

**Bill to:**

Addison Transportation  
16415 ADDISON ROAD SUITE #135,  
Addison,  
TX,  
75001

Invoice Date: 03/21/2024

Invoice #: PRO # 324066

Terms: NET 30

Due Date: 04/21/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
03/20/2024		310 HARTMANN DR, LEBANON TN 37087 - 20701 CLAY CENTER DR, KATY TX 77449			
			1	\$1,550.00	\$1,550.00

TOTAL
\$1,550.00

**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**

# ADDISON TRANSPORTATION

ADDISON TRANSPORTATION  
16415 ADDISON ROAD  
SUITE 135  
ADDISON TX 75001

PRO # 324066

Rate Confirmation

03/20/24 08:52:46 (EST)

F  
R  
O  
M  
RODNEY DORMAN  
(888) 753-2232  
(972) 248-3443 (f)  
rodney@addtrans.com

C  
A  
R  
R  
I  
E  
R  
ROYAL3 INC  
(630) 485-7370 (p) Att: JACK (106)  
(630) 485-6980 (f)  
MC # 944686 Truck # 761  
DOT 2828543 Trailer # 244739  
Driver FELIX Cell # (830) 319-1227

Size & Type: 53' VAN  
Pieces: 1

Description: PLASTIC FILM  
Weight: 43000

Miles: 825

CHARGES		DISPATCH NOTES
LINE HAUL RATE	1550.00	Driver ask for load of ''Baled FILM'' FOR LAUDADIO POLYMERS. DRIVER WILL MUST SCALE IN/OUT AT THE RECEIVER.
TOTAL RATE	1550.00	

## PICK 1

HERITAGE BAG CO - LEBA  
310 HARTMANN DR  
LEBANON TN 37087  
Phone/Contact: (614) 444-4004 LYNN

Ready Date: 03/20/24 8-15  
Ref # BALED FILM

## STOP 1

LAUDADIO POLYMERS  
20701 CLAY CENTER DR  
KATY TX 77449  
Phone/Contact: (713) 937-0400 PATTIE SPEED

Appointment 03/21/24 @ 8-15

-This confirmation incorporates all terms and conditions of the Addison Broker-Contract Carrier Agreement between the parties as updated on May 12, 2020 at [www.addtrans.com](http://www.addtrans.com). The carrier by accepting this shipment regardless if the confirmation is signed and returned agrees that all terms and conditions set forth in the Addison Broker - Contract Carrier Agreement posted on May 12, 2020 at [www.addtrans.com](http://www.addtrans.com) apply to this shipment.

-To facilitate the timely and accurate flow of information and for the convenience of the parties Carrier may require its employees and drivers to contact Addison directly as to shipment status, Shipper instructions or other matters. It is expressly agreed and understood that such contact is solely and strictly in the Broker's role as a conduit of information, and in no circumstances shall be construed as Broker exercising any authority or control over Carrier. Carrier retains exclusive control over its drivers.

-Carrier must call Addison dispatch for load information.\*\*\*\*\*888 753 2232\*\*\*\*\*

-Carrier must request and receive original, legible signed bills of lading.

-Carrier is responsible for the count at both origin and destination.

-Carrier must make sure the trailer is sealed and the seal number noted on the bill of lading.

-Carrier must provide 'exclusive use' of this trailer for this load. Prior to loading any additional product or contents on the trailer Carrier must receive the written approval of Addison. Failure to comply could result in a deduction to the agreed upon rate.

-All accessorial charges for loading, unloading, detention etc. must be preapproved by Addison to be reimbursed.

-Brokering of this or any Addison shipment is not allowed.

-In case of failure to deliver, carrier shall be responsible for reasonable and

(Rate Confirmation Details on Next Page)

Carrier Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D

Send Carrier Bills to the Address Above

PRO # 324066

must appear on all Invoices

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Driver FELIX Cell # (830) 319-1227

*necessary costs for alternate transport.*

*-Carrier must report all delays, shortages, overages, damage, or other conditions which may affect timely delivery in good condition at the time of occurrence to Addison's 24 hour # of 888 753 2232.*

*-Carrier shall comply with all safety and anti-terrorism regulations of the DOT and any other state or federal agencies with jurisdiction over the shipment, including but not limited to CT-PAT, ELD Mandate, CARB-TRU and the Sanitary Transportation of Human and Animal Food Rule. Carrier shall comply with customer specific safety procedures and requirements.*

*-Carrier must meet defined set temperature instructions as provided on Shipping documents provided to the Carrier. Temperature settings for certain materials/products and mixes of these products on loads and time of year will determine the required set temperature for these loads. Carrier's TRU's must provide a fresh protect setting with a temperature delta of no more than 4 degrees from Set Point in the continuous operating mode for perishable loads.*

*-The trailer must be clean, dry and odor free with no holes.*

*-This rate confirmation shall be generally governed by Title 49 of the U.S. Code, CFR and federal law applicable to interstate transportation of goods except that the parties specifically waive 49 CFR 371.3.*

*-Willful deceit or falsifying information may result in a freight rate deduction and a negative carrier report. Sign & fax back to 972 381 1273.*

*\*\*\*Email freight invoices with delivery receipt to accounting@addtrans.com\*\*\*  
\*\*\*\*\*Accounting Dept : (972) 993 - 7547\*\*\*\*\**

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. .*

*\*\*\*\* PLEASE PROVIDE A LEGIBLE COPY OF THE DELIVERY RECEIPT OTHERWISE PAYMENT CAN BE DELAYED \*\*\*\**

Carrier Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D

Send Carrier Bills to the Address Above

PRO # 324066

must appear on all Invoices



## STRAIGHT BILL OF LADING

Page 1 of 1

## SHIP FROM

Name .....: Novolex Heritage Bag, LLC  
Address .....: 309 McCown Drive  
Lebanon, TN 37087

BOL No: .....: B924051

RECEIVED, subject to the classifications and tariffs in effect on the date of receipt by  
the Carrier of the property described herein.

Shipment .....  
Date .....: 3/20/2024



## SHIP TO

Name .....  
Address .....: Laudadio Polymers  
20701 Clay Center Drive  
Katy, TX 77449  
CID# .....: H221600

Carrier name .....: Customer Pickup  
Pro Num: .....: Plastic Scrap  
Seal numbers .....

## BILL THIRD-PARTY FREIGHT CHARGES TO:

Name .....  
Address .....

## Freight charge terms

Prepaid \_\_\_\_\_ CPU ☒ Collect \_\_\_\_\_ Third party \_\_\_\_\_

Special instructions:

☐ Master bill of lading: with attached  
Underlying bills of lading

The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier 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 other carrier on the route to said destination. It is mutually agreed, as to each carrier 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 (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment. Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, 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.

## CUSTOMER ORDER INFORMATION

SALES ORDER	CLASS/NMF	# PKGS	WEIGHT	PALLET/SLIP	CUSTOMER PO	Description	Pallets
S777432	60/20480	37.00	39,665.00	Y (N)	HDPE Mixed Color Bales 166319	Plastic Bag	37
			0.00	Y N			0
			0.00	Y N			0
			0.00	Y N			0
			0.00	Y N			0
GRAND TOTAL		37.00	39,665.00				37

If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight. Note -Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

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.

## SHIPPER SIGNATURE/DATE

## Trailer loaded

☒ By shipper  
☐ By driver

## Freight counted

☐ By shipper  
☐ By driver/Pallets said to contain  
☒ By driver/Pieces

CARRIER SIGNATURE  
PICKUP DATE

PRINTED NAME

**ATTENTION: Drivers are responsible for verifying case count and quality of pallets.  
Do not sign shipper LOAD and COUNT!**

**Product Essential for Healthcare, Food Service, Supermarket & Food Manufacturing distribution.**



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CID# ..... H221600

Carrier name ..... Customer Pickup  
Pro Num: ..... Plastic Scrap  
Seal numbers .....

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Name .....  
Address .....

## Freight charge terms

Prepaid \_\_\_\_\_ CPU ☒ Collect \_\_\_\_\_ Third party \_\_\_\_\_

Special instructions:

☐ Master bill of lading: with attached  
Underlying bills of lading

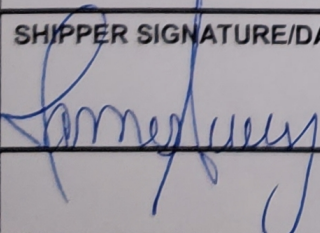
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			0.00	Y <input type="checkbox"/>			0
			0.00	Y <input type="checkbox"/>			0
			0.00	Y <input type="checkbox"/>			0
			0.00	Y <input type="checkbox"/>			0
GRAND TOTAL		37.00	39,665.00				37

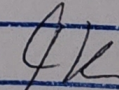
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SHIPPER SIGNATURE/DATE 	Trailer loaded	Freight counted	CARRIER SIGNATURE PICKUP DATE
	<input checked="" type="checkbox"/> By shipper <input type="checkbox"/> By driver	<input type="checkbox"/> By shipper <input type="checkbox"/> By driver/Pallets said to contain <input checked="" type="checkbox"/> By driver/Pieces	
			PRINTED NAME

**ATTENTION: Drivers are responsible for verifying case count and quality of pallets.  
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**Product Essential for Healthcare, Food Service, Supermarket & Food Manufacturing distribution, In**

Rec'd by: 

Date: 3-21-2024

Subject to Check &amp; Count