



**Bill to:**  
GLOBALTRANZ ENTERPRISES  
7350 N DOBSON RD STE 130,  
Scottsdale,  
AZ,  
85250

Invoice Date: 03/04/2024  
Invoice #: 28616023  
Terms: NET 30  
Due Date: 04/04/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
03/01/2024		1950 George St., Suite H, Melrose Park, IL 60160 - 130 Harvest Rd, Bluffton, IN 46714, USA			
			1	\$2,900.00	\$2,900.00

<b>TOTAL</b>
\$2,900.00

**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  
CONFIRMATION  
BOL#: 28616023



GENERAL DISPATCH  
GTZ DISPATCH: (480) 339-5885 brandon.jones@globaltranz.com  
GTZ DISPATCH FAX:  
CARRIER PAYMENTS:  
INVOICE/POD/RATE CON submit to: TLINVOICES@globaltranz.com  
NOA and PAYMENT INQUIRIES: APTLREQUESTS@globaltranz.com

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

SERVICE:	ACCESSORIAL(S):	COMMODITY:
SERVICE TYPE: Full TRAILER TYPE: Van SIZE: 53		DESCRIPTION:Cabinets WEIGHT: 43500 lbs PALLETS:30 PIECES:30

CARRIER INFORMATION:		
CARRIER NAME: BRZ LEGAL NAME:RIKI TRANSPORTATION INC. MC#:086875 [CA458]	DISPATCHER: Steve PHONE: (708) 852-5525 FAX: EMAIL: steve@rtbrz.com	DRIVER: John DRIVER PHONE: (787) 920-0497 TRAILER NUMBER:

IMPORTANT LOAD NOTES:

ORIGIN:		
FACILITY: Kitchencrest Cabinets STREET: 1950 George St., Suite H CITY/STATE/ZIP: Melrose Park, IL 60160 FAX:	PICKUP DATE: 03-01-2024 REF #: HOURS: 13:00 - 17:00 CONTACT: Anna	PICKUP #: APPOINTMENT REQUIRED: No APPOINTMENT MADE: No
PICKUP NOTES:	PHONE:	

DESTINATION:		
FACILITY: KitchenCrest Cabinets Orlando, LLC STREET: 5257 LB Mcleod Rd., Suite 100 CITY/STATE/ZIP: Orlando, FL 32811 FAX:	DELIVERY DATE: 03-04-2024 HOURS: 09:00 - 14:00 CONTACT: Peter Liang	REF #:  DELIVERY#: APPOINTMENT REQUIRED: No APPOINTMENT MADE: No
DELIVERY NOTES:	PHONE:	



RATE INFORMATION:  
BASE RATE:\$2,900.00  
TOTAL RATE: \$2,900.00

GTZ SIGNATURE : PHX - Veronica Swanson (480) 339-5885

CARRIER SIGNATURE :

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#: 28616023**



**GENERAL DISPATCH**

GTZ DISPATCH: (480) 339-5885 [brandon.jones@globaltranz.com](mailto:brandon.jones@globaltranz.com)

GTZ DISPATCH FAX:

**CARRIER PAYMENTS:**

INVOICE/POD/RATE CON submit to: [TLINVOICES@globaltranz.com](mailto:TLINVOICES@globaltranz.com)

NOA and PAYMENT INQUIRIES: [APTLREQUESTS@globaltranz.com](mailto:APTLREQUESTS@globaltranz.com)

**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](mailto:TLinvoices@globaltranz.com)
- 3% / 3-Day Quick Pay available upon request
- For Payments question contact [aptrrequests@globaltranz.com](mailto:aptrrequests@globaltranz.com) or by calling (480) 339-5735



**GLOBALTRANZ**

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

**GTZ BOL NO : 28616023**

Shipper Kitchencrest Cabinets  
Address 1950 George St.  
Suite II  
Melrose Park, IL 60160  
Country USA  
Contact Name Anna  
Phone Number (630) 868-0888  
Contact Email  
Fax Number

Carrier :BRZ  
Shipment Date:03/01/24  
Carrier Pro# :  
Ref # :  
Carrier Quote # :  
P/O # :  
Customer BOL NO:



Consignee KitchenCrest Cabinets Orlando, LLC  
Address 5257 I B Meleod Rd.  
Suite 100  
Orlando, FL 32811  
Country USA  
Contact Name Peter Liang  
Phone Number (708) 668-6766  
Contact Email  
Fax Number

**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 : 28616023

Comments/Special  
Instructions:

Pickup Remarks :

Delivery Remarks :

Pallets	Pieces	IsHazmat	Description	Weight	FreightClass	Length	Width	Height	NMFC	Stackable
30	30		Cabinets	43500	70	40	48	90		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](http://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: \_\_\_\_\_

Date: \_\_\_\_\_

Trailer#: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_

Date: 03/01/2024

Trailer#: W97035

**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: \_\_\_\_\_

Print Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Date: \_\_\_\_\_

Permanent post-office address of the Shipper:

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



ORLANDO







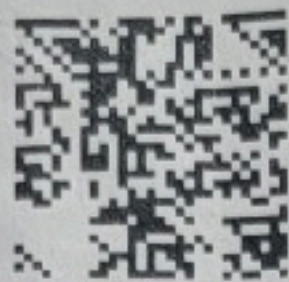
**GLOBALTRANZ**

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Address  
Kitchencrest Cabinets  
1950 George St.  
Suite H  
Melrose Park, IL 60160  
Country  
USA  
Contact Name  
Anna  
Phone Number  
(630) 868-0888  
Contact Email  
Fax Number

Carrier :BRZ  
Shipment Date:03/01/24  
Carrier Pro# :  
Ref # :  
Carrier Quote # :  
P/O # :  
Customer BOL NO:



Consignee  
Address  
KitchenCrest Cabinets Orlando, LLC  
5257 LB Mcleod Rd.  
Suite 100  
Orlando, FL 32811  
Country  
USA  
Contact Name  
Peter Liang  
Phone Number  
(708) 668-6766  
Contact Email  
Fax Number

**Third Party Billing Information:**

All charges are prepaid to:  
GlobalTranz  
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Scottsdale AZ 85261  
Direct billing inquiries to : (866) 275-1407  
GTZ BOL NO : 28616023

Comments/Special  
Instructions:

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Driver's Signature: \_\_\_\_\_

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10:30 fulfillment



ORLANDO