

**Bill to:**

Trans-Link

,
,
,

Invoice Date: 04/02/2024

Invoice #: 138423

Terms: NET 30

Due Date: 05/02/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
04/01/2024		33 Cape St, New Bedford, MA 02740, USA - 861 S Stadium Rd, Oregon, OH 43616, USA			
			1	\$1,400.00	\$1,400.00

TOTAL
\$1,400.00

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

**DRIVER MUST
CALL
FOR DISPATCH**

(800) 446-4811

Trans-Link, LLC
875 Oaklawn Ave, Suite 306
Cranston, R.I. 02920
(800) 446-4811

All amounts in US Dollars

**CONFIRMATION MUST
BE SIGNED & RETURNED
BEFORE DRIVER CAN
BE DISPATCHED
THANKS!**

Fax: 401-463-6729

Date: 04/01/2024

Equipment:

V/R

Commodity:

Rate Confirmation

Load Number: 138423

Weight:
43880

Carrier: **ZIGI FREIGHT INC DBA ROYAL3 INC**
6850 W 63 Rd st
CHICAGO, IL 6063

Phone: **(630) 485-7370**
Fax:
Contact:

MCC: **944686**
Cargo Ins.: **100000.00**
Liab Ins.: **1000000.00**

LOAD CONFIRMATION AND PAYMENT AGREEMENT --- PLEASE SIGN AND RETURN ASAP

Shipper **ADVANCED MARINE TECHNOLOGIES**
33 CAPE STREET

Phone: **(508) 991-5225**
Contact: **CINDY HASKELL**

Sched: **04/01/2024**
PU# s-7589
SK/PCS: 17 Wt/Lbs. 43880
PO#: 1284

NEW BEDFORD , MA 02740

Receiver **TOLDEO ALFALFA**
861 SOUTH STADIUM ROAD

Phone: **(419) 704-4892**
Contact: **JASON BOX**

Sched: **04/02/2024 09:00 AM**

OREGON , OH 43616

SK/PCS: 17 Wt/Lbs. 43880
PO#: 1284

Description	Qty	Price	Extended
Flat Rate			1400.00
Total (USD)			\$1400.00 (USD)

1. Please call Trans-Link for pick up and delivery information.
 2. Carrier must count all pallets, cartons or pieces, or mark bill of lading Shipper's Load and Count/ "SLC" if not allowed to verify. Failure to confirm count may result in shortages being deducted from freight invoice.
 3. Carrier must call in with transit updates each day in route
 4. Carrier must report any delays in transit immediately to Trans-Link dispatch (open 24 hours)
 5. Carrier must report any damage, shortage, or overage immediately upon delivery.
 6. Commodities that are exempt under 49 U.S.C. 13506 (A) (6) shall be subject to any claim being deducted from Carrier's invoice. The rate named herein is all inclusive and no other charges is permitted without written addendum to this confirmation.
- Carrier is solely responsible to determine if it can accept the shipment under the terms above and Trans-Links Broker Carrier Contract, and upon acceptance warrants that it is fully able to perform the requested service in compliance with all Federal, State, and Local Statutes, Regulations and Ordinances.

Please Fax a Copy of Your Cargo/Liability Insurance Please Fax a Copy of Your Operating Authority and W-9

Brandon Badolato

Trans-Link, LLC

X

Joey Cimbaljevic
Authorized Carrier

This Shipping Order

must be legibly filled in, in ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper No. _____

Carrier No. _____

Date 4-1-24

PO # 1285

(Name of Carrier)

ROYAL 3 INC

consignee Toledo Alvala

FROM: Shipper Advanced Marine Technologies

street 861 South St. Rd.

Street 33 Cape St.

destination Oregon, OH 43616

Origin New Bedford, MA 02740

route _____

Emergency Response Phone No. _____

Vehicle Number _____

c. Shipping Units HM* Kind of Packaging, Description of Articles, Special Marks and Exceptions

Weight (subject to correction)

Rate CHARGES

17-875 gal Tote: "Organic Chem" 3-3-03
3-55 gal drums "Organic Chem" 3-3-03
Seal # 3544943

43,880 #

Jason Box 419-704-4892

When transporting hazardous materials include the technical or chemical name for a.o.s. (not otherwise specified) or generic description of material with appropriate UN or NA number as defined in US DOT Emergency Communication Standard (49CFR172.202). Provide emergency response phone number in case of incident or accident in box above.

REMIT TO: ADDRESS: FOB New Bedford Ma

COO

S-7589 Amt: \$

C.O.D. FEE: PREPAID ☐ COLLECT ☐

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 \$100,000.00.

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignee, the consignee shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

TOTAL CHARGES: \$ FREIGHT CHARGES: FREIGHT PREPAID ☐ Check box if charges are to be paid by consignee ☐ Freight is checked ☐ correct

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order except as noted (contents and condition of contents of packages unknown), marked, consigned and destined as indicated above 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 another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property, that every service to be performed hereunder shall be subject to all the Bill of Lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the Bill of Lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns. NOTICE: Freight moving under this Bill of Lading is subject to the classifications and lawfully filed tariffs in effect on the date of this Bill of Lading. This notice supersedes and negates any claimed, alleged or asserted oral or written contract, promise, representation or understanding between the parties with respect to this freight, except to the extent of any written contract which establishes lawful contract carriage and is signed by authorized representatives of both parties to the contract.

SHIPPER Cindy Harbelle

CARRIER

PER

PER

X Mobile

DATE

Carrier No. _____		Date <u>4-1-24</u>	
(Name of Carrier) <u>ROYAL 3 INC</u>			
Consignee <u>Toledo Ayrault</u>		FROM: Shipper <u>Advanced Marine Technologies</u>	
Street <u>861 South Stadium Rd</u>		Street <u>33 Cape St.</u>	
Destination <u>Oregon, OH 43616</u>		Origin <u>New Bedford, MA 02740</u>	
Route _____		Emergency Response Phone No. _____	
Mode of Shipping Units <u>HM</u>		Vehicle Number _____	
Kind of Packaging, Description of Articles, Special Marks and Exceptions		Weight (subject to correction)	Rate
<u>17-RTS gal. Tote "Organic Gem" 3-3-0.3</u>		<u>43,880</u>	<u>#</u>
<u>3-55 gal drums "Organic Gem" 3-3-0.3</u>			
<u>Seal # 3544743</u>			
<u>Jason Box 419-704-4892</u>			

When transporting hazardous materials include the technical or chemical name for H.O.S. (not otherwise specified) or generic description of material with appropriate UN or NA number as defined in US DOT Emergency Communication Standard (HM-128C). Provide emergency response phone number in case of incident or accident in box above.

REMIT C.O.D. TO: ADDRESS: <u>FOB New Bedford Ma</u>	COD <u>S-7589</u> Amt: \$	C.O.D. FEE: PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> \$
NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.	Subject to Section 7 of the conditions, 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.	TOTAL CHARGES: \$
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding <u>\$100,000</u>	Signature of Shipper <u>[Signature]</u>	FREIGHT CHARGES: FREIGHT PREPAID <input type="checkbox"/> except when box at right is checked. Check box if charges are to be collect <input type="checkbox"/>

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order except as noted (contents and condition of contents of packages unknown), marked, consigned and destined as indicated above 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 another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property, that every service to be performed hereunder shall be subject to all the Bill of Lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the Bill of Lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

NOTICE: Freight moving under this Bill of Lading is subject to the classifications and lawfully filed tariffs in effect on the date of this Bill of Lading. This notice supersedes and negates any claimed, alleged or asserted oral or written contract, promise, representation or understanding between the parties with respect to this freight, except to the extent of any written contract which establishes lawful contract carriage and is signed by authorized representatives of both parties to the contract.

SHIPPER <u>Cindy Haskell</u>	CARRIER <u>[Signature]</u>
PER <u>X M</u>	DATE <u>4-2-24</u>

CS Scanned with CamScanner

Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.