

**Bill to:**

Ally Logistics llc
P.O.BOX 14309,
Cincinnati,
OH,
45201

Invoice Date: 02/07/2024

Invoice #: A-418338

Terms: NET 30

Due Date: 03/07/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
02/05/2024		1357 ISETT AVENUE MUSCATINE, IA US 52761 - 1951 N CHURCH ST ROCKY MOUNT, NC US 27804			
			1	\$2,600.00	\$2,600.00

TOTAL
\$2,600.00

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



Ally Logistics
1090 36TH ST
GRAND RAPIDS, MI 49508
Travis Sisovsky
travis.sisovsky@allylogistics.com

Load Number: A-418338

Date: 02/05/2024

Equipment Type: Dry Van 53'

Temperature Controlled: ☐

PO Number: 8310113

Pick Note: 2/5 @ 1400

Load Number: A-418338

Carrier: ZIGI FREIGHT INC

Contact: KIM ROYAL3 INC, (p) (f)

Customer Instructions: 53' food grade dry van with swing doors. Macro Point / FourKites tracking required. If carrier does not comply with tracking, fines up to \$500 will be levied against carrier. Potential fines for late delivery. Accessorials must be requested within 48 hours of delivery.

Temperature Setting Minimum:

Total Weight: 41,807

Carrier Quote Accessorial Charges:

Shipper Pickup (Stop 1)

Muscatine Ia Bw
1357 ISETT AVENUE
MUSCATINE, IA US 52761
Expected Date: 02/05/2024
Shipping/Receiving Hours: 00:00-00:00
Appointment Required: Yes
Appointment Time: 14:00

Pickup Instructions:
Shipper References:
Pickup/Delivery Number: 20870701700101
Actual Appt: 1400
Stop Distance: 0
Note: 2/5 @ 1400

Consignee Delivery (Stop 2)

MBM CORP ROCKY MOUNT
1951 N CHURCH ST
ROCKY MOUNT, NC US 27804-2022
Expected Date: 02/07/2024
Shipping/Receiving Hours: 02:00-09:00
Appointment Required: Yes
Appointment Time: 06:00

Delivery Instructions:
Consignee References:
Pickup/Delivery Number: 8310113
Actual Appt: 0600
Stop Distance: 1,014
Note: 2/7 @ 0600

Shipment Information

Handling Unit		Package				
Qty	Type	Qty	Type	Weight	Commodity Description	Item Number
		1344	Pieces	41807 lbs	Food Products	8310113

Carrier Fees

Description	Cost
Net Freight Charges	USD 2,500.00
Accessorial Charges	USD 100.00
Total Cost	USD 2,600.00

Fee Details				
Item Description	Unit	Quantity	Unit Price	Total
GPS Tracking	Fixed Cost	1.00	USD 100.00	USD 100.00

*** Please have driver call 888-466-1024 for dispatch, thank you!***

This rate confirmation supplements any Broker-Carrier Agreement signed by and between Ally and the Carrier listed herein and on the Bill of Lading issued in connection with the subject load. THIS RATE CONFIRMATION IS ALSO SUBJECT TO ALLY'S STANDARD TERMS AND CONDITIONS FOR MOTOR CARRIERS WHICH CAN BE FOUND AT: WWW.ALLYLOGISTICS.COM/TERMS. BY SIGNING THIS RATE CONFIRMATION OR BY ACCEPTING & PICKING UP THE SUBJECT LOAD, CARRIER AGREES TO AND ACCEPTS ALL PROVISIONS OF SUCH TERMS AND CONDITIONS. Ally agrees to pay the rate and charges shown hereon (subject to set conditions), and no different tariff, rate or schedule of rates shall apply. Due to the nature of the business, time is of the essence with respect to the freight. Ally reserves the right to impose reasonable and industry accepted fees upon the Carrier for late pickup or late delivery.

Carrier agrees that the freight will not be re-brokered, interlined, reassigned or subcontracted. If originals are not required and quick pay not requested, invoices and PODs can be sent to docs@allylogistics.com.

 IF MACROPOINT TRACKING IS REQUESTED ON A LOAD, AND CARRIER DOES NOT COMPLY WITH TRACKING, FINES OF UP TO \$500 WILL BE LEVIED AGAINST CARRIER

*If hauling a refrigerated load please confirm temp setting with the shipper and BOL. If there is a discrepancy or any questions, call Ally Logistics immediately for assistance.

**For Standard Pay, please email your invoices to docs@allylogistics.com

**For Quick Pay, please email your invoices to quickpay@allylogistics.com

**If originals are required for payment on this shipment, please mail your invoice to: ALLY LOGISTICS LLC, 1090 36TH ST SE STE 628, GRAND RAPIDS, MI 49508

**For payment questions, email ap@allylogistics.com.

PLEASE NOTE: DETENTION AND LAYOVER REQUESTS WILL BE REVIEWED ON A PER-LOAD BASIS WHEN REQUESTED BY THE HAULING CARRIER. IN AND OUT TIMES AT SHIPPERS AND RECIVERS WILL NEED TO BE CONFIRMED BY SUCH TO VALIDATE ANY REQUEST. SAID REQUESTS MAY BE SUBJECT TO PROLONGED WAITING TIME FOR APPROVAL.


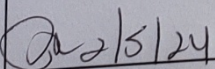
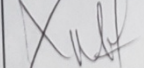
PLEASE NOTE: DRIVERS ARE NOT TO HEAD TO FACILITIES PRIOR TO CALLING IN FOR DISPATCH FROM ALLY LOGISTICS WHEN FULLY EMPTY. IF A DRIVER GOES TO A SHIPPER WITHOUT CALLING IN FOR DISPATCH, NO COMPENSATION WILL BE GIVEN FOR THIS BY ALLY LOGISTICS IN THE EVENT A LOAD IS CANCELED. THE SAME APPLIES FOR GOING TO A FACILITY PRIOR TO ALLY LOGISTICS CONFIRMING ALL APPOINTMENT TIMES FOR SHIPMENTS.

Acceptance Signature: Marisa Serano Date: 02-05-2024

Date: 02/05/2024

BILL OF LADING

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SHIP FROM				SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name: Kraft Heinz Food Company c/o M				Name: MBM-ROCKY MOUNT (DI) Location #:		Name:	
Address: 1357 Isett Ave				Address: 3051 N CHURCH STREET		Address:	
City/State/Zip: Muscatine, IA 52761				City/State/Zip: ROCKY MOUNT, NC 27804		City/State/Zip:	
FOB: <input type="checkbox"/>				FOB: <input type="checkbox"/>			
Bill of Lading Number: 2087070170				CARRIER NAME: Ally Logistics		CARRIER INSTRUCTIONS:	
				Trailer number: 155245 AYLT Ally Logistics		COLD WEATHER NOTICE: 1015 to 0415, shipment is susceptible to freezing if exposed to freezing temperature for prolonged periods. If delay is encountered or anticipated, contact shipper for instructions.	
				Seal number(s): 09747904		SCAC: AYLT	
				Pro number:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
				Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>		Master Bill of Lading: with attached underlaying (check box) Bills of Lading	
CUSTOMER ORDER INFORMATION				CARRIER INFORMATION			
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO	
8310113		1344	42777	Y		1776070595	
GRAND TOTAL		1344	42777				
HANDLING UNIT				COMMODITY DESCRIPTION			
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	LTL ONLY	
21	PLT	1344	CSES	42777		NMFC#	CLASS
21		1344		42777		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:				COD Amount: \$			
The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.				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).				The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.			
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 all the terms and conditions of the NMFC Uniform Straight Bill of Lading.				Signature _____ Shipper			
SHIPPER SIGNATURE / DATE				Trailer Loaded:		CARRIER SIGNATURE / PICKUP DATE	
This is a certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.				<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		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.	
				<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/Pieces			
						Property described above is received in good order, except as noted.	

US Bank Freight Paymt Addr: Kraft Heinz Foods Co. c/o US Bank, PO Box 3001, Naperville, IL 60566-7001. For Claims call 1-800-238-6374


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SHIP FROM
Name: Kraft Heinz Food Company Co M
Address: 1357 Islet Ave
City/State/Zip: Muscatine, IA 52761
FOB: ☐

SHIP TO
Name: MBM-ROCKY MOUNT
Address: 3051 N CHURCH STREET
City/State/Zip: ROCKY MOUNT, NC 27804
FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO
Name:
Address:
City/State/Zip:
Special Instructions: CHEP OUT: 0 PECO OUT: 21 GMA OUT: 0 XPT OUT: 0 TTL WGT: 1470

Bill of Lading Number: 2087070170



CARRIER NAME: Ally Logistics
Trailer number: 15245 AYLT Ally Logistics
Seal number(s): 09747904
SCAC: AYLT 744 499-5010
Pro number:
CARRIER INSTRUCTIONS:
COLD WEATHER NOTICE: 1015 to 0415, shipment is subject to weather delays. If delay is encountered or anticipated, contact shipper for instructions.
Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Prepaid ☒ Collect ☐ 3rd Party ☐
☐ Master Bill of Lading, with attached underlaying (check box)
BILL OF LADING (CIRCLE ONE)
CUSTOMER ORDER INFORMATION
CUSTOMER ORDER NUMBER 8310113
PKGS 1344
WEIGHT 42777
Y
ADDITIONAL SHIPPER INFO 1776070595
GRAND TOTAL 1344 42777

HANDLING UNIT	QTY	TYPE	PACKAGE	WEIGHT	COMMODITY DESCRIPTION	LTL ONLY
21	PLT	1344	CSES	54277.00	Class 40 Food Stuffs	
				19	Signature: <i>[Signature]</i>	
				4114.46	DATE: 2-1-24	
					Pieces Count: 1344	
					Pallets in 21 Pallets Out	
21		1344		42777	GRAND TOTAL	

Where the value is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property to follow: \$ _____ per _____
NOTE: Liability limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

SHIPPER SIGNATURE / DATE
[Signature] 02/15/24

TRAILER LOADED: ☒ By Shipper ☐ By Driver
FREIGHT COUNTED: ☒ By Shipper ☐ By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE
[Signature]

US Bank Freight Paymnt Addr:Kraft Heinz Foods Co. c/o US Bank,PO Box 3001,Naperville,IL 60566-7001,For Claims call 1-800-238-6374