



Bill to:
TRANSNET INC TOLEDO

Invoice Date: 03/21/2024
Invoice #: 1657380
Terms: NET 30
Due Date: 04/21/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
03/20/2024		1900 W Lusher Ave, Elkhart, IN 46517, USA - 1300 Prospect St, High Point, NC 27260, USA			
			1	\$1,600.00	\$1,600.00

TOTAL
\$1,600.00

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



ORDER CONFIRMATION

Order ID
1657380

Please Include This
Number On Your Invoice

TRANSNET, INC.
OFFICE: HOLLAND, OHIO
419-867-4550

CARRIER	ZIGI FREIGHT/DBA ROYAL FRT
PHONE	630-566-1257 CONTACT: BILL EXT 126
FAX	--
EMAIL	bill@royal3inc.com
PICKUP DATE	3/20/2024 (Wednesday) PICKUP TIME: 7AM-2PM
SHIPPER	FUTURE FOAM
ADDRESS	1900 WEST LUSHER AVE
CITY, STATE	ELKHART, IN 46514
EQUIPMENT	VAN, 53 FT
SHIPPER #	
BOL	
PO #	
PIECES	1
APPROX. WEIGHT	22,000
INSTRUCTIONS	DRIVER MUST CALL 419-867-4550 FOR DISPATCH LOAD 53 VAN SWING DOOR -NO REEFERS ***** SIDE OF TRUCK AND TRAILER MUST SAY " " OR SHIPPER WILL NOT LOAD YOU*****
RATE TO CHARGE	\$1,600.00
DELIVERY DATE	3/21/2024 (Thursday) DELIVERY TIME: 8AM
CONSIGNEE	FUTURE FOAM
ADDRESS	1300 PROSPECT ST
CITY, STATE	HIGH POINT, NC 27260
	<p align="center">ORDER CONFIRMATION DISCLAIMER</p> <ul style="list-style-type: none"> * Driver must call Transnet dispatch for directions, failure to do so may result in the load being recovered with another carrier. TRANSNET WILL NOT BE RESPONSIBLE FOR TRUCK ORDERED NOT USED CHARGES IF THE DRIVER FAILS TO CALL DISPATCH AT 419-867-4550. * TRANSNET MUST BE NOTIFIED 30 MINUTES ---- PRIOR ---- TO DETENTION STARTING. * If shipper refuses or does not seal container, it is the driver's responsibility to seal container before leaving shipper's facility and seal # must be noted on both shipper's and consignee's copy of bill of lading. * Rate includes all accessorial charges (i.e. fuel surcharges, etc.) * Driver must confirm the destination and consignee when signing the bill of lading. Driver must call 419-867-4550 prior to leaving shipper's facility if there appears to be a discrepancy. * Driver must also call after delivery for a release number. * TRANSNET PROHIBITS DOUBLE BROKERING. * Prior to leaving the shipper, the driver must ensure that the consignee/address on the bill of lading matches that on Transnet's prenotes/rate confirmation. Should a discrepancy be noted, the driver is not to depart the shipper and Transnet must be called immediately.

BILLING
INFORMATION

TRANSNET, INC. Please Send Invoices Along With Any Backup Documents To: accounting@tnetinc.com
7318 INTERNATIONAL DR, STE G
HOLLAND, OHIO 43528
419-867-4550

THIS SHIPPING ORDER must be legibly filled in with ink, indelible pencil, or in carbon and retained by the Agent.

BY TRUCK ☐ FREIGHT ☐

The Bill of Lading shall constitute evidence that the goods of Future Foam described herein (the "Goods") were received by the carrier (the "Carrier", identified below) in apparent good order and condition unless otherwise noted on the Bill of Lading. All Goods will be packaged by Carrier (i) in accordance with all applicable Department of Transportation requirements, standard commercial practices for domestic shipment, and in accordance with any instructions provided to Carrier by Future Foam and (ii) in a manner that is adequate to allow safe delivery. Carrier hereby acknowledges that it possesses full and complete understanding and knowledge of the U.S. Department of Transportation Federal Motor Carrier Safety Administration and state regulatory requirements, including, but not limited to, those requirements with respect to safety. Risk of loss of the Goods shall pass to Carrier at the time the Goods are in the control of Carrier. Carrier shall, at its sole expense, obtain any and all licenses, permits and certificates necessary for its performance of the shipment of the Goods, including all licenses, permits and certificates required by applicable law. Carrier agrees to transport the Goods with reasonable dispatch and will use its best efforts to deliver all shipments transported hereunder on or before the scheduled delivery date and time. Carrier shall immediately notify Future Foam by telephone and e-mail of any accidents, spills, theft, hijacking or other events which impair the safe and prompt delivery of the Goods in its control. Carrier shall immediately notify Future Foam by telephone and e-mail of any refused Goods and request additional instructions regarding the return of the Goods to Future Foam prior to leaving the consignee/customer's location. Carrier shall have no lien and hereby waives its right to any lien upon any shipment or portion thereof covered by the Bill of Lading, and shall keep the Goods and any property of Future Foam free and clear of any liens, security interests, or encumbrances. Carrier will assume, and does assume, the liability of an interstate motor carrier, as provided by 49 U.S.C. § 14705 (the "Carmack Amendment"), such liability to exist from the time said Goods are in the control of Carrier until proper delivery has been made.

From PLANT 37 1900 West Lusher Avenue Elkhart IN 46517-		Future Foam, Inc. rbrooks 10:40:01 03/20/2024 PG: 1/1 *** P/O NUMBER *** * 30-70107 (7) * *****		SHIPPING DATE 03/20/2024		ARRIVAL DATE 03/20/2024		
CONSIGNEE AND DESTINATION Future Foam-High Point 1300 PROSPECT STREET High Point NC 27260-		Office		SHIPPING NO. 370024488 - 03		TRAILER NO. RETURNED OUT - TRAILER NO. 244785		
5715300 ATTN:				COMMON CARRIER ROUTING - DELIVERING CARRIER Common Carrier				
ORDERED	SHIPPED	<input checked="" type="checkbox"/> BACK ORDER	DESCRIPTION		WEIGHT	CLASS	C.O.D. SHIPMENT	
100.00	83.00	17.00	*100405803031 G18115 .5XB4X65LY (195') *PILL*				C.O.D. AMT _____	
			0.5000 x 84.0000 x 2340.0000 56,896.50				Collection Fee _____	
TOTAL	83.00		TOTAL BP: 56,896.50				Total Charges _____	
Ord Comment:			** 7TH LOAD **					If charges are to be prepaid, write or stamp here, "To be Prepaid."
								CORRECT WEIGHT _____ LBS
								per _____
								<input type="checkbox"/> ORDER COMPLETED <input type="checkbox"/> ORDER NOT COMPLETED
								SIGNATURE _____
								CHECK ALL THAT APPLY
								DRIVER IS REQUIRED TO ASSIST WITH UNLOADING
								DELIVERY APPT TIME IS _____
								I HAVE READ AND UNDERSTAND ABOVE DELIVERY REQUIREMENTS
								▲CARRIER▲
								▲DRIVER SIGNATURE▲
								SEAL # _____
								CUSTOMER SIGNATURE _____
								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.
								TIME IN _____ TIME OUT _____
								DATE _____

WARNING: POLYURETHANE FOAM DOES BURN!

Polyurethane Foam should not be exposed to open flame or other ignition sources. Polyurethane burns readily with great heat and release gases which are extremely hazardous. Certification and disclaimer statements are located on the back of this form.

FUTURE FOAM, INC., 1610 AVENUE N. COUNCIL BLUFFS, IA 51601-1071

THIS SHIPPING ORDER must be legibly filled in with ink, indelible pencil, or in carbon and retained by the Agent.

BY TRUCK ☐ FREIGHT ☐

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From **Future Foam, Inc.**
PLANT 37 rbrooks 10:40:01 03/20/2024 PG: 1/1

1900 West Lusher Avenue
Elkhart IN 46517-

*** P/O NUMBER ***
* 30-70107 (7) *

CONSIGNEE AND DESTINATION
Future Foam-High Point
1300 PROSPECT STREET
High Point NC 27260-

Office

SHIPPING DATE

ARRIVAL DATE

03/20/2024

03/20/2024

SHIPPING NO.

TRAILER NO. RETURNED

370024488 - 03

CARRIER

OUT - TRAILER NO.

244785

COMMON CARRIER

ROUTING - DELIVERING CARRIER

Common Carrier

ORDERED	SHIPPED	BACK ORDER	DESCRIPTION	WEIGHT	CLASS	C.O.D. SHIPMENT
100.00	83.00	17.00	*100405803031 G18115 .5X84X65LY (195') *FILL* 0.5000 x 84.0000 x 2340.0000 56,896.50			C.O.D. AMT _____ Collection Fee _____ Total Charges _____ If charges are to be prepaid, write or stamp here, "To be Prepaid." CORRECT WEIGHT _____ LBS _____ Shipper per _____ <input type="checkbox"/> ORDER COMPLETED <input type="checkbox"/> ORDER NOT COMPLETED SIGNATURE CHECK ALL THAT APPLY DRIVER IS REQUIRED TO ASSIST WITH UNLOADING DELIVERY APPT TIME IS _____ I HAVE READ AND UNDERSTAND ABOVE DELIVERY REQUIREMENTS ▲CARRIER▲ ▲DRIVER SIGNATURE▲ SEAL # CUSTOMER SIGNATURE 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. TIME IN _____ TIME OUT _____ DATE _____
TOTAL	83.00		TOTAL BF: 56,896.50			
Ord Comment: ** 7TH LOAD **						

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