

**Bill to:**

C.H. Robinson
14701 CHARLSON RD,
Eden Prairie,
MN,
55347

Invoice Date: 03/06/2024

Invoice #: 466832271

Terms: NET 30

Due Date: 04/06/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
03/05/2024		1180 Elijah Creek Road, HEBRON, KY 41048 - 800 Vista Park Drive, Pittsburgh, PA 15205			
			1	\$1,000.00	\$1,000.00

TOTAL
\$1,000.00

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

C.H. Robinson Contract Addendum and Carrier Load Confirmation - #466832271

This load confirmation is confidential information of CH Robinson and may not be disclosed to third parties without CH Robinson's prior written approval.

**Johan Vargas at Zigi Freight Inc - T5303929
DBA: Royal3 Inc**

C.H. Robinson requires automated shipment check-in and in-transit updates from one of the approved shipment status technologies. Additional information about these technologies can be found at www.chrobinson.com.

If you require assistance during your check-in process, please use one of our mobile apps, or call (888) 278-9441.



C.H. Robinson Communication

Customer-Specified Equipment Requirements
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Equipment:	Van - Min L=53
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Customer Requirements

NO BOX / STRAIGHT TRUCKS	
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SHIPPER#1:	Liquidity Services, Inc	Pick Up Date:	03/05/24
Address:	1180 Elijah Creek Road	*Scheduled to Pick*	
	HEBRON, KY 41048	Pick Up Time:	10:50 Appt.
Phone:	(800) 310-4604	Pickup#:	2147118
		Appointment#:	

Please ask for and confirm receipt of:

Commodity	Est Wgt	Units	Count	Pallets	Temp	Ref #
General Merchandise	11,000	Pallet(s)	28			

Shipper Instructions

RECEIVER #1:	Pittfb38- Pittsburg	Delivery Date:	03/06/24
Address:	800 Vista Park Drive	*Scheduled Delivery*	
	Pittsburgh, PA 15205	Delivery Time:	09:00 Appt.
Phone:	(724) 531-5150	Delivery#:	2147118
		Appointment#:	

Please confirm delivery of:

Commodity	Est Wgt	Units	Count	Pallets	Temp	Ref #
General Merchandise	11,000	Pallet(s)	28			

Receiver Instructions



C.H. Robinson Contract Addendum and Carrier Load Confirmation - #466832271**Rate Details**

Service for Load #466832271	Amount	Rate	Extended
Line Haul - FLAT RATE	1	\$1,000.00	\$1,000.00
Total:			\$1,000.00

SUBMIT FREIGHT BILL TO:

CHRW Billing
P.O. Box 3470
Chicago, IL 60654
LoadDocs@CHRobinson.com

To insure prompt payment, all billing must be accompanied by an invoice with the Carrier Name and C.H. Robinson Load Number

Fuel Surcharge Information

Please note that C.H. Robinson has included a \$145.92 fuel surcharge within the listed transportation rate on this confirmation. The fuel surcharge is an estimate based off of a weekly national average fuel price from the U.S. Department of Energy.

QUICK PAY and CASH ADVANCE

QUICK PAY - If you are a Carrier who utilizes C.H. Robinson's Quick Pay Program, you may email your invoice and required paperwork to LoadDocs@chrobinson.com or visit NavisphereCarrier.com for other scanning options. Funds will be released from C.H. Robinson, minus the fixed discount, within two business days from receipt of complete and legible paperwork. Paperwork received by 12:00 noon (CST) will be counted as same day; paperwork received after 12:00 noon (CST) will count as the next business day. Carriers enrolled in Quick Pay are no longer required to submit original paperwork for payment in addition to using one of our billing methods unless otherwise instructed by C.H. Robinson. Carrier shall retain custody of the original paperwork and provide it to C.H. Robinson upon Request.

C.H. Robinson also recommends that Carrier only submit "receipt" for payment once, regardless of billing method to avoid additional fees. If you would like more information about becoming enrolled in Quick Pay, please contact the Quick Pay Department at (800) 326-9977. For a list of our billing options, please visit NavisphereCarrier.com.

CASH ADVANCE - Carriers may request a cash advance from C.H. Robinson to be issued at C.H. Robinson's sole discretion as a partial settlement to the agreed upon rate. All cash advances will be deducted from final settlement; including a transaction fee of the greater of 3% of the advance issued or \$15 for each individual advance.



C.H. Robinson Contract Addendum and Carrier Load Confirmation - #466832271**C.H. Robinson Contract Addendum and Carrier Load Confirmation Conditions**

THIS LOAD CONFIRMATION IS SUBJECT TO THE TERMS OF THE AGREEMENT FOR MOTOR CONTRACT CARRIER SERVICES ("AGREEMENT") PREVIOUSLY EXECUTED BETWEEN OUR COMPANIES AND THIS CONSTITUTES AN ADDENDUM TO THE TERMS OF THAT AGREEMENT. WE AGREE TO PAY THE RATES AND CHARGES SHOWN ABOVE AND NO DIFFERENT TARIFF RATE OR SCHEDULE OF RATES APPLY. THIS LOAD CONFIRMATION IS INCLUSIVE OF ALL CHARGES. UNLESS ORAL AND WRITTEN FAX OBJECTIONS ARE MADE TO ITS TERMS, AT THE EARLIER OF WITHIN TWENTY-FOURS (24) HOURS OF RECEIPT OR PRIOR TO WORK BEING INITIATED, YOU HAVE AGREED TO THESE TERMS.

Additional Terms**1.**

Unless C.H. Robinson provides written notice herein that this term does not apply to this shipment, Carrier's motor vehicle equipment shall be dedicated to C.H. Robinson's exclusive use while transporting the cargo subject to this booking. Carrier's violation of this exclusive use requirement shall result in Carrier's forfeiting its right to be paid for the transportation services contemplated by this Load Confirmation, not as penalty, but as liquidated damages.

2.

Cash advance requests made after regular business hours will not be authorized. If Carrier requires a cash advance, Carrier must make arrangements with the C.H. Robinson booking representative during normal business hours and/or upon booking this shipment. Cash advance requests made outside of the C.H. Robinson booking branch's regular business hours may not be authorized. If Carrier requires a cash advance, Carrier must make arrangements with the C.H. Robinson booking branch during its normal business hours and/or upon booking this shipment.

3.

This rate is contingent upon successful and on-time completion of all load requirements as orally stipulated or written on this Addendum and rate may be subject to reduction if Carrier fails to complete any applicable terms and conditions. Rate may be reduced if load picks up or delivers after originally scheduled time and date. Carrier acknowledges that failure to complete any terms and conditions on this shipment may jeopardize or result in loss of future business opportunities with C.H. Robinson and/or cancelation of the Agreement.

4.

Accessorial charges (including but not limited to labor, detention, and/or layover charges) must be authorized and approved prior to or at time of occurrence. C.H. Robinson will not provide any reimbursement of any non, prior-approved accessorial charges. Carrier shall ensure the bill of lading is notated either when handling is required or when detention occurs, that a lump sum receipt is provided when a lump sum is hired, and/or that both are included as supporting documents with the Carrier's invoice. All overage, shortage, and damage must be reported to C.H. Robinson immediately, at time of occurrence, and noted on the bill of lading.

5.

C.H. Robinson's Customer requires that Carrier provide, through C.H. Robinson, the following electronic shipment status updates via EDI, NavisphereCarrier, the Navisphere driver app, or some other electronic method of providing shipment status updates (unless otherwise specified on this confirmation): - Arrival at and departure from Shipper(s) within thirty (30) minutes of occurrence; - A minimum of one check call per day, prior to 10:00am, each day that Carrier is in possession of this shipment; and - Arrival at and departure from Receiver(s) within thirty (30) minutes of occurrence.

6.

For any problems or issues after regular business hours or over the weekends, please contact C.H. Robinson at (888) 278-9441.

7.

For this shipment, Carrier agrees it shall be in possession of relevant and applicable cargo insurance coverage in an amount sufficient to cover the loss or damage of the cargo being transported. Carrier's cargo insurance policy must not exclude from coverage any commodities or cargo carried on this booking. If Carrier's cargo insurance policy contains a schedule of covered vehicles or equipment, Carrier will not transport any cargo on this booking using a vehicle and/or equipment that is not listed as scheduled on Carrier's cargo insurance policy.



2/29/24, 12:28 PM

Bill of Lading #2147118

C.H. ROBINSON
WORLDWIDE, INC.AFFIX
PRO LABEL
HEREUNIFORM STRAIGHT BILL OF LADING
ORIGINAL, NOT NEGOTIABLE
03/01/2024 13:45 EST
Date (MM/DD/YYYY)
PAGE OF PAGES

2147118

Bill of Lading #

TO	Contact Name	Chad
	Shipper to Consignee	pittfb38
	Consignee Name ON C.O.D. SHIPMENTS, LETTERS "C.O.D." MUST APPEAR BEFORE CONSIGNEE NAME	(724) 531-5150
	Address 1	800 Vista Park Drive
	Address 2	Pittsburgh, PA 15205
City		Pittsburgh
State		PA
ZIP Code (required)		15205

FROM	Contact Name	Liquidity Services, Inc
	Shipper to Consignee	1180 Elijah Creek Road
	Address 1	
	Address 2	Hebron, KY 41048
	City	Hebron

PAYMENT METHOD
FREIGHT CHARGES ARE PREPAID
UNLESS MARKED COLLECTPrepaid ☒ Collect ☐ 3rd Party ☐

Service Designation:

Added Services:
none

SPECIAL INSTRUCTIONS/COMMENTS:

Seal 55750951

PURCHASE ORDER NUMBERS:

9425533 9425534 9425535 9425536, 1483397

HAZARDOUS MATERIALS (HM) SECTION	MARK "X" IN "HM" COLUMN BELOW FOR HAZARDOUS MATERIALS	HM EMERGENCY CONTACT PHONE: NAME: CONTACT #: ALL HM SHIPMENTS REQUIRE EMERGENCY RESPONSE, 24-HOUR CONTACT TELEPHONE NUMBER.
PIECES	TYPE OF PACKAGING	HM
28.0	Pallet	
TOTAL		
PIECES: 28		

C.O.D. - U.S. FUNDS ONLY	
<input type="checkbox"/> U.S. \$ COMPANY CHECK OK <input type="checkbox"/> \$ CASH/CERTIFIED FUNDS C.O.D. AMOUNT: X (Signature of Consignor)	C.O.D. FEE TO BE PAID BY: <input type="checkbox"/> SHIPPER <input type="checkbox"/> CONSIGNEE REMIT C.O.D. FUNDS TO: Name (if different from shipper above): Address 1: Address 2: City: State: Zip (required): Phone:
LIMIT OF LIABILITY	
NOTE (1) Where the rate depends on value, shippers must 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 pound. NOTE (2) Liability Limitation for loss or damages on this shipment may be applicable. See 49 U.S.C. 14706 (c)(1)(AB). SEE capacity provider's 100 RULES SCHEDULE FOR PROVISIONS OF LIMITED LIABILITY. Capacity Provider's Maximum Liability is \$10/lb per article not to exceed \$100,000 per shipment for new articles. Capacity Provider's Maximum Liability for used articles of any description shall not exceed \$50/lb per article, and Excess Value Liability is not available on used articles. EXCESS VALUE/AD VALOREM REQUESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO DECLARED VALUE: \$ _____ NOTE (3) 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 Sec. 2(e) of NMFC Item 360.	
RECEIVED, subject to individually determined rates or contracts that have been agreed on in writing between the capacity provider and shipper, if applicable, otherwise to the rates, classification and rules that have been established by the capacity provider and are available to the shipper on request: the property described above, in apparent good order, except as noted (contents and condition of contents in packages unknown), marked, consigned, and destined as indicated above, which said capacity provider (the word capacity provider being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another capacity provider on the route to said destination. It is mutually agreed, as to each capacity provider of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth in the applicable motor capacity provider classification or rules schedule. Shipper hereby certifies that he is familiar with all the terms and conditions of this bill of lading, and as set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns. NOTICE: Except on shipments moving on previously signed contracts, freight moving under this bill of lading is subject to the provisions of capacity provider's tariffs for rates and discounts applicable for shipper and are available for review at capacity provider's Corporate Offices. This notice supersedes and negates any claimed oral or written contract, promise representation, or understanding between the parties, except to the extent of any written contract by both parties to the contract.	
SECTION 7	
FOR FREIGHT COLLECT SHIPMENTS: If this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement. The capacity provider may decline to make delivery of this shipment without payment of the freight and all other lawful charges. X _____ (Signature of Consignor)	

SHIPPER CERTIFICATION I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded and are in all respects in proper condition for transport according to applicable international and national governmental regulations.	Shipper	Capacity Provider	Trailer#	Time	Single Ship <input type="checkbox"/>	Handling Units
	Authorized Signature	Authorized Signature	Driver #	Date		Pieces Received
	Received By: _____ Print Name Here: _____ Received in Apparent Good Order (Signatures) Date: _____					



AFFIX
PRO LABEL
HERE

UNIFORM STRAIGHT BILL OF LADING
ORIGINAL, NOT NEGOTIABLE
03/01/2024 13:45 EST
Date (MM/DD/YYYY)
PAGE OF PAGES

2147118

Bill of Lading #

Chad

Contact Name
pittfb38

Consignee Name ON C.O.D. SHIPMENTS, LETTERS "C.O.D." MUST APPEAR BEFORE CONSIGNEE NAME
800 Vista Park Drive (724) 631-5150

Address 1
Pittsburgh, PA 15205

Address 2
Pittsburgh, PA 15205

City State Zip Code (required)

Contact Name
Liquidity Services, Inc

Shipper or Consignee
1180 Elijah Creek Road

Address 1
Hebron, KY 41048

Address 2
Hebron, KY 41048

City State Zip Code (required)

***** THIRD PARTY BILLING *****

PAYMENT METHOD
FREIGHT CHARGES ARE PREPAID
UNLESS MARKED COLLECT

Prepaid ☒ Collect ☐ 3rd Party ☐

Service Designation:

Added Services:
none

SPECIAL INSTRUCTIONS/COMMENTS:

Seal 55150951

PURCHASE ORDER NUMBERS:

9425533 9425534 9425535 9425536, 1483397

HAZARDOUS MATERIALS (HM) SECTION	MARK "X" IN "HM" COLUMN BELOW FOR HAZARDOUS MATERIALS	HM EMERGENCY CONTACT PHONE: NAME: CONTACT #: ALL HM SHIPMENTS REQUIRE EMERGENCY RESPONSE, 24-HOUR CONTACT TELEPHONE NUMBER.	HM CLASS (PRIMARY)	HM CLASS (SUBS)	PKG GROUP	WEIGHT (LB)	NMFC ITEM#	FREIGHT CLASS
PIECES	TYPE OF PACKAGING	HM UN/NA #	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS					
28.0	Pallet					11000 LBS		
TOTAL						TOTAL		
PIECES: 28						WEIGHT: 11000 LBS		

C.O.D. - U.S. FUNDS ONLY

☐ U.S. \$ COMPANY CHECK OK C.O.D. FEE TO BE PAID BY: ☐ SHIPPER
☐ \$ CASH/CERTIFIED FUNDS ☐ CONSIGNEE

\$ C.O.D. AMOUNT X (Signature of Consignor)

Remit C.O.D. Funds To:

Name (if different from shipper above)

Address 1

Address 2

City

State

Zip (required)

Phone

NOTE (1) Where the rate depends on value, shippers must 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 pound.

NOTE (2) Liability Limitation for loss or damages on this shipment may be applicable. See 49 U.S.C. 14706 (c)(1)(AB). SEE capacity provider's 100 RULES SCHEDULE FOR PROVISIONS OF LIMITED LIABILITY. Capacity Provider's Maximum Liability is \$10/lb per article not to exceed \$100,000 per shipment for new articles. Capacity Provider's Maximum Liability for used articles of any description shall not exceed 50¢/lb per article, and Excess Value Liability is not available on used articles.

EXCESS VALUE/AD VALOREM REQUESTED: ☐ YES
DECLARED VALUE: \$ _____

NOTE (3) 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 Sec. 2(e) of NMFC Item 360.

RECEIVED, subject to individually determined rates or contracts that have been agreed on in writing between the capacity provider and shipper, if applicable, otherwise to the rates, classification and rules that have been established by the capacity provider and are available to the shipper on request: the property described above, in apparent good order, except as noted (contents and condition of contents in packages unknown), marked, consigned, and destined as indicated above, which said capacity provider (the word capacity provider being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another capacity provider on the route to said destination. It is mutually agreed, as to each capacity provider of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth in the applicable motor capacity provider classification or rules schedule.

Shipper hereby certifies that he is familiar with all the terms and conditions of this bill of lading, and as set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

NOTICE: Except on shipments moving on previously signed contracts, freight moving under this bill of lading is subject to the provisions of capacity provider's tariffs for rates and discounts applicable for shipper and are available for review at capacity provider's Corporate Offices. This notice supersedes and negates any claimed oral or written contract, promise representation, or understanding between the parties, except to the extent of any written contract by both parties to the contract.

SECTION 7

FOR FREIGHT COLLECT SHIPMENTS: If this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement. The capacity provider may decline to make delivery of this shipment without payment of the freight and all other lawful charges.

X

(Signature of Consignor)

SHIPPER CERTIFICATION I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded and are in all respects in proper condition for transport according to applicable international and national governmental regulations.	Shipper Authorized Signature <i>Desiree Krause 05 March 24</i>	Capacity Provider Authorized Signature	Trailer#	Time	Handling Units Single Ship <input type="checkbox"/> Pieces Received
			Driver #	Date	

Received By: *[Signature]* (Signatures)
Print Name Here: _____ Date: _____

3/6/24