

**Bill to:**

Synchrologistics, LLC  
800 W Smith St 201 ,  
Greensboro,  
NC,  
27401

Invoice Date: 03/11/2024

Invoice #: 388839

Terms: NET 30

Due Date: 04/11/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
03/09/2024		519 Byers Road, Miamisburg, OH US 45342 - 1813 Lookout Drive, Garland, TX US 75044			
			1	\$1,900.00	\$1,900.00

TOTAL
\$1,900.00

**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 and Load Confirmation



Synchrologistics LLC  
PO Box 99066  
Raleigh, NC 27624  
Jacob Horner  
jacob.horner@synchrologistics.com

**Load Number:** 388839

**Date:** 03/08/2024

**Equipment Type:** Dry Van 53'

**Food Grade:** ☐

**Bill of Lading Number:** 388839

**Other Instructions:**

**Load Instructions:** THIS IS A DEDICATED TRUCK. IF THIS IS RUN AS A PARTIAL NO PAYMENT. SHIPPER WILL CHECK TRUCKS MC / CARRIER NAME ON ARRIVAL IF DRIVER IS LATE TO APPT. TIMES RATE IS REDUCED. !!MACRO POINT TRACKING IS REQUIRED. FAILURE WILL RESULT IN A RATE REDUCTION!!!!

**Customs Broker:**

**Carrier:** ZIGI FREIGHT INC

**Contact:** Kim Scekcic, (p) 630-485-7370 (f)

**Mode Name:** Truckload

**PO Number:**

**Distance (Miles):** 974.60

**Carrier Instructions:** Please send all invoices and PODs to ap@synchrologistics.com

**Cargo Summary:** Pallets Doors and hardware, 20000 lbs

**Tracking Update Contact:** Text 919-341-0112 or email truckload@synchrologistics.com

### Shipper Pickup (Stop 1)

Acceleation DOCK 18  
519 Byers Road  
Miamisburg, OH US 45342  
**Expected Date:** 03/09/2024  
**Shipping/Receiving Hours:** 08:00-12:00  
**Appointment Required:** No  
**Appointment Time:**

**Pickup Instructions:**  
**Shipper References:**  
**Pickup/Delivery Number:**

### Consignee Delivery (Stop 2)

Oboe LLC  
1813 Lookout Drive  
Garland, TX US 75044  
**Expected Date:** 03/11/2024  
**Shipping/Receiving Hours:**  
**Appointment Required:** Yes  
**Appointment Time:** 08:00

**Delivery Instructions:**  
**Consignee References:**  
**Pickup/Delivery Number:**

### Shipment Information

Handling Unit		Package			
Qty	Type	Qty	Type	Weight	Commodity Description
	Pallets			20000 lbs	Doors and hardware

Carrier Fees	
Description	Cost
Net Freight Charges	USD 1,900.00
<b>Total Cost</b>	<b>USD 1,900.00</b>

#### Checklist

**Prior to loading**, ensure driver's trailer is clean, free of any holes, metal shavings, moisture, etc. Shipper has the right to reject trailers that don't meet requirements.

**At loading**, ensure freight being loaded is not damaged and matches the product being signed for on the BOL. Note any discrepancies or damaged freight on the BOL. Take photos of the loaded freight if possible. Do not accept damaged product or pallets without notifying Synchrologistics and note any damage on the BOL. Once product is loaded, do not leave trailer doors open and/or unattended. Padlocks/load locks are required where applicable.

**In Transit**, provide status updates to Synchrologistics at least two (2) times a day. Prior to arriving at consignee, call for specific instructions and receiving hours/appointment time.

**At delivery**, document any OS&D issues and take photos if necessary. If there are any OS&D issues, call Synchrologistics immediately. If applicable, get a receipt for delivery fees.

#### Additional Instructions

**Temperature Controlled** Carrier responsible for running reefer at continuous setting unless noted in the instructions on the rate con.

**Food Grade Cargo** Food that has been transported under conditions that are not in compliance with instructions provided by Synchrologistics or Shipper or with applicable regulations, including the Food Safety Modernization Act, may be refused upon delivery.

**Broken Seals** If shipper places a seal upon the trailer, Carrier is responsible for reimbursing Shipper for the cost of cargo in full for which seal is broken within 30 days of receiving the claim from the Shipper. If consignee accepts some or all of the shipment, Carrier is responsible for a minimum \$300 processing fee in addition to the cost of any cargo refused by consignee.

**Double Brokering** Carrier understands and agrees that they will not re-broker, re-consign, assign, or interline any shipments tendered to them, under their own authority, by Synchrologistics.

**Late Fees** A late fee may be imposed for any unexcused late pickups/deliveries and/or missed appointments. Carrier must notify Synchrologistics of any delays as they occur.

**Detention** Synchrologistics must be notified at time of detention. To request detention, (i) Carrier must submit documentation signed by shipper and/or receiver verifying in and out times and (ii) requests must be made within 48 hours of detention. Synchrologistics does not guarantee the payout of any detention requests or charges unless pre-approved in writing.

**Signed POD** Carrier must provide POD with consignee signature for payment to be processed. Carrier will incur minimum \$50 administrative fee if Synchrologistics must retrieve POD from consignee.

**Invoices and PODs** Failure to provide invoices and PODs within 48 hours of delivery will result in payment delays. All invoices and PODs should be sent to ap@synchrologistics.com.

**EFS** Any EFS issued requires a receipt. Failure to provide a receipt within 24 hours of issue will result in a deduction of the EFS amount plus \$ 5 service fee.

SHIP FROM

Name: Acceleration Dock 18

Address: 519 Byers Road

City/State/Zip: Miamisburg OH 45342

SID#: ☐

Expected Ship Date: 03/09/2024

Shipping Hours: 08:00-12:00

Appointment Time:

Pickup/Delivery Number:

SHIP TO

Name: Instor-NTT Global Data Centers of America, INC

Address: 2008 Lookout Drive-Garland

City/State/Zip: Garland TX 75044

CID#: ☐

Expected Delivery Date: 03/11/2024

Appointment Time: 08:00

Pickup/Delivery Number:

THIRD PARTY FREIGHT CHARGES BILL TO

Name: Synchrologistics LLC

Address: PO Box 99066


City/State/Zip: Raleigh, NC 27624

SPECIAL INSTRUCTIONS:

JOB# 100582

Carrier will need to contact Kelan Stamper 24 hours prior to delivery.

214-998-0536

SYNCHROLOGISTICS  
LOGISTICS INC. INC.

Bill of Lading Number: 388839

CARRIER NAME: ZIGI FREIGHT INC

Quote/Contract Id:

Customer Account Number:

Trailer Number:

Seal Number(s): 5665437

SCAC: ZFIH

PRO Number:

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

Prepaid ☐ Collect ☐ Third Party ☒

Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION			
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP
100582		20,000-lbs	Y N
GRAND TOTAL		20,000-lbs	

CARRIER INFORMATION			
HANDLING UNIT	PACKAGE	QTY	TYPE
2	Pallets	2500	LBS
		20,000-lbs	
		20,000-lbs	
		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 \_\_\_\_\_

Consignee Signature

Shipper Signature

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

SHIPPER SIGNATURE / DATE

Trailer Loaded: Freight Counted:

By Shipper: ☐

By Driver: ☐

By Driver/Pallets sent in container: ☐

SHIPPER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and requires packages to be properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Properly described above is received in good order, except as noted.

DRIVER NAME: S. Wells

3-9-24

MAR 09 2024

CELL NUMBER:



Date: 03/09/2024

## BILL OF LADING

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## SHIP FROM

Name: Acceleation DOCK 18  
Address: 519 Byers Road  
City/State/Zip: Miamisburg OH 45342  
SID#: FOB: ☐  
Expected Ship Date: 03/09/2024  
Shipping Hours: 08:00-12:00  
Appointment Time:  
Pickup/Delivery Number:

## SHIP TO

Name: Instor-NTT Global Data Centers of America, INC  
Address: 2008 Lookout Drive-Garland  
City/State/Zip: Garland TX 75044  
CID#: FOB: ☐  
Expected Delivery Date: 03/11/2024  
Appointment Time: 08:00  
Pickup/Delivery Number:

## THIRD PARTY FREIGHT CHARGES BILL TO

Name: Synchrologistics LLC  
Address: PO Box 99066  
City/State/Zip: Raleigh, NC 27624

## SPECIAL INSTRUCTIONS:

JOB# 100582

Carrier will need to contact Kelan Stamper 24 hours prior to delivery.  
214-998-0536

**SYNCHROLOGISTICS**  
LOGISTICS IN SYNC

Bill of Lading Number: 388839

CARRIER NAME: ZIGI FREIGHT INC

Quote/Contract Id:

Customer Account Number:

Trailer Number:

Seal Number(s): 5665437

SCAC: ZFIH

PRO Number:

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

Prepaid ☐ Collect ☐ Third Party ☒☐ Master Bill of Lading: with attached underlying Bills of Lading

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SKIP	ADDITIONAL SHIPPER INFO
100582		20,000-lbs	Y N	
GRAND TOTAL		20,000-lbs		

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE			
QTY	TYPE	QTY	TYPE	WEIGHT	COMMODITY DESCRIPTION
2	Pallets		2500 LBS	20,000-lbs	Doors and hardware
				20,000-lbs	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  
3/11/2024  
Consignee Signature

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

S. WELLS  
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 Department of Transportation.

S. Wells 3-9-24

## Trailer Loaded: Freight Counted:

By Shipper: ☐By Shipper: ☐By Driver: ☐By Driver/pallets said to contain: ☐

DRIVER NAME:

## 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.

X

MAR 09 2024

CELL NUMBER: