

Bill to: STALLION ENTERPRISES INC P.O. BOX 1113, Beebe, AR, 72012 Invoice Date: 02/21/2024 Invoice #: 0273816 Terms: NET 30 Due Date: 03/21/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
02/20/2024		1410 Washington Street, Marion, AL, USA - 5300 Proviso Drive, Melrose Park, IL, USA			
			1	\$1,350.00	\$1,350.00

TOTAL

\$1,350.00

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



Rate Confirmation Agreement for Stallion Enterprises, Inc.

- This document can be used as a substitute for an invoice. If there are objections to the terms stated they must be submitted within 24 hours after receipt.
- DRIVERS MUST CALL STALLON ENTERPRISES, INC. FOR DISPATCH INFORMATION 800-597-2425
- Rate shown includes any applicable fuel surcharges, pickup and delivery charges, loading and unloading, out of route, detention, storage, and/or all arbitrary charges etc. Deviation from these rates must be approved in writing and signed by both parties.
- Any authorized unloading will only be reimbursed with a valid unloading receipt.
- Check calls must be made daily by 9 am EST or carrier will be charged a penalty fee of \$100 per day.
- If pickup or delivery times are missed without prior notification to **STALLION ENTERPRISES, INC.**, carrier will be subject to penalty charges of \$250 per day. Additional late delivery charges assessed by the consignee may also apply.
- In order to collect detention carrier must notify **STALLION ENTERPRISES**, **INC.**, carrier must submit a predetention notification 45 minutes prior to detention beginning. Late pick-ups or late deliveries are not eligible for detention charges. If applicable, the arrival and departure times must be stamped and/or written on the BOL.
- All refrigerated loads must be run on continuous unless otherwise stated.
- Driver is responsible for all load counts. Driver must report any overages, shortages, or damaged product BEFORE LEAVING THE DOCK.
- Any directions given to the carrier are for informational purposes only.
- Carrier acknowledges that they are solely responsible for compliance with all applicable HOS regulations, as well as all other FMCSA regulations.
- No drivers are authorized to break seals under any circumstances. Seals must only be broken by the consignee's personnel. Loads delivered without the seals intact will result in fines and potential claims.
- Carrier agrees this shipment will not be re-brokered or said carrier forfeits the right to collect charges and agrees **STALLION ENTERPRISES, INC.**, may pay charges directly to the underlying carrier to collect charges and agrees.
- Carrier representative submission with acceptance and signature indicates approval of all rates and terms listed on rate confirmation.
- SUBMIT FREIGHT BILLS AND PAYMENT STATUS INQUIRIES TO BELOW ADDRESS OR EMAIL TO <u>AP@STALLIONTG.COM</u>. PLEASE INCLUDE INVOICE, SIGNED BOL, AND SIGNED RATE CONFIRMATION. PAYMENT TERMS 30 DAYS FROM RECEIPT OF INVOICE. DO NOT MAIL ORIGINALS.

STALLION ENTERPRISES, INC. PO Box 1113 Beebe, AR 72012 (800) 597-2425 www.stalliontg.com



STALLION ENTERPRISES, INC. 2409 W DEWITT HENRY DR BEEBE, AR 72012

Page 1

501-882-26	00 /	After Hours:	800-597-2425 x	3	Load Co	onfirmation		0273816
Carrier: Date:	RIKI 1 BURE 02/20/	ANK	IL 60459			Contact: Phone: Fax:	MARCUS 708-303-5150 X 101	
Order	Orde Miles Tem BOL	s: 706.0 p:				Commodity: Weight: Trailer: Reference:	SALT 44000.0 Van	
·	PU 1	Name: Address:	TEKPAK INDU 1410 WASHIN	GTON ST		Date:	02/20/2024 1300	
		Phone:	MARION	AL	36756	Contact: Driver Load	d: N	
	SO 2	Name: Address:	ODW LOGIST			Date:	02/21/2024 1200	_
		Phone:	MELROSE PA 708-786-527		60160	Contact: Driver Load	APPTS/ CUT-OFF 1 1: N	400
Payment		Carrier Fr	eight Pay:		\$1,350.00	i		

Carrier Instructions and Requirements: This form must be completed and returned before driver can be loaded. ODW LOGISTICS - TRAILER SEAL(S) MUST REMAIN INTACT UNTIL CONSIGNEE AUTHORIZES IT TO BE BROKEN. IF A TRAILER SEAL IS REMOVED PRIOR TO AUTHORIZATION A FREIGHT CLAIM WILL BE FILED

Please Sign: Marcus Nikolic

(X) Accept

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Driver Name: Dirkis Driver Cell: 346-328-0642 Driver Email: Tractor #: 601 Trailer #: w26232



Attention: Tori Burton

Date: Tuesda	y, February 20, 2024	Bill Of Lading	00021899 Page 1 of 1
Name: Address: City/State/Zip:	SHIP FROM Tekpak, Inc 1410 S. Washington Street Marion, AL 36756		Bill of Lading Number: 00021899
SID#:		FOB:	00021899
CID#:	SHIP TO MORTON SALT ODW LOGISTICS, INC. 5300 PROVISO DRIVE MELROSE, IL 60160 Location #:MORTON60160 HIRD PARTY FREIGHT CHARGE		CARRIER NAME: COMMON CARRIER TRUCK LINE: STALLION EXPRESS Trailer number: w 26232 Seal number(s): 0010892 SCAC: Pro Number:
City/State/Zip:	TRUCTIONS\PO: 80027269	941	Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: [x][x] 3rd Party:
			Master Bill of Lading: with attached (check box) underlying Bills of Lading
****	SEALS MUST REMAIN INT	ACT UNTIL RECEIVING	G PARTY AUTHORIZES IT TO BE BROKEN ****

CUSTO	MER OR	DER NUMBE	R	UNITS	WEI			ET/SLIP	ADDITIONAL SHIPPER INFO					
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					Marko		Y	N	Arrival Time: 02/20/24 11:45am	23				
					1.	- mar	Y	N	Departure Time: 02/20/2024 17:15					
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(Grand	Total		2,700	35,0)32			and the second of the strength of the second s					
						CARR		ORMATIO						
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30	PLT	2,700	CS			M	ORTO	N KOSI	SHER SLT 12/1 LB US F117070010B					
30	A F	2,700		37,132				G	Frand Total					
value of the	d or declared	ndent on value, shippe follows: d value of the property per						be	COD Amount: \$ 0.00 Fee Terms: Collect: Prepaid: Customer check acceptable:					
NC	TE Lial	bility Limitatic	on for lo	ss or dama	ge in ti	his sh	ipment	may be	e applicable. See 49 U.S.C. • 14706(c)(1)(A) and (B).	1				
the carrier a	and shipper, if	ndividually determined if applicable, otherwise vailable to the shipper,	e to the rate	s, classifications a	and rules the	at have b	been establ	and all of	rrier shall not make delivery of this shipment without payment of freight other lawful charges. Shipper Signature					

Trailer Loaded: FreightLoaded: 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 SHIPPER SIGNATURE / DATE This is to 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 pot. By Shipper By Shipper By Driver/pallets said to contain the vehicle. By Driver By Driver/Pieces 11:45AN-5:45pm Scanned with CamScanner

Ship From: Tekpak, Inc 1410 S. Wash		PACKING	LIST	SEAL # TRAILER # SHIP DATE: TIME IN: TIME OUT:	00021 00108 w 262 02/20/ y 17:15	92 232 24 11:45a	m-545/
Marion	AL 3675	6		PECIAL/PO:		726941	
Bill To: Morton Salt 444 W. Lake S	Street, Suite 2900		Ship To: MORTON ODW LOO	SALT SISTICS, INC.	7010		
CHICAGO	IL 6060)6	MELROS	=		IL 60	160
ITEM#	ITEM DESCRIPTIO	ON	LOT	QTY SHIPP	ED	PALLETS	CASES
ORDER# 701	876	850139					
MS65620550	MORTON KOSHER SLT 1 F117070010B	2/1 LB US	ZI24038003	26,7	24	24.74	2,227.00
MS65620550	MORTON KOSHER SLT 1 F117070010B	2/1 LB US	ZI24039003	5,6	76	5.26	473.00
/	1			32,4	00		
1/2	n Him	PALLET COUNT		TOTA	LQT		L CASES

HOU FILL	30	32,400	2,700.00
SHIPPER'S SIGNATURE			
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Backordered items will not show on this Packing Slip

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Date: Tuesda	y, February 20, 2	²⁰²⁴ Bi	ll Of La	ading	00	02189	9 Pag	e 1 of 1	
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SID#:	SI	IIP TO	FUE	3: 🗖	CAR		E: COMMON CARRI	FR	
Name:	MORTON SAL								
Address: ODW LOGISTICS, INC.							STALLION EXPRESS	mbor(a): 001	0902
	5300 PROVISO	the state of the state of the				Trailer number: w 26232 Seal number(s): 00108 SCAC:			
City/State/Zip:	MELROSE, IL	50160							
CID#:	Location #:MO		FO	3: 🗖	Pror	Number:			
California and	HIRD PARTY FREIO								
Name:									
Address:									
					Freid	aht Charc	e Terms: (freight ch	narges are p	repaid
City/State/Zip:							d otherwise)	J .	
SPECIAL INS	TRUCTIONS	0. 8002726941			- Prepa	id:	Collect:	3rd Party	:
OF LOIAL INC		0. 0002720341			-		Master Bill of Lad	ing: with attac	hed
					(check box) underlying Bills of Lading				
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Grand	Total	2,700	35,032	36227					
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HANDLING UNIT	PACKAGE		H.M. Cor	nmodities requiri	ng special or a	dditional care or att	tention in handling or stowing must be		PACKAGE
QTY TYPE	QTY TY	PE WEIGHT	(X)	so marked ar		s to ensure safe tra ction 2(e) of NMFC	Insportation with ordinary care. C Item 360	Mind P	CLASS
30 PLT	2,700 C	S	M	ORTON	KOS	HER SLT	T 12/1 LB US F	117070010B	
30	2,700	37,132			G	rand To	otal		and a start
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UNU	00-21	120M	()05	tts.					Share and
Where the rate is depen	dent on value, shippers are	required to stated spec	ifically in writing th	ne agreed or d	e			100 M	
value of the property as					COD Amount: \$0.00				
		,			Fee Terms: Collect: D Prepaid: D				
	ber			-	-		istomer check accepta		
NOTE Lia	bility Limitation f	or loss or dama	ige in this s	hipment	may be	applicable	e. See 49 U.S.C. = 147	06(c)(1)(A) an	d (B).
the carrier and shipper, i	RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing be the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been establ by the carrier and are available to the shipper, on request, and to all applicable state and federal regulation								
		Trailer Load	led: Freid	ahtLoaded	1:			Shipper Sign	
This is to certify that the abo	ATURE / DATE		X	By Shipper	and the second sec		CARRIER SIGNATU Carrier acknowledges receipt of packa certifies emergency response information	ages and required placard tion was made available	DATE is. Carrier
classified, packaged, market condition for transportation a regulations of the POT.	d and labeled, and are in proper according to the applicable	By Driv		By Driver/p	allets said	to contain	has the DOT emergency response gu the vehicle.	idebook or equivalent do	cumentation in
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