



Bill to:
SOAR TRANSPORTATION GROUP
,
,
,

Invoice Date: 03/05/2024
Invoice #: 1271536
Terms: NET 30
Due Date: 04/05/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
03/04/2024		1485 Couchville Pike, Mt. Juliet, TN 37122, USA - 4200 S Co Rd 25A, Tipp City, OH 45371, USA			
			1	\$700.00	\$700.00

TOTAL
\$700.00

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



****Attention Dispatch:** Please email a copy of the POD to carrierpods@soartransport.com within 48 hrs of delivery**

****Attention Accounting:** Please submit invoices via TriumphPay**

*****Invoices not submitted within 90 days of the ship date specified on accompanying Load Confirmation are waived*****

Requirements

1. Driver must call dispatcher listed on rate confirmation for dispatch information.
2. Driver must count all freight and report overages, shortages, or damages to product to Soar Immediately. This must occur prior to departure from listed shipper or consignee.
3. Driver must arrive on-time for all pickups and deliveries.
4. If driver knows that they will not arrive at the shipper or consignee at the times stated on the rate confirmation, they must notify Soar immediately.
5. Driver must notify Soar of ALL accessorial fees BEFORE they are incurred.
6. Driver must notify Soar immediately upon arrival and departure at shipper and consignee.
7. Failure to comply with any of the above instructions may result in a fine of \$150 per infraction.

It is your driver's responsibility to adhere to all instructions provided above as well as any instructions provided by the shipper or consignee. If driver is unable to witness the loading process, they must have the shipper sign BOL as "Shipper Load and Count". Any freight listed on the rate confirmation that is not picked up or misrouted will be your responsibility to deliver Free Astray.

Terms

1. Advances, including but not limited to lumpers, late fees, and washouts are subject to a \$10 check fee
2. Detention will be paid after 2 hours free from the confirmed appointment
3. Detention pay will be \$30/hour and will max out at \$150 per 24-hour period unless otherwise specified in writing.
4. Only Soar Transportation Group will schedule pick and delivery appointments and any changes to predetermined appointments must be made by Soar Transportation Group.
5. Carrier assumes responsibility for all charges, including, but not limited to, late fee, reschedule fee, restocking fee, and detention if it reschedules or misses an appointment for pick or delivery set by Soar Transportation Group.

Billing

1. PODs must be submitted within 48 hrs of delivery or Carrier is subject to a \$25 fee per day thereafter.
2. **Invoices not submitted within 90 days of ship date listed on the Load Confirmation are waived**
3. For factoring companies looking to confirm a rate, please call 469-312-7222 or visit <http://support.triumphpay.com>
4. The preferred method of invoice submission is the paperwork submission tab of TriumphPay: <https://secure.triumphpay.com/>
5. If you are unable to access TriumphPay, you must Email invoice submission to carrierpods@soartransport.com.
6. All invoice submissions must contain a carrier invoice, a legible POD, a copy of the rate confirmation and support documentation for accessories
 - a. The load number must be included in the subject line of the submission email
 - b. It is strongly preferred that all documents for an individual load are submitted in a single .pdf file
7. Quick Pay
 - a. If you desire Quick Pay, you can select it as your payment method at <https://secure.triumphpay.com/> or call 469-312-7222 for assistance.
 - b. Quick Pay terms are 3% with no additional fees and will be paid out in 2 days.
8. Payment terms are Net-30 from date of receipt of full invoicing packet by Soar Transportation Group.

All Carrier Payments are now processed through TriumphPay.com

Please register online in order to receive payments:



Go to www.secure.TriumphPay.com

Register your company

Connect with **SOAR TRANSPORTATION GROUP**

Add your payment information

Control your money!

Get Paid Now!

Login to TriumphPay.com to set up your default payment method.

Todos los pagos del operador ahora se procesan a través de TriumphPay.com

Regístrese en línea para recibir pagos:



Ir a www.secure.TriumphPay.com

Registre su empresa

Conéctese con **SOAR TRANSPORTATION GROUP**

Agregue su información de pago

¡Controla tu dinero!

¡Obtenga su pago ahora!

Inicie sesión en TriumphPay.com para configurar su método de pago predeterminado.

Soar Transportation Group
977 W 2100 S
Salt Lake City, UT 84119

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Fax 801-975-8080

Load Confirmation

1271536

Carrier: BRZ
Burbank IL 60459
Date: 03/04/2024

Contact: Bonnie Rajkovic
Phone: 708-303-5150
Fax:

Order
Order: 1271536
Miles: 340.0
Temp: 99.0 99.0
BOL: 877766424

Commodity: DRY FOOD
Weight: 10652.1
Trailer: Van (DAT)
Reference:

PU 1 Name: FEDEX SUPPLY CHAIN- CENTRAL
Address: 1485 COUCHVILLE PIKE
MOUNT JULIET TN 37122

Date: 03/04/2024 1630
03/04/2024 1700

Contact:
Driver Load: No driver loading or unload

Phone:
Reference number: 11 KIND
Reference number: 12 KINDFRT
Reference number: 6Y DRYVAN
Reference number: PO 215639765
Reference number: PO 215689532
Reference number: SCA SORB
Reference number: SI 1549505
Reference number: SI 1549505
Reference number: SI 1554562
Reference number: SI 1554562
Reference number: ZZ SOLO

Soar Transportation Group
977 W 2100 S
Salt Lake City, UT 84119

Page 2

Fax 801-975-8080

Load Confirmation

1271536

Carrier: BRZ
Burbank IL 60459
Date: 03/04/2024

Contact: Bonnie Rajkovic
Phone: 708-303-5150
Fax:

SO 2 Name: MEIJERS INC Date: **03/05/2024 0830**
Address: 4200 COUNTY ROAD 25-A **03/05/2024 0900**
TIPP CITY OH 45371 Contact: Cust
Phone: 937-669-9189 Driver Load: No driver loading or unload
Reference number: PO 215639765
Reference number: PO 215689532
Reference number: SI 1549505
Reference number: SI 1549505
Reference number: SI 1554562
Reference number: SI 1554562

Payment **Carrier Freight Pay:** \$700.00 USD

Total Carrier Pay: \$700.00 USD

Carrier Instructions and Requirements: This form must be completed and returned before driver can be loaded.
Special instructions:

Please send all paperwork to carrierpods@soartransport.com

1271536

Attention: **Christan Draper**

Please Sign: *Conor Smith*

Driver Name: Antino
Driver Cell: 404-287-4139
Driver Email:
Tractor #: 856
Trailer #: PTLZ242130

(X) Accept

() Decline



SHIP FROM:

Name: KIND Snacks
Address: 1485 Couchville Pike
City/State/Zip: Mt Juliet TN 37122
SID #: 000040134

FOB: ☐

Bill of Lading Number: 00000000877766424



** Top Freight **

SHIP TO:

Name: TIPP CITY DRY GROCERY 807
Address: 4200 S COUNTY ROAD 25A
City/State/Zip: TIPP CITY OH 453711361
CID #:
Phone #:
Attention #:

CARRIER NAME: SOAR Transportation Group
Trailer number: PTLZ242130
Seal number(s): UL S310329

SCAC: SORB
PRO NUMBER: 877766424



Freight Charge Terms:

Prepaid

☐
(check box)

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

REQUIRED Delivery Date: 03/05/2024

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: Transplace C/O KIND
Address: PO Box 425
City/State/Zip: Lowell AR 72745
Attention: Accounts Payable

SPECIAL INSTRUCTIONS: SHIPPED ON 0 CHEP PALLETS NO EXCHANGE

Master Bill of Lading Number:

Additional Stop:

** Carrier required to schedule delivery appointment **

** Drivers are not permitted to break trailer seals **

KIND Finished product may only ship with food items and is prohibited from shipping with hazardous materials, chemicals, breakables and odor transmitted materials.

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
215639765	757	5083.35	Y N	000040134 1549505
215689532	1084	5143.86		000040134 1554562
GRAND TOTAL	1841	10227.21		

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 380</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
17	plts	351	ctns	1691.3		granola type, other than puffed or popped, with or without fruit, nuts or seeds	42380	65
	plts	278	ctns	1240.65		Bars or Nutritional or Snack, NOI Granola/Protein with/without: fruit, nuts, etc in boxes or package	72045	65
	plts	218	ctns	1653		Bars or Nutritional or Snack, NOI Granola/Protein with/without: fruit, nuts, etc in boxes or package	72045	FAK
	plts	120	ctns	796.2				65
	plts	874	ctns	4846.06				FAK
17		1841		10227.21		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.

of Pallets _____

of Cartons _____

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Consignee Signature / Date

Shipper Signature

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.

Date: 3/4/24 17:29

BILL OF LADING

Page: 1

SHIP FROM:

Name: KIND Snacks
Address: 1485 Couchville Pike
City/State/Zip: Mt Juliet TN 37122
SID #: 000040134

FOB: ☐

Bill of Lading Number: 00000000877766424



** Top Freight **

SHIP TO:

Name: TIPP CITY DRY GROCERY 807
Address: 4200 S COUNTY ROAD 25A
City/State/Zip: TIPP CITY OH 453711361
CID #:
Phone #:
Attention #:

CARRIER NAME: SOAR Transportation Group
Trailer number: PTLZ242130
Seal number(s): UL S310329

SCAC: SORB
PRO NUMBER: 877766424



Freight Charge Terms:

Prepaid

☐
(check box)

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

REQUIRED Delivery Date: 03/05/2024

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: Transplace C/O KIND
Address: PO Box 425
City/State/Zip: Lowell AR 72745
Attention: Accounts Payable

SPECIAL INSTRUCTIONS: SHIPPED ON 0 CHEP PALLETS NO EXCHANGE

Master Bill of Lading Number:

Additional Stop:

** Carrier required to schedule delivery appointment **

** Drivers are not permitted to break trailer seals **

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	plts	120	ctns	796.2				65
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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.

of Pallets _____

of Cartons _____

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Shipper Signature

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Trailer Loaded:

☒ By Shipper
☐ By Driver

Freight Counted:

☒ By Shipper
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☐ By Driver/Pieces

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