

**Bill to:**

Universal Capacity Solutions

,
,
,

Invoice Date: 02/09/2024

Invoice #: 8666372

Terms: NET 30

Due Date: 03/09/2024

| Date | Customer Ref # | Origin - Destination | Quantity | Rate | Amount |
|------------|----------------|---|----------|------------|------------|
| 02/08/2024 | | 1301 Heinz Drive, Fremont, OH, USA - 20 THEODORE CONRAD DR, Jersey City, NJ 07305 | | | |
| | | | 1 | \$1,280.00 | \$1,280.00 |

| |
|--------------|
| TOTAL |
| \$1,280.00 |

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**



UNIVERSAL CAPACITY SOLUTIONS

Formerly CAVALRY LOGISTICS

Carrier Pickup and Delivery Schedule

(615) 997-2088

NOTE: App-based tracking is required on all loads or \$50 fine

Carrier: Royal3 Inc
MC#: 944686
Contact: Sterling
Email: phil@royal3inc.com
Phone: (630) 566-0616

Equipment:
 53 VAN
Commodity:

Universal Order#
 8666372
 *Order numbers must appear on Invoice

Load At
Customer: ES3
Address: 1301 Heinz Dr
City: Fremont
State: OH
Zipcode: 43420

Pickup Date:
Earliest: Thu Feb 8, 2024 3:30 PM
Latest: Thu Feb 8, 2024 3:30 PM

Pickup# PO:26490050, SI:20872164300101,
 QN:1, TN#:079594
Weight: 38026

Loading Instructions: must be able to scale up to 45,500 for dry loads and 44,500 for refrigerated loads. If the loading time will result in a missed on time delivery, and the driver fails to alert Universal and shipper the broker will request next available delivery of which the driver will have to make accommodations to hold the load at no cost to broker. The carrier is responsible for damage caused by the driver at the shipper and/or receiver facilities.. Universal must be notified at least 30 minutes prior to start of detention to be considered for approval.

Deliver To
Customer: SYSCO METRO NEW YORK LLC
Address: 20 THEODORE CONRAD DR
City: Jersey City
State: NJ
Zipcode: 07305

Delivery Date:
Earliest: Fri Feb 9, 2024 10:30 AM
Latest: Fri Feb 9, 2024 10:30 AM

Pickup# PO:26490050, SI:20872164300102,
 QN:2, TN#:080858,
 DEL#:CHK4506342509FEB24
Weight: 38026

Unloading Instructions: LUMPER RECEIPT NEEDED WITH IN 24 HOURS. First write the load number on the Lumper Receipt then text to 615-800-3120 or fax to 615-815-3521. Timeline is tight to receive Lumper Receipt. Text number available to make it easier while receipt is in hand. Universal must be notified at least 30 minutes prior to start of detention to be considered for approval.

Pay Detail for Order# 8666372

Flat Rate: \$959.70
 Fuel Pay: \$270.30
 Auto-Track Compliance: \$50.00
 Other: \$0.00
Total: \$1,280.00

Broker: JD Hailey
Phone: (615) 997-2088
Fax: 615-815-3525
Email: JHailey@universallogistics.com

Requirements**1. Automated Tracking:**

- App-based Tracking is required to haul for Universal
- Failure to use automated tracking will result in a \$50 fine
- Driver must download the Trucker Tools app on their smartphone
- Email Tracking@universallogistics.com for any delays, service issues, or problems downloading the App.

2. Lumpers/Pallet Exchange/Other Accessorials:

- Universal must receive a receipt within **24 hours**.
- Receipt must have Universal load number written on it.
- Driver may take a cell phone picture and text the receipt to [615-800-3120](tel:615-800-3120).
- If text is not an option, receipt must be faxed to [586-467-1120](tel:586-467-1120).
- Failure to send receipt within customers time requirement, carrier will not be reimbursed.
- There will be a \$5 fee for Universal to provide funds to pay the lumper

3. Detention:

- Requires real time notification (24/7) of arrival and departure
- No automated tracking = No detention
- BOL must have in and out times noted.
- Text BOL to [615-800-3120](tel:615-800-3120) within **24 hours** with load number on it

4. Bill of Lading and Cargo Seals:

- Carrier agrees, where applicable, to comply with the provisions of the Food Safety Modernization Act (FSMA); the Sanitary Food Transportation Act of 2005; and any related load specific terms and conditions set forth in the bill of lading.

Billing Information for Universal Capacity Solutions

Billing Department: UniversalBrokerageShared@UniversalLogistics.com

Email Instructions

Email Invoice, POD, Rate Confirmation, and any other supporting documents to: cvgtfb@utsiimaging.com

- All documents must be scanned in as a singular PDF attachment in greyscale
- If paperwork has any color, the system will reject it
- Each load must be emailed separately with only the Universal load number in the subject line

Mailing Instructions

Mail Invoice, POD, Rate Confirmation, and any other supporting documents to the address below:

Attn: Brokerage

12755 East Nine Mile Road

Warren, MI 48089

Additional Information

Standard Payment terms are 21 days

Signing up for ACH:

- 10 business day verification from the day of signing up
- Go to the RMIS website to complete
- RMIS link: <https://universallogistics.rmissecure.com/>

Quick Pay terms are available

- 3 business days 3% fee
- 7 business days 2% fee
- 14 business days 1% fee

Carriers that are set up with factoring cannot do quick pay

Factoring accounts are set to standard payment terms

If you have not received payment in 30 days, email the billing department

If the load is older than 180 days, it is voided out of the system and unable to be paid

Carrier Satisfaction

If you are not 100% satisfied with your Universal experience or need to resolve a dispute, please email carriersatisfaction@universallogistics.com and a manager will contact you within 1 business day. All calls are recorded to ensure your satisfaction. App or GPS will be referenced for any detention or TONU dispute. Your satisfaction is critical to our success, and we are determined to help you in any way we can.



Date: 02/08/2024

BILL OF LADING

Page 1

SHIP FROM

Name: Kraft Heinz Food Company c/o F

Address: 1301 Heinz Drive

City/State/Zip: Fremont, OH 43420

FOB: ☐

Bill of Lading Number: 2087216430



SHIP TO

Name: SYSCO METRO NY

Location #:

Address: 20 THEODORE CONRAD DR

City/State/Zip: JERSEY CITY, NJ 07305

FOB: ☐CARRIER NAME: CAVALRY LOGISTICS
Trailer number: 97041 CVGT CAVALRY LOGISTICS
Seal number(s): 061873

SCAC: CVGT

Pro number:

CARRIER INSTRUCTIONS:

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.

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

Prepaid ☒ Collect ☐ 3rd Party ☐☐ Master Bill of Lading: with attached underlaying (check box) Bills of Lading

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS: CHEP OUT: 0 PECO OUT: 20 GMA OUT: 0 XPRT OUT: 0 TTL WGT: 0

CUSTOMER ORDER INFORMATION

| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP (CIRCLE ONE) | ADDITIONAL SHIPPER INFO |
|-----------------------|--------|--------|--------------------------|-------------------------|
| 26490050 | 1342 | 39359 | Y | 1776106017 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| GRAND TOTAL | 1342 | 39359 | | |

CARRIER INFORMATION

| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or 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 360.</small> | LTL ONLY | |
|---------------|------|---------|------|--------|----------|---|----------|-------|
| QTY | TYPE | QTY | TYPE | | | | NMFC# | CLASS |
| 20 | PLT | 1342 | CSES | 39359 | | Class -60 Food Stuffs | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 20 | | 1342 | | 39359 | | 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 all the terms and conditions of the NMFC Uniform Straight Bill of Lading.

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 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.

Trailer Loaded:

☒ By Shipper☐ By Driver

Freight Counted:


☒ By Shipper☐ 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.

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

| | | | | | | | | | |
|--|-------------|----------------|---------------|---|-----------------|---|--------------|--|--|
| SHIP FROM Name: Kraft Heinz Food Company c/o F Address: 1301 Heinz Drive City/State/Zip: Fremont, OH 43420 FOB: <input type="checkbox"/> | | | | Bill of Lading Number: 2087216430  | | | | | |
| SHIP TO Name: SYSCO METRO NY Location #: _____ Address: 20 THEODORE CONRAD DR City/State/Zip: JERSEY CITY, NJ 07305 FOB: <input type="checkbox"/> | | | | CARRIER NAME: CAVALRY LOGISTICS Trailer number: 97041 CVGT CAVALRY LOGISTICS Seal number(s): 061873 SCAC: CVGT Pro number: | | | | | |
| THIRD PARTY FREIGHT CHARGES BILL TO: Name: _____ Address: _____ City/State/Zip: _____ SPECIAL INSTRUCTIONS: CHEP OUT: 0 PECO OUT: 20 GMA OUT: 0 XPRT OUT: 0 TTL WGT: 0 | | | | CARRIER INSTRUCTIONS: 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. Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect _____ 3rd Party _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box) | | | | | |
| CUSTOMER ORDER INFORMATION | | | | | | | | | |
| CUSTOMER ORDER NUMBER | | # PKGS | WEIGHT | PALLET/SLIP (CIRCLE ONE) | | ADDITIONAL SHIPPER INFO | | | |
| 26490050 | | 1342 | 39359 | Y | | 1776106017 | | | |
| GRAND TOTAL | | 1342 | 39359 | | | | | | |
| CARRIER INFORMATION | | | | | | | | | |
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360.</small> | | LTL ONLY | |
| QTY | TYPE | QTY | TYPE | | | NMFC# | CLASS | | |
| 20 | PLT | 1342 | CSES | 39359 | | Class -60 Food Stuffs | | | |
| 20 | | 1342 | | 39359 | | GRAND TOTAL | | | |
| <small>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 _____.</small> | | | | | | 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). | | | | | | | | | |
| <small>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.</small> Harry Moore 2/9/84 | | | | | | <small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small> | | | |
| SHIPPER SIGNATURE / DATE <small>This is a certify that the above named materials are properly classified, packaged, marked and labelled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small> | | | | Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | | Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/Pieces | | CARRIER SIGNATURE / PICKUP DATE <small>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.</small> | |
| <small>Property described above is received in good order, except as noted.</small> | | | | | | | | | |