

**Bill to:**

Translogistics,INC

,
,
,

Invoice Date: 04/08/2024

Invoice #: VP3265177

Terms: NET 30

Due Date: 05/08/2024

| Date | Customer Ref # | Origin - Destination | Quantity | Rate | Amount |
|------------|----------------|---|----------|------------|------------|
| 04/05/2024 | | 2702 Cindel Dr, Cinnaminson, NJ 08077, USA - 2500 US-31, Bay Minette, AL 36507, USA | | | |
| | | | 1 | \$2,100.00 | \$2,100.00 |

| TOTAL |
|------------|
| \$2,100.00 |

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 Load Tender

VP3265177 (BOL)

Reference: VP3265177
(BOL)

Carrier: Zigi Freight Inc
DBA ROYAL 3 INC (ZFIH)

Tender: 04/03/2024 03:26

| | |
|--------------|--|
| Origin: | Keystone Industries 2702 Cindel Dr CINNAMINSON, NJ 08077 Vaughn Milton phone:856.864.9100 x 4002 fax: email: |
| Pickup: | Planned Date: 04/05/2024 09:00AM - 04/05/2024 02:00PM |
| Destination: | DENTALEZ ALABAMA EQUIPMENT & CUSTOM 2500 HWY 31 S. NO APPT NEEDED FCFS 8-1400 BAY MINETTE, AL 36507 rec phone: (251) 937-6781. fax: email: |
| Delivery: | Planned Date: 04/08/2024 08:00AM - 04/08/2024 02:00PM |
| Bill To: | DentalEZ c/o Translogistics Inc 1 E Uwchlan Ave Suite 301 Exton, PA 19341 TLI AP phone: 6102803210 fax: email: tliap@tli.email |

Comments

You have booked this load through **Translogistics Inc** who can be reached anytime at **484-872-2400** or **610-280-3210** or **brokerage@tli.email**

Please **accept** this document immediately, signifying that you agree to handle this load tendered to you by Translogistics based on specific criteria given.

Detention Policy: 2 Hours Free Time, \$40 per hour thereafter. 30-minute notice required to Translogistics at brokerage@tli.email prior to detention occurring

Payment Policy: To receive payment for services performed, an invoice along with an accompanying signed POD must be provided to accounting@tli.email promptly after delivery. These documents must be received within 30 days of delivery.

Tracking Updates: Failure to respond to our tracking team with tracking updates could result in a \$50 fine

This shipment is tendered to you and must be moved under your MC# which you have provided. No Translogistics loads may be co-brokered without written approval from brokerage@tli.email

All accessorial charges must be authorized by Translogistics. Equipment must be clean, dry, and odor-free and you must have at least 2 load straps or bars to secure the freight.

Drivers MUST have straps and load bars.

PROOF OF DELIVERY REQUIRED FOR ALL STOPS MANDATORY FOR INVOICE PAYMENT

**** PLEASE CHECK SPECIAL INSTRUCTIONS BELOW FOR ADDITIONAL INSTRUCTIONS FOR THIS LOAD ****

Contact Information: Melissa Pickup 4848722400

Please contact Translogistics immediately at 888-983-3012 or cs@tli.email with any issues or delays. All accessorial charges must be authorized by Translogistics prior to service being performed. Equipment must be clean, dry, and odor-free.

Equipment

Dry Van (G1)

Items

| Item ID | HM | Item (Description) | Weight | Class | NMFC | Dimensions |
|---------|----|--------------------|---------|-------|------|--------------------|
| | | (dental products) | 33600.0 | 0.0 | | 48.0 X 40.0 X 58.0 |

Stop 1 (pickup)

Planned Date: 04/05/2024 09:00AM - 04/05/2024 02:00PM

Carrier Load Tender

VP3265177 (BOL)

| | | | |
|--|------------------|-------------------|----------|
| Keystone Industries, 2702 Cindel Dr, CINNAMINSON, NJ 08077 Vaughn Milton Phone: 856.864.9100 x 4002 Stop Comments: PO# PO# 320847 | | | |
| SN1063209 (Shipment ID) | Total 33,600 lb | Total 24.0 PLT(s) | |
| 320847 (Pickup Number) | | | |
| CL748897 (Shipping Order) | | | |
| 320847 (PO Number) | | | |
| VP3265177 (BOL) | | | |
| ZFIH (SCAC) | | | |
| Stop 2 (drop) | | | |
| Planned Date: 04/08/2024 08:00AM - 04/08/2024 02:00PM | | | |
| DENTALEZ ALABAMA EQUIPMENT & CUSTOM, 2500 HWY 31 S., BAY MINETTE, AL 36507 rec Phone: (251) 937-6781. Stop Comments: PO# 320847 | | | |
| SN1063209 (Shipment ID) | Total 33,600 lb | Total 24.0 PLT(s) | |
| 320847 (Pickup Number) | | | |
| CL748897 (Shipping Order) | | | |
| 320847 (PO Number) | | | |
| VP3265177 (BOL) | | | |
| ZFIH (SCAC) | | | |
| Freight Terms | | | |
| Charge Details | | | |
| Description | Rate | Quantity | Charge |
| Line Haul | 2100.0 Flat Rate | | \$2100.0 |
| | | Total: | \$2100.0 |

Freight Terms: 2100.0, Third Party (33600.0 lb) (1101.0 miles)

| | |
|------------------------|-----------------|
| Load References | |
| Reference Type | Reference Value |
| Pickup Number | 320847 |
| Shipping Order | CL748897 |
| PO Number | 320847 |
| Load ID | VP3265177 |
| MC Number | 944686 |
| SCAC | ZFIH |



Bill of Lading Number: VP3265177

Date: 05 Apr 2024

BILL OF LADING

Page 1

(VP3265177)

| | | | | | |
|--|-----------------------|--|-------------|---|--|
| SHIP FROM (Envío Desde) | | CARRIER NAME: Zigi Freight Inc DBA ROYAL 3 INC If no E-PRO barcode is below, place PRO Sticker HERE Pro Number: | | | |
| Name: Keystone Industries Address: 2702 Cindel Dr City/State/Zip: CINNAMINSON, NJ 08077 Pickup: 04/05/2024 09:00 - 04/05/2024 14:00 Vaughn Milton Notes: PO# 320847 | | References: PO Number 320847 Pickup Number 320847 | | | |
| SHIP TO (Envío Hacia) | | | | | |
| Name: DENTALEZ ALABAMA EQUIPMENT & CUSTOM Address: 2500 HWY 31 S. City/State/Zip: NO APPT NEEDED FCFS 8-1400 BAY MINETTE, AL 36507 Delivery: 08:00 - 14:00 rec: P:(251) 937-6781. Notes: PO# 320847 | | Services: | | | |
| THIRD PARTY FREIGHT CHARGES BILL TO: (Cargo Hacia) | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid Collect 3rd Party X | | | |
| Name: DentalEZ c/o Translogistics Inc Address: 1 E Uwchlan Ave City/State/Zip: Exton, PA 19341 Special Instructions: Please contact Translogistics immediately at 888-983-3012 or cs@tli.com with any issues or delays. All accessorail charges must be authorized by Translogistics prior to service being performed. Equipment must be clean, dry, and odor-free. | | <input type="checkbox"/> (check box) Master Bill of Lading: with attached Underlying Bills of Lading | | | |
| CUSTOMER ORDER INFORMATION | | | | | |
| H.M. | Item ID (Description) | Pieces | WEIGHT | Count - Type | Dimensions - NMFC - Class |
| | (dental products) | 1.0 - TRK | 33600.0 lbs | 24.0 PLT | 48.0 X 40.0 X 58.0 - NMFC: - Class:0.0 |
| | GRAND TOTAL | | 33600.0 lbs | 24.0 | |
| 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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/> | | | |
| NOTE Liability Limitation for loss or damage is this shipment may be applicable. See 49 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. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns. | | Subject to section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the shipper, the shipper 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 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 Department of Transportation.  4/5/24 | | Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | | 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. | | | | | |



Bill of Lading Number: VP3265177

Date: 05 Apr 2024

BILL OF LADING
(VP3265177)

Page 1

SHIP FROM (Envío Desde)

Name: Keystone Industries
Address: 2702 Cindel Dr
City/State/Zip: CHINAMINSON, NJ 08077
Pickup: 04/05/2024 09:00 - 04/05/2024 14:00
Vaughn Milton
Notes: P-856.864.9100 x 4002
PO# 320847

CARRIER NAME: Zigi Freight Inc
DBA ROYAL 3 INCIf no E-PRO barcode is below, place PRO Sticker HERE
Pro Number:

SHIP TO (Envío Hacia)

Name: DENTALEZ ALABAMA EQUIPMENT & CUSTOM
Address: 2500 HWY 31 S.
NO APPT NEEDED FCFS 8-1400
City/State/Zip: BAY MINETTE, AL 36507
Delivery: 08:00 - 14:00

References:
PO Number 320847
Pickup Number 320847

rec P:(251) 937-6781.
Notes: PO# 320847

Services:

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

Prepaid Collect 3rd Party X

☐
(check box)Master Bill of Lading: with attached
Underlying Bills of Lading

THIRD PARTY FREIGHT CHARGES BILL TO: (Cargo Hacia)

Name: DentalEZ c/o Translogistics Inc
Address: 1 E Uwchlan Ave
City/State/Zip: Exton, PA 19341

Special Instructions: Please contact Translogistics immediately at 800-963-3032 or cs@tdi.com with any issues or delays. All accessorial charges must be authorized by Translogistics prior to service being performed. Equipment must be clean, dry, and odor-free.

CUSTOMER ORDER INFORMATION

| H.M. | Item ID (Description) | Pieces | WEIGHT | Count - Type | Dimensions - NMFC - Class |
|------|-----------------------|-----------|-------------|--------------|--|
| | (dental products) | 1.0 - TRK | 33600.0 lbs | 24.0 PLT | 48.0 X 40.0 X 58.0 - NMFC: - Class:0.0 |
| | GRAND TOTAL | | 33600.0 lbs | 24.0 | |

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 is this shipment may be applicable. See 49 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. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.

Subject to section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the shipper, the shipper 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

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 applicable regulations of the Department of Transportation.

Trailer Loaded:

☐ By Shipper
☐ By Driver

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.

Jeff Brown 4/8