

**Bill to:**

Fitzmark

,
,
,

Invoice Date: 04/11/2024

Invoice #: #1536722

Terms: NET 30

Due Date: 05/11/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
04/10/2024		4943 N 900 E, Van Buren, IN 46991 - 10695 Freedom Trail, Gordonsville, VA 22942, 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

FITZMARK

Load Confirmation

Order# 1536722



Cargo Value of \$100,000.00

Special Instructions

FOOD GRADE TRAILER ***** ALL
RESCHEDULING FEES WILL FALL ON THE
CARRIER ***** STRICT DELIVERY APPT'S
MUST DELIVER ONTIME*****

Customer Notes

-53" FOOD GRADE DRY VAN ONLY! NO REEFERS
MUST BE DRY AND SMELL FREE - ALL
LOADS MUST BE DELIVERED ONTIME / IF
DELIVERED EARLY OR LATE WE ARE CHARGED
\$300 BY THE RECIEVER THAT WILL BE PUSHED
ONTO THE CARRIER - ALL RESCHEDULING FEES
WILL BE PUSHED ONTO THE CARRIER NO
MATTER WHAT -DRIVER MUST BE ONTIME FOR
PU & DELIVERY APPT OR THERE WILL BE A \$200
FINE ON TOP OF THE RESCHEDULING FEES -
MACROPOINT REQUIRED FOR TRACKING \$150.
RATE CONFIRMATION WILL BE ITEMIZED TO
SHOW LINEHAUL + \$150 MP CHARGE. -SWING
DOORS BE CLEAN, DRY, NO HOLES, NO LEAKS,
NO BROKEN BOARDS, SWEEPED OUT BEFORE
ARRIVING, NO SWEEPING ON SITE, KICK BOARDS
MUST BE FLUSH WITH THE WALL - BASICALLY
GOOD, CLEAN EQUIPMENT -TO QUALIFY FOR
DETENTION, THE CARRIER MUST BE ON TIME
FOR THEIR APPOINTMENT & A PRE-DETENTION
NOTIFICATION MUST BE SENT 30 MINUTES IN
ADVANCE -ANY ACCESSORIAL CHARGES TO BE
REIMBURSED WE NEED TO BE NOTIFIED 48
HOURS OF OCCURENCE. . - IF THE SEAL IS NOT
INTACT AT THE DELIVERY LOCATION OR THERE
IS EVIDENCE/SUSPENSION OF
TAMPERING/PARTILED MATERIAL ON THE
TRUCK THE CARRIER WILL NOT BE PAID IN FULL.
*** ALL DRIVERS NEED TO SEND/. TAKE
PICTURES OF THE SIGNED BOL AND POD AND
CONFIRMATIONS FROM THE RECEIVER!

PLEASE SIGN AND EMAIL TO
ASchrutt@fitzmark.com

OR FAX TO 3178133920

Signature

Name

Date

Driver's Name

Driver's Cell

Truck#

Trailer#

By signing, I acknowledge that I have read and understand the terms and conditions that FitzMark Indianapolis has set forth on this contract. I also understand that failure to adhere to these terms and conditions may result in a rate reduction at the discretion of FitzMark.

Ask about our QuickPay for 3%
Direct deposit available!
Contact accounting@fitzmark.com

ZIGI FREIGHT INC
MC# 944686

☎ 630.485.7370

☎ 630.485.6980

Marisa

☎ 630.485.7370 X 103

✉ marisa@royal3inc.com

FitzMark - MC# 586603

950 Dorman St. Indianapolis, IN 46202

☎ 716.250.5239

☎ 866.944.8717

Aaron Schrutt

☎ 716.250.5239 X 339

✉ ASchrutt@fitzmark.com

Shipment Stops

A	FG- WEST PLANT 4943 N 900 E Van Buren, IN 46991	APR 10, 2024 12:00 - Appointment	
PICK	42,755 lbs 26 Pallets 53 Feet	POPCORN	REF# 484810 // 720379 // PO#2931414236
B	WALMART GORDONSVILLE 7016 10695 FREEDOM TRAIL DCS2000 GROCERY DC 7016 Gordonsville, VA 22942	APR 11, 2024 09:30 - Appointment	
DROP	42,755 lbs 26 Pallets	POPCORN	REF# 484810 // 720379 // PO#2931414236 del appt 26203048

This agreement is subject to the terms of the carrier agreement previously executed between our companies

1. Driver MUST call when loaded at pickup location and empty with verbal proof of delivery
2. Delivery date and times are contractual. If driver is unable to adhere to the scheduled appointment times, or if delays are expected that may hinder an on-time delivery, driver must notify FitzMark immediately prior to appointment times or incur a pay deduction of \$100 per missed appointment.
3. Signed confirmation, signed original Bill of Lading, invoice, lump sum receipt, and all other supporting documentation must be sent with or before the POD before payment will be made.
4. Lump sum must be authorized by dispatch; receipt must have the lump sum's name. If the driver anticipates detention prior to the 2 hour mark they must notify the FitzMark representative before it starts; Driver must have times in/out & signature on BOL and provide proof of detention (signed bills) within 24 hours.
5. Carrier is responsible for all freight and accessorial charges not sent within 10 days (or accessorial charges sent after the POD).
6. This rate is inclusive of all charges.
7. Payment terms are net 30 days.
8. Carrier is responsible for verifying load/skid count and temperature for all shipments. Discrepancies must be noted and reported back to FitzMark immediately, prior to departure.
9. If you require FitzMark to do a T-Check for you for any reason, there will be a \$15 processing fee.
10. Driver must arrive with a clean, dry, hole-free trailer - or be subject to refusal with no compensation.
11. Freight is to be run dedicated with no additional freight or consolidation unless specifically noted "Partial" or "LTL" on this rate confirmation.
12. Carrier must comply with the FDA's Food Safety Modernization Act on regulated moves
13. Driver is responsible for confirming the safe and appropriate loading of freight on their trailer. If freight is loaded in such a way that damage might be incurred due to shifting during transit, it is the driver's responsibility to have the shipper rework the product.
14. Carrier shall not cause or permit any shipment tendered hereunder to be brokered to or transported by any other motor carrier, or in substituted service by rail or other modes of transportation without the prior written consent of FitzMark. Any unauthorized substitution of service or co-brokering will result in forfeiture or deduction of freight charges due.
15. It is the driver's responsibility to ensure trailer is sealed prior to departing any location that has loaded or left freight on the trailer. Driver, under no circumstances, is to remove the seal from the trailer without direct authorization from FitzMark. Removal of seal will result in forfeiture of contracted payment and claim filing for all freight on trailer.

Types	Units	Rate	Subtotal
Line Haul	1	\$1,600.00	\$1,600.00

USD Total (All inclusive Rate - ICL FUEL SURCHARGES)

POD without supporting accessorial documents	\$1,600.00
POD with supporting accessorial documents	\$1,600.00

**** Please email your invoices & complete paperwork to accounting@fitzmark.com. Please Include the FitzMark Load Number in the Subject Line.**

**** Coming soon: FitzMark is partnering with TriumphPay Payments to get you paid faster and make both our back offices more efficient!**

**** Carriers will not be eligible for Quick Pay until 30 days after their first successfully delivered load.**

**** NOAs should be sent to NOA@fitzmark.com to ensure timely and accurate payment.**

**** For Payment Questions, Email accounting@fitzmark.com or call 317.475.0960 ext 199.**

***** Fitzmark has 24-hour coverage! For afterhours updates or emergencies, please call 866.944.8717 or email afterhours@fitzmark.com for assistance.**

Date: 04/10/2024

SHIP FROM

Page: 0001

Bill of Lading Number: 720379

Order: 484810

Total Pallets: 30

Circle One: weaver / customer / rail / carrier

Carrier Name: FITZMARK,

Trailer Number: 244785

Seal number(s): 1940933

Appointment Date: 04/11/2024

Time:

SCAC: FITZMARK,

Pro number: 0078742042091

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

Prepaid: ☒ Collect: ☐ 3rd Party: ☐

☐ Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS

SHIP TO

WALMART GORDONSVILLE 7016

Loc#:

Address Line 1: 10695 FREEDOM TRAIL

Address Line 2: DCS2000 GROCERY DC 7016

Address Line 3:

City/State/Zip: GORDONSVILLE VA 22942

Phone: 479.273.4089

FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address Line 1:

City/State/Zip:

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
2931414236	3531.000	42757	Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
GRAND TOTAL	3531.000	42757		

CARRIER INFORMATION

HANDLING UNIT	QTY	TYPE	WEIGHT	COMMODITY DESCRIPTION	LTN ONLY
				Foodstuff - other than frozen	73227 60
3531.000			42757		
GRAND TOTAL					
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 in 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 the shipper, the carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

SHIPPER SIGNATURE / DATE

Trailer Inspected

Trailer Loaded

Freight Counted

CARRIER SIGNATURE / PICKUP DATE

Order Number: 244785

Seals: 1940933

MUST ATTACH PACKING SLIP (BOL) AFTER ORDER IS LOADED IN THE BACK OF THE TRAILER

TRUCK/CONTAINER MUST HAVE ONE SEAL ON DOOR, LOT NUMBERS ARE TO BE DOCUMENTED ON EACH BOL



Equip ID:	244785	Status:	AP
Equip Arrival:	04/11/24 0909	Temp1:	
Carrier:	FZMK	Temp2:	
Seal:	1940933	Temp3:	
Reseal:		Fuel Lvl:	50
Door/Zone:	7016 218	Dept:	SCGR
Del Date:	04/11/24 0930	Type:	53'

I have read and understand the posted copy of Wal-Mart's:
Appointment / Drop Rules and Regulations

Driver Signature: _____



Delivery: 26203048

DC: 7016

Bar M

Customer: 392312

Bill of Lading Number: 720379

Circle One: weaver / customer

Order: 484810

[illegible]

Date: 04/10/2024

BILL OF LADING

Page: 0001

SHIP FROM

Name: WEAVER POPCORN MFG. INC.
Address: FG- WEST PLANT
City/State/Zip: VAN BUREN IN 46991
SID#: FOB: ☐

Bill of Lading Number: 720379

Order: 484810

Total Pallets: 30

Circle One: weaver / customer / rail / carrier

SHIP TO

Name: WALMART GORDONSVILLE 7016 Loc#:
Address Line 1: 10695 FREEDOM TRAIL
Address Line 2: DCS2000 GROCERY DC 7016
Address Line 3:
City/State/Zip: GORDONSVILLE VA 22942
Phone: 479.273.4089 FOB: ☐

Carrier Name: FITZMARK,

Trailer Number: 244785

Seal number(s): 1940933

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address Line 1:
City/State/Zip:

Appointment Date: 04/11/2024 Time:

SCAC: FITZMARK,

Pro number: 0078742042091

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

Prepaid ☒ Collect ☐ 3rd Party ☐☐ Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
2931414236	3531.000	42757	Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
GRAND TOTAL	3531.000	42757			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>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</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC#	CLASS
SEE ATTACHED SUPPLEMENT PAGE						Foodstuff - other than frozen	73227	60
3531.000				42757		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 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, 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.

Signature _____

Shipper

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.

Trailer Inspected

Pre By: CSHEELY

Post By: CSHEELY

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, certifies emergency response information was made available and carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

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

Order Notes:

CONTAINER: 244785

SEALS: 1940933

MUST ATTACH PACKING SLIP (BOL) AFTER ORDER IS LOADED IN
THE BACK OF THE TRAILER

TRUCK/CONTAINER MUST HAVE ONE SEAL ON DOOR. LOT NUMBERS ARE
TO BE DOCUMENTED ON EACH BOL

Customer Notes: