

**Bill to:**

Ally Logistics llc
P.O.BOX 14309,
Cincinnati,
OH,
45201

Invoice Date: 03/22/2024

Invoice #: A-42974

Terms: NET 30

Due Date: 04/22/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
03/21/2024		129 Commerce Avenue, SUITE B, Greencastle, PA 17225 - 315 Green Street, Schenectady, NY US 12305			
			1	\$1,100.00	\$1,100.00

TOTAL
\$1,100.00

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



ALLY LOGISTICS
1090 36TH ST
GRAND RAPIDS, MI 49508
Josh Greiffendorf
xt 381 (phone)
josh.greiffendorf@allylogistics.com

Load Number: A-429714

Date: 03/20/2024

Equipment Type: Dry Van 53'

Temperature Controlled: ☐

PO Number: P1277290

Pick Note:

Load Number: A-429714

Carrier: ZIGI FREIGHT INC

Contact: KIM ROYAL3 INC, (p) (f)

Customer Instructions: 53' DRY VAN W SWING DOORS.
CARRIER MUST ENSURE FREIGHT IS SECURE DURING
TRANSIT. MACROPOINT TRACKING IS REQUIRED. \$150
FINES FOR LATE PICK-UP AND/OR DELIVERY. POD MUST
BE SENT WITHIN 24 HOURS OF DELIVERY.

Temperature Setting Minimum:

Total Weight: 10,000

Carrier Quote Accessorial Charges:

Shipper Pickup (Stop 1)

MARS DELIVERS GREENCASTLE PA
129 Commerce Avenue, SUITE B
Greencastle, PA US 17225
Expected Date: 03/21/2024
Shipping/Receiving Hours: 08:00-15:00
Appointment Required: No
Appointment Time: 07:00-14:30

Pickup Instructions:
Shipper References:
Pickup/Delivery Number: P1277290
Actual Appt: 0700-1430
Stop Distance: 0
Note:
Work-In: ☐

Consignee Delivery (Stop 2)

CAPITOL DIST SUPPLY
315 Green Street
Schenectady, NY US 12305
Expected Date: 03/22/2024
Shipping/Receiving Hours:
Appointment Required: No
Appointment Time: 08:00-15:00

Delivery Instructions:
Consignee References:
Pickup/Delivery Number: P1277290
Actual Appt: 0800-1500
Stop Distance: 371
Note:
Work-In: ☐

Shipment Information

Handling Unit		Package				
Qty	Type	Qty	Type	Weight	Commodity Description	Item Number
14	Pallets			10000 lbs	PALLETIZED GOODS	Item 1

Carrier Fees

Description	Cost
Net Freight Charges	USD 1,000.00
Accessorial Charges	USD 100.00
Total Cost	USD 1,100.00

Fee Details				
Item Description	Unit	Quantity	Unit Price	Total
GPS Tracking	Fixed Cost	1.00	USD 100.00	USD 100.00

*** Please have driver call 888-466-1024 for dispatch, thank you!***

This rate confirmation supplements any Broker-Carrier Agreement signed by and between Ally and the Carrier listed herein and on the Bill of Lading issued in connection with the subject load. THIS RATE CONFIRMATION IS ALSO SUBJECT TO ALLY'S STANDARD TERMS AND CONDITIONS FOR MOTOR CARRIERS WHICH CAN BE FOUND AT: WWW.ALLYLOGISTICS.COM/TERMS. BY SIGNING THIS RATE CONFIRMATION OR BY ACCEPTING & PICKING UP THE SUBJECT LOAD, CARRIER AGREES TO AND ACCEPTS ALL PROVISIONS OF SUCH TERMS AND CONDITIONS. Ally agrees to pay the rate and charges shown hereon (subject to set conditions), and no different tariff, rate or schedule of rates shall apply. Due to the nature of the business, time is of the essence with respect to the freight. Ally reserves the right to impose reasonable and industry accepted fees upon the Carrier for late pickup or late delivery.

Carrier agrees that the freight will not be re-brokered, interlined, reassigned or subcontracted. If originals are not required and quick pay not requested, invoices and PODs can be sent to docs@allylogistics.com.

*****IF MACROPOINT TRACKING IS REQUESTED ON A LOAD, AND CARRIER DOES NOT COMPLY WITH TRACKING, FINES OF UP TO \$500 WILL BE LEVIED AGAINST CARRIER*****

*If hauling a refrigerated load please confirm temp setting with the shipper and BOL. If there is a discrepancy or any questions, call Ally Logistics immediately for assistance.

**For Standard Pay, please email your invoices to docs@allylogistics.com

**For Quick Pay, please email your invoices to quickpay@allylogistics.com

**If originals are required for payment on this shipment, please mail your invoice to: ALLY LOGISTICS LLC, 1090 36TH ST SE STE 628, GRAND RAPIDS, MI 49508

**For payment questions, email ap@allylogistics.com.

PLEASE NOTE: DETENTION AND LAYOVER REQUESTS WILL BE REVIEWED ON A PER-LOAD BASIS WHEN REQUESTED BY THE HAULING CARRIER. IN AND OUT TIMES AT SHIPPERS AND RECIVERS WILL NEED TO BE CONFIRMED BY SUCH TO VALIDATE ANY REQUEST. SAID REQUESTS MAY BE SUBJECT TO PROLONGED WAITING TIME FOR APPROVAL.

PLEASE NOTE: DRIVERS ARE NOT TO HEAD TO FACILITIES PRIOR TO CALLING IN FOR DISPATCH FROM ALLY LOGISTICS WHEN FULLY EMPTY. IF A DRIVER GOES TO A SHIPPER WITHOUT CALLING IN FOR DISPATCH, NO COMPENSATION WILL BE GIVEN FOR THIS BY ALLY LOGISTICS IN THE EVENT A LOAD IS CANCELED. THE SAME APPLIES FOR GOING TO A FACILITY PRIOR TO ALLY LOGISTICS CONFIRMING ALL APPOINTMENT TIMES FOR SHIPMENTS.

Acceptance Signature: _____ Date: _____

Date : 3/21/2024

Bill of Lading

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SHIP FROM	
Name:	MARS Greencastle - Equipment
Address:	129 Commerce Ave, Suite B
City, State, Zip:	Greencastle PA 17225-9451
SID#	FOB <input type="checkbox"/>

Sales Order #: 1165097

Bill of Lading Number: 86384



SHIP TO	
Name:	Capitol Dist Supply dba N&S Sply LLC
Address:	315 Green Street
City, State, Zip:	Schenectady ,NY 12305
CID#	FOB <input type="checkbox"/>

Carrier Name: Ally Logistics LLC

Trailer number:

Seal number(s): 315198

Load Number

SCAC: AYL

Pro number: 1277290



THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	
Address:	
City, State, Zip:	
SPECIAL INSTRUCTIONS: 518-374-2227	
Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (Circle One)		ADDITIONAL SHIPPER INFO
P1277290	39	6183.0000	(Y)	N	
			Y	N	
Grand Total	39	6183.0000			

CARRIER INFORMATION						LTL ONLY	
Handling Unit		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	Type			NMFC# CLASS	
14	plts	39	ctns	6183.0000		A/C-FURNACES DENSITY 6-10	
						114125/3	125
14		39		6183.0000		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 the shipment may be applicable. See 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.

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

Shipper
Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT

3/21

Trailer Loaded

☐ By Shipper☐ By Driver☐ Verify Load By: _____

Freight Counted

☐ By Shipper☐ By Driver/pallets

said to contain

☐ By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE



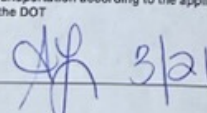
Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Property described above is received in good order except as noted.

Date : 3/21/2024

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Bill of Lading

SHIP FROM				SHIP TO				THIRD PARTY FREIGHT CHARGES BILL TO:			
Name: MARS Greencastle - Equipment Address: 129 Commerce Ave, Suite B City, State, Zip: Greencastle PA 17225-9451 SID#				Name: Capitol Dist Supply dba N&S Sply LLC Address: 315 Green Street City, State, Zip: Schenectady, NY 12305 CID#				Name: Address: City, State, Zip:			
FOB <input type="checkbox"/>				FOB <input type="checkbox"/>							
Sales Order #: 1165097 Bill of Lading Number: 86384 				Carrier Name: Ally Logistics LLC Trailer number: Seal number(s): 315198 Load Number				SCAC: AYL Pro number: 1277290 			
SPECIAL INSTRUCTIONS: 518-374-2227				Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading							
CUSTOMER ORDER INFORMATION											
CUSTOMER ORDER NUMBER		# PKGS		WEIGHT		PALLET/SLIP (Circle One)		ADDITIONAL SHIPPER INFO			
P1277290		39		6183.0000		(Y) N					
Grand Total		39		6183.0000		Y N					
CARRIER INFORMATION											
Handling Unit		PACKAGE		WEIGHT		H.M. (X)		COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	Type					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 360		NMFC#	CLASS
14	plts	39	ctns	6183.0000				A/C-FURNACES DENSITY 6-10		114125/3	125
14		39		6183.0000				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 <u>Bernard Lynch</u> per _____								COD Amount \$ _____			
Note Liability Limitation for loss or damage in the shipment may be applicable. See U.S.C. * 14706(c)(1)(A) and (B).								Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
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.								The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature _____			
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT  3/21				Trailer Loaded <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> Verify Load By: _____		Freight Counted <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> 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.			