

**Bill to:**

FIRST CALL LOGISTICS, LLC.
4715 PINWOOD ROAD,
LOUISVILLE,
KY,
40218

Invoice Date: 07/05/2023

Invoice #: 169782

Terms: NET 30

Due Date: 08/05/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/26/2023		2475 George Urban Boulevard, Depew, NY, USA - 30800 County Road 49, Loxley, AL, USA			
			1	2300	2300

TOTAL
2300

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 and Load Confirmation



First Call Logistics
7998 Centerpoint Drive
Indianapolis, IN 46256
David Nethery
(317) 708-7800 (phone)
davidn@gofclogistics.com

Load Number: 169782
Date: 06/20/2023
Equipment Type: Dry Van 53'
MC Number: MC944686
Temperature Setting Maximum:
Temperature Units: F

Carrier: ZIGI FREIGHT INC
Contact: Riki Kovacevic, (p) (f)
Dispatch Notes:
Temperature Setting Minimum:
Temperature Run Type:
Load Notes:

Shipper Pickup (Stop 1)

Sonwil DC - Depew
2475 George Urban Boulevard
Depew, NY US 14043
Expected Date: 06/26/2023
Shipping/Receiving Hours: 07:00-23:00
Appointment Required: Yes
Appointment Time: 13:00

Pickup Instructions: M-F 0700-2300 by appt Email only for Appts MUST CONFIRM ALL PO's ARE LOADED!! Detention: • Produce FCFS loads will pay detention after 6 hours. • On produce loads with appointments, we will pay detention after 2 hours. • Loads in TX, AZ, and CA will pay detention after 6 hours; w/ or w/o an appointment. • All other non-produce loads we will pay detention after 4 hours. • Driver will need signed BOL with In and Out time to get detention. • Detention is paid out at \$ 40 per hour. Accessorial Fees: • We do not reimburse for restacks; it is the driver's responsibility before they leave the shipper to ensure that pallets are not damaged, and product is secure to prevent any shifting / spills during transit. Pictures will be required for any exceptions. • TONU and layover reimbursements are \$ 150. • Lumper Reimbursements will receive an updated RC once printed receipt is received. (Same day, in the order they are received) • Detention / Layover / Restacks will receive an updated RC once accounting has processed the request. We must have BOL's and pictures, if applicable, to start the reimbursement request on these items. (Please be advised, this is not a same day process.)

Shipper References: LOX-125035, LOX-125034, LOX-125033, LOX-125036

FCFS: ☐

Pickup/Delivery Number: 8066244, 8066060, 8066078, & 8066164

Appointment Time Freetext: 4 PO's!!

Stop Notes:

Consignee Delivery (Stop 2)

LOXLEY
30800 COUNTY RD 49
LOXLEY, AL US 36551
Expected Date: 06/28/2023
Shipping/Receiving Hours:
Appointment Required: Yes
Appointment Time: 07:00

Delivery Instructions: 21 pallets. Pallets: FREE

Consignee References:

FCFS: ☐

Pickup/Delivery Number: APP6910832

Appointment Time Freetext:

Stop Notes:

Shipment Information						
Handling Unit		Package				
Qty	Type	Qty	Type	Weight	Commodity Description	Item Number
0		792	Cases	4023 lbs	Item	LOX-125033
0		288	Cases	3509 lbs	Item	LOX-125034
0		440	Cases	5544 lbs	Item	LOX-125035
0		250	Cases	2062 lbs	Item	LOX-125036

Carrier Fees	
Description	Cost
Net Freight Charges	USD 1,900.00
Accessorial Charges	
• Macropoint	USD 100.00
• OTD	USD 300.00
Total Cost	USD 2,300.00

FOOD GRADE TRAILER, MUST RUN CONTINUOUS TEMPERATURE UNLESS TOLD OTHERWISE IN WRITTEN DOCUMENTATION. MUST SCALE WITHIN 20 MILES OF THE SHIPPER TO HAVE LOAD ADJUSTED.

All updates to: afterhours@gofclogistics.com to be monitored afterhours. Must email when dispatching driver, at pick up, loaded, and at delivery. Detention must be made aware when it is happening. For immediate assistance after hours, please call our main line at 317-708-7800.

Carrier agrees that it maintains its own cargo, liability, comp insurance and Reefer Breakdown (when applicable).

Trailers must be clean, dry, and odor free.

First Call will not be responsible for missing load locks.

All Temperature Controlled loads must be pulped while loading and reported to First Call Logistics before signing bills.

Temperature Controlled loads result in up to \$500 rate deduction if delivery time missed.

Any shipments that require automated tracking may result in up to \$250 rate deduction if the carrier does not utilize the approved means of tracking via MacroPoint, Project44, etc. Tracking app must be turned on and ran continuous throughout entire load transit.

The carrier is responsible for insuring pallets & cases match quantities listed on the Rate Confirmation.

If the carrier consolidates the load without First Call knowledge and consent the Rate Confirmation is subject to a full reduction.

If the carrier puts the load on the rail or any other means of transportation not listed on the Rate Confirmation without First Call knowledge and consent the Rate Confirmation is subject to a full reduction.

Do not send your truck to the shipper unless rate confirmation is signed and sent back to booking agent.

Carrier must have previously called the First Call booking representative and be “dispatched” to be eligible for a Truck Order Not Used (TONU).

Carrier must call in at the 2-hour mark to be paid detention on qualifying loads.

All accessorial(s) must be pre-approved and reported within 24 hours.

If the load is sealed, the carrier does not break the seal without written authorization from First Call Logistics. If the load does not have a seal, please inform the booking representative who sent the Rate Confirmation.

Any claim due to late delivery will be the sole responsibility of the carrier.

Carrier agrees to the above rate and will perform transportation services accordingly for First Call Logistics. The carrier agrees that this contract is not a “trip lease” and the carrier is an “independent contractor” with its own ICC operating authority. The carrier understands all permits & taxes are the sole responsibility of the carrier.

PLEASE EMAIL A COPY OF POD TO accounting@gofclogistics.com. All accounting calls go to 502-710-0350 and carrier can view all invoices by registering an account via TriumphPay.com with First Call Logistics.

Any disputes or issues, please email carrierservices@gofclogistics.com as we do support you as a valued carrier partner.

BILL OF LADING

SHIP FROM
 Name: RIZOPIA (DC24)
 Address: 2475 George Urban Blvd
 City/State/Zip: Depew, NY 14043
 SID# _____ FOB: ☐

Bill Of Lading Number: 8066244


SHIP TO
 Name: ALDI INC #482 LOXLEY
 Address: 30800 COUNTY ROAD 49
 City/State/Zip: LOXLEY, AL 36551
 CID# _____ FOB: ☐

CARRIER NAME: CUSTOMER PICK UP
 Trailer number: 173412
 Seal number(s): 1778120
SCAC: CPU
 Pro number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid _____ Collect ☒ 3rd Party _____
☐ Master Bill of Lading: with attached underlying Bills of Lading
 (check box)

SPECIAL INSTRUCTIONS
 CHEP Count: 4

Load: LOX062623 Delivery: 000289873

Master Bill of Lading Number: LOX062623 Stop#6

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CHECK ONE)			
LOX-125035	440	5786	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Ord: LOX-125035	
			<input type="checkbox"/> Y <input type="checkbox"/> N			
			<input type="checkbox"/> Y <input type="checkbox"/> N			
			<input type="checkbox"/> Y <input type="checkbox"/> N			
			<input type="checkbox"/> Y <input type="checkbox"/> N			
GRAND TOTAL	440	5786				

CARRIER INFORMATION						LTL ONLY	
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	NMFC # CLASS
QTY	TYPE	QTY	TYPE				
4	CHEP	242	CS	2420		Pasta	74250-02 92.5
		198	CS	3366		Lentils, Peas or Split Peas	77180 65
		0		268		Chep Pallets	150390-1 100
4		440		6054		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 _____

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.

 Property described above is received in good order, except as noted.

...to arrange the right of the
...circumstances and in
...able goods
...and Conditions

BILL OF LADING

SHIP FROM

Name: STEPHANO GROUP LTD. (DC24)
Address: 2475 George Urban Blvd
City/State/Zip: Depew, NY 14043
SID#
FOB: ☐

Bill Of Lading Number: 8066164



SHIP TO

Name: ALDI INC #482 LOXLEY
Address: 30800 COUNTY ROAD 49
City/State/Zip: LOXLEY, AL 36551
CID#
FOB: ☐

CARRIER NAME: CUSTOMER PICK UP

Trailer number: 173412
Seal number(s): 1778120

SCAC: CPU
Pro number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:
SPECIAL INSTRUCTIONS
CHEP Count: 5

Freight Charge Terms: (freight charges are prepaid)
Prepaid Collect X 3rd Party

☐ Master Bill of Lading: with attached
underlying Bills of Lading
(check box)

Master Bill of Lading Number: LOX062623 Stop#5

CUSTOMER ORDER INFORMATION

ADDITIONAL SHIPPER INFO

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALETS/SUP (CHECK ONE)	ORD
LOX-125036	250	2000	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Ord LOX-125036
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	
GRAND TOTAL	250	2000	<input type="checkbox"/> Y <input type="checkbox"/> N	

CARRIER INFORMATION

COMMODITY DESCRIPTION

LTL ONLY

HANDLING UNIT	PACKAGE	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	NMFC #	CLASS
QTY TYPE	QTY TYPE					
5 CHEP	250 CS	2000		Cereals, cooked	42320	100
	0	335		Chap Pallets	150390-1	100
5	250	2335		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.

Signature

Shipper

SHIPPER SIGNATURE / DATE

Trailer Loaded: ☐ By Shipper
☐ By Driver

Freight Counted: ☐ By Shipper
☐ By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required papers. Carrier certifies emergency response procedures are in place and that the driver is properly trained and qualified to transport the goods described in the bill of lading.

Property described above is received in good order, except as noted

Page 1

12/26/2023

FOB: ☐

Name: Aldi Loxley

Address: 30800 County Road 49

CID#

FOB: ☐

Name:
Address:

City/State/Zip:

1. mod.1 0X062623 Delivery:000289335

SPECIAL INSTRUCTIONS
CHEP Count: 0

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

Prepaid _____ Collect ☒ 3rd Party _____

☐ Master Bill of Lading: with attached
underlying Bills of Lading

(check box)

Master Bill of Lading Number: LOX062623 Stop#3

CUSTOMER ORDER INFORMATION	
WEIGHT	PALLET/SLIP

ADDITIONAL SHIPPER INFO

Y	<input type="checkbox"/>
Z	<input type="checkbox"/>

10

See Section

7

ing

Customer check acceptable: ☐

~~See 49 U.S.C. - 14706(c)(1)(A) and (B).~~

The carrier shall not receive compensation for freight and all other lawful charges.

Shipper

Signature _____

SIGNATURE / PICKUP DATE

CARRIER SIGNATURE / NOTES:
Carrier acknowledges receipt of packages and required placards.
Carrier certifies emergency response information was made available to
emergency personnel.

carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Order XXXX-XXXX-XXXX