker. Carrier's failure to provide equipment and/or services as agreed upon may result in additional line haul deductions.



CARRIER RATE CONFIRMATION

BOL#: 27183097



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To be eligible for Accessorials / Incidentals, Carrier must:

- Be checked in to shipper **OR** receiver by the appointment time.
- Submit all proof of detention, accessorial, incidentals within 24-48 hours of delivery.

Detention:

- Carrier must be on time for pickup/delivery.
- Detention accrual begins 2 hours after appointment time at shipper/receiver IF:
 - Carrier must notify Broker after **60** minutes of waiting.
 - Provide time stamped BOL within 48 hours of delivery.
- Detention Rate - **\$40/hr** after **2** hours. Max \$200 detention per stop.

Layover, Truck Order Not Used (TONU):

- Carrier must contact Broker to request
- Delays or cancellations must be confirmed by Broker
- Layovers: \$200 Dry Van or \$250 Running Reefers.
- TONU: \$200

Submitting Payments:

- Email Invoice, Rate Confirmation, Proof of Delivery & Receipts to TLinvoices@globaltranz.com
- 3% / 3-Day Quick Pay available upon request
- For Payments question contact aptrrequests@globaltranz.com or by calling (480) 339-5735



Straight Bill of Lading - Short Form - Original - Not Negotiable

GTZ BOL NO : 27183097

Shipper Address Country Contact Name Phone Number Contact Email Fax Number	Floratine Products Group 355 E. South Street Collierville, TN 38017 USA Francis Blessike (901) 471-3971 office@geturf.com	Carrier :BRZ Shipment Date :06/30/23 Carrier Pro# : Ref # : Carrier Quote # : P/O # : Customer BOL NO : 
Consignee Address Country Contact Name Phone Number Contact Email Fax Number	GE Turf C/O Dehaven Transportation 7033 Walrond Dr. Hollins, VA 24019 USA Kathy or Chad (540) 265-1193 kathy@dehaven.roacoxmail.com	Third Party Billing Information : All charges are prepaid to: GlobalTranz PO Box 6348 Scottsdale AZ 85261 Direct billing inquiries to : (866) 275-1407 GTZ BOL NO : 27183097

Comments/Special Instructions:
Pickup Remarks :
Delivery Remarks :

Pallets	Pieces	IsHazmat	Description	Weight	FreightClass	Length	Width	Height	NMFC	Stackable
22	783		24019	43999		44	44	36		false

The authorized signatories signing this document on behalf of its company consents and bind its company to the terms and conditions found on www.carrierrate.com.

Shipper Certification : I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled and in proper condition for carriage by land/air according to applicable national governmental regulations.

Shipper's Signature: Charles Scott

Date: 6-30-23 **Trailer#:** _____

Driver's Signature: _____

Date: _____ **Trailer#:** _____

Drivers Certification : Carrier acknowledges receipt of packages in good order, condition and quantity unless otherwise stated hereon. Carrier certifies emergency response information and required placards were made available and/or carrier has the D.O.T. emergency response guidebook or equivalent in the vehicle.

Subject to Section 7 of conditions of applicable bill of lading. If this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Consignor's Signature: _____

Consignee Signature: Adam DeHaven

Print Name: Adam DeHaven

Company Name: DeHaven Trans

Date: 7/3/23

Permanent post-office address of the Shipper:

* Mark with "X" to designate material as defined in Title 49 CFR

