

**Bill to:**

Crane Solutions

,
,
,

Invoice Date: 04/15/2024

Invoice #: 213482

Terms: NET 30

Due Date: 05/15/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
04/13/2024		1480 Industrial Pkwy, Akron, OH 44310, USA - 6110 Bob Bullock Loop, Laredo, TX 78041, USA			
			1	\$3,150.00	\$3,150.00

TOTAL
\$3,150.00

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



CRANE SOLUTIONS LLC
1500 RANKIN RD.
HOUSTON TX 77073

PRO # 213482

Rate Confirmation

04/12/24 16:58:50 (EST)

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HUNTER GARCIA
(281) 869-6258 X 6258 (p)
(888) 814-8916 (f) (281) 638-5776 (c)
hunter.garcia@cranesolutionsllc.com

ROYAL3 INC
(630) 485-7370 (p)
(630) 485-6980 (f)
MC # 944686 Truck # 765
DOT 2828543 Trailer # H03238
Driver VALLADARES SANCHEZ Cell # (305) 301-4609

Size & Type: 53' VAN - DRY
Pieces: 4
Straps/Chains Required
DECLARED VALUE \$100000.00

Description: TIRE MOLDS
Weight: 10800
Hot Load

Miles: 1577

CHARGES		DISPATCH NOTES
LINE HAUL RATE	2500.00	E TRAC 24 IN/LOWER TO FLOOR. DRIVER SECURES LOAD WITH MIN 2 STRAPS PER MOLD. STRAPS MUST BE RATED TO MEET-EXCEED WEIGHT OF EACH MOLD. WRAP/BUCKLE EACH STRAP ON OPPOSITE SIDES COMPLETELY AROUND THE MOLDS, DO NOT SLING. END OF EACH STRAP TO BE SECURED to left and right e-tract at height of mold in a crisscross pattern. Dont secure higher. send pic for approval. ty
PICKUP	250.00	
LAYOVER	400.00	
TOTAL RATE	3150.00	

PICK 1

HERBERT USA INC
1480 INDUSTRIAL PKWY
AKRON OH 44310
Hours : 11-12
Phone/Contact: (330) 929-4297

Appointment 04/13/24
Appt Notes: DRIVER STRAP+SECURE
Weight: 0
Ref # PENDING P/U HRS

PICK 2

CRANE WORLDWIDE DFW
4050 VALLEY VIEW
IRVING TX 75038

Appointment 04/15/24
Appt Notes: FA#89026902
Ref # 9CMH10209641
Ref # 1 TIRE MOLD
Ref # FA#89026902

STOP 1

CRANE WORLDWIDE LOGIST
6110 BOB BULLOCK LOOP
DOCK 1-50
LAREDO TX 78041
Hours : 8-1700
Phone/Contact: (956) 625-3550 GIOVANNI

Appointment 04/16/24 @ 8-17:
Appt Notes: PLS DELV ASAP
Weight: 0
Ref # DELV ASAP

ALL CARRIER PAYMENTS ARE NOW PROCESSED THROUGH TRIUMPHPAY.COM
Please register online in order to receive payments:
1. Go to www.secure.TriumphPay.com
2. Register your company
3. Connect with Crane Solutions
4. Add your payment information
5. Select your pay terms

(Rate Confirmation Details on Next Page)

Carrier Signature _____

Date _____ / _____ / _____
M D

Doc ID: 2624041219589637
Sertifi Electronic Signature

Send Carrier Bills to the Address Above

PRO # 213482

must appear on all Invoices



CRANE SOLUTIONS LLC
1500 RANKIN RD.
HOUSTON TX 77073

PRO # 213482

Rate Confirmation

04/12/24 16:58:50 (EST)

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M

HUNTER GARCIA
(281) 869-6258 X 6258 (p)
(888) 814-8916 (f) (281) 638-5776 (c)
hunter.garcia@cranesolutionsllc.com

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ROYAL3 INC
(630) 485-7370 (p)
(630) 485-6980 (f)
MC # 944686 Truck # 765
DOT 2828543 Trailer # H03238
Driver VALLADARES SANCHEZ Cell # (305) 301-4609

* Unless otherwise authorized by Crane Solutions, cargo must be transported with exclusive use of equipment. No other cargo is to be loaded with this shipment. Under no circumstance may cargo be transloaded unless authorized by Crane Solutions. Failure to comply with these instructions will result in no payment of the carrier's invoice.

* Under no circumstances will brokering be allowed. All freight must be picked up and transported by the carrier to which this order has been tendered. Failure to comply will result in the removal from this load and suspension of approved carrier status with the Crane Companies.

* Carriers/drivers are not authorized to contact the shipper nor the consignee for appointments or changes. All communication must be through Crane Solutions. Contact us at (281) 233-9490.

* Crane Solutions must be contacted with any delays, service exceptions and/or questions immediately. Contact us at (281) 233-9490.

* Crane Solutions must be notified 1 hour prior to detention occurring. Failure to do so may result in a reduction or refusal of detention charges. In and out times must be notated on the POD and signed by the shipper/consignee

* Driver must arrive to shipper with all required equipment. If driver does not provide the required equipment and the shipper has to supply it to the driver, then carrier rate will be reduced by the market price of the equipment. This includes, but is not limited to, straps, load bars, pads, tarps, etc.

* Carrier must receive authorization from Crane Solutions for any accessorial charges or payment of such charges may be denied.

* Hard copy PODs are required within 24-48 hours of delivery. All invoices must accompany the Crane Solutions PRO #, the signed rate confirmation as well as the signed BOL/POD. IN ORDER TO ENSURE TIMELY PAYMENT, invoices must be submitted, via email, to cranesolutionsllc@audit.triumphpay.com. Your documents must be submitted as PDF, with ONLY Crane Solutions Order (PRO) number in the subject line.

* Crane Solutions offers multiple quick pay discounts. Contact us at (281) 233-9490 for more details.

* Carrier must submit invoice, along with POD, no later than 90 days from delivery. Carrier agrees invoices submitted later than 90 days from delivery will not be paid.

* By accepting this load, carrier agrees that it will utilize an ELD (electronic logging device) compliant truck and agrees to comply with the utilization of MacroPoint for location updates.

Carrier Signature _____

Date _____ / _____ / _____
M D

Doc ID: 2624041219589637
Send Carrier Bills to the Address Above
Sertifi Electronic Signature

PRO # 213482

must appear on all Invoices

E-Signed : 04/12/2024 04:01 PM CDT

Al Milanovic

dispatch@royal3inc.com
IP: 143.244.44.162

Sertifi Electronic Signature
DocID: 20240412155830837



9CMH10209652

Date:13-Apr-24

Origin

Destination

24-0061-3

Payment Type: thirdParty		Customer Email: herbert@magnointl.com	
Customer (Billing Party):		Phone #: 330-929-4297	
*Customer Name: The Goodyear Tire & Rubber Company		Reference Numbers #	
*Address1: 200 Innovation Way		Type:	Reference:
*Address2: Akron OH 44316		Customer Reference(s): 399966-01 GP119818	Customer Reference(s): 399967-01 GP119818
*City: AKRON		Customer Reference(s): 4533203065	Customer Reference(s): 4533203065
*StateProv: OH			
*Postal Code: 44316			
*Country: US			
*Account Code: GOOD200AKH			
Please Enter Complete Name and Address of Shipper and Consignee			
Shipper's Name & Address:			
*Shipper Name: Herbert USA			
*Address1: 1480 Industrial Parkway			
*Address2:			
*Address3: Akron, OH 44310			
*City: AKRON			
*State Prov: OH			
*Postal Code: 44310			
*Country: US			
*Contact Name: Meghann Stevens			
*Phone: 330-929-4297			
*Account Code:			
Consignee's Name & Address:			
*Consignee Name: Goodyear SLP S de RL de CV --			
*Address1: Avenida Principal #1100 IMMEX: 24-2016			
*Address2: Fraccionamiento Interpuerto Parque Logistico			
*Address3: Fase V Ampliada GY-SLP Tax ID:			
*Address4: FER150407L13			
*City: San Luis Potosi, SLP 78395 Mexico			
*StateProv:			
*Postal Code: C.P.78395			
*Country: MX			
*Contact Name: ISELA HERNADEZ			
*Phone: +52444-456-6079			
*Account Code: GOOD110MEX			
Routed Export:			
Transaction:			
Related Companies:			
Consignee Type:			
Customs Value:		Vehicle ID Qualifier	
Amount of Insurance:		Vehicle Title No	
COD Amount:		Vehicle Title State Code	
Special Instructions:		License Value	
These commodities, technology, or software were exported from the United States and in accordance with the export administration regulations. Diversion contrary to US law prohibited. The exporter authorizes MAGNO to act as forwarding agent for export control and customs purposes.		Export license number	
Pickup Date: 13-Apr-24		UN # or ID	
Shipment Available Time: 11:30 AM		24-Hour Contact Phone #	
Dock Close Time: 12:00 PM		Class	
		Packing Group	
Company Name:			
Signature:		Date:	
ID Type:		ID #:	
Photo ID: yes <input type="radio"/> OR No <input type="radio"/>			
Executed on: (Date) 2024-04-12		(Place):	
Signature of Issuing Carrier or its Agent			
* No of Pieces	* Gross Weight	* Chargeable Weight	* UOM
3	3480	3480.0	lbs
TOTAL	3	3480	3480.0
Driver Agent/Vehicle #:		COD:	Check
PU Time/Date:		Total Collect Charges:	Signature:
			Date/Time:
		Received in good condition by:	

Bill Of Lading - Short Form - Not Negotiable				BOL Number: 213482			
Ship From				Pro # : 213482			
HERBERT USA INC 1480 INDUSTRIAL PKWY AKRON OH 44310 (330) 929-4297				Ship Date : 04/13/24			
				Cust Ref # : TBD			
				PU Ref # : PENDING P/U HRS			
				Del Ref # : DELV ASAP			
				Del Appt : 04/16/24 8-17:			
				Carrier : ROYAL3 INC			
				Carrier Pro# : VALLADARES SANCHEZ			
Ship To				References			
CRANE WORLDWIDE LOGIST 6110 BOB BULLOCK LOOP DOCK 1-50 LAREDO TX 78041 (956) 625-3550 GIOVANNI							
Bill To							
CRANE SOLUTIONS LLC 1500 RANKIN RD. HOUSTON TX 77073							
Special Instructions:				Freight Terms: Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>			
QTY	PKG	Wgt	HM	Item Description	DIMS	Cl	NMFC #
					51x51x34		

*Mark with an X to designate hazardous materials as defined in title 49 of the code of Federal Regulations.

Haz Mat emergency Contact # _____

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 not to exceed _____ per _____"	COD Amount: \$ _____
	Fee Terms: Collect <input type="checkbox"/> , Prepaid <input type="checkbox"/> , Check Acceptable <input type="checkbox"/>

Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 14706(c)(1)(A) and (B)

For Freight Collect Shipments:

<p>If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement. The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.</p> <p>Signature of Consignor: _____</p> <p>Shipper Signature / Date _____</p> <p>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.</p> <p>Signature of Shipper: _____ Date _____</p> <p>Consignee/Receiver Signature / Date _____</p> <p>This is to certify that the above named materials were received in apparent good order (except as noted).</p> <p>Signature of Consignee: _____ Date _____</p>	<p>Trailer Loaded: _____ Freight Counted: _____</p> <p>By Shipper By Shipper By Driver By Driver</p> <p>Carrier Signature / Date _____</p> <p>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.</p> <p>Carrier: _____ Date: _____</p>
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Date:13-Apr-24

Origin

Destination




9CMH10209652

24-0061-3

* Payment Type: thirdParty		Customer Email: herbert@magnointl.com	
Customer (Billing Party):		* Phone # 330-929-4297	
* Customer Name: The Goodyear Tire & Rubber Company		Reference Numbers #	
* Address1: 200 Innovation Way	* Address2: Akron OH 44316	Type:	Reference:
* City: AKRON	* State Prov: OH	Customer Reference(s) 399966-01 GP119818	Customer Reference(s) 399967-01 GP119818
* Postal Code: 44316	* Country: US	Customer Reference(s) 4533203065	Customer Reference(s) 4533203065
* Account Code: GOOD200AKH			
Please Enter Complete Name and Address of Shipper and Consignee			
Shipper's Name & Address:			
* Shipper Name: Herbert USA		Transport Document Not Negotiable	
* Address1: 1480 Industrial Parkway		Magna	
* Address2:	* Address3: Akron, OH 44310	BOL / SLI / CMR #: 9CMH10209652	
* Address4:	* City: AKRON		
* State Prov: OH	* Postal Code: 44310		
* Country: US	* Contact Name: Meghann Stevens		
* Phone: 330-929-4297	* Account Code:		
Consignee's Name & Address:			
* Consignee Name: Goodyear SLP S de RL de CV --			
* Address1: Avenida Principal #1100 IMMEX: 24-2016	* Address2: Fraccionamiento Interpuerto Parque Logistico		
* Address3: Fase V Ampliada GY-SLP Tax ID:	* Address4: FER150407LI3		
* City: San Luis Potosi, SLP 78395 Mexico	* State Prov:		
* Postal Code: C.P.78395	* Country: MX		
* Contact Name: ISELA HERNANDEZ	* Phone: +52444-456-6079		
* Account Code: GOOD110MEX	* Related Companies:		
* Consignee Type:	* Transaction:		
* Customs Value:	* Amount of Insurance:		
* COD Amount:	* Insurance: If carrier offers insurance, and such insurance is requested in accordance with the conditions thereof, indicate the dollar amount to be insured in section following "Amount of Insurance"		
Special Instructions:			
These commodities, technology, or software were exported from the United States and in accordance with the export administration regulations. Diversion contrary to US law prohibited. The exporter authorizes Magna to act as forwarding agent for export control and customs purposes.			
* Pickup Date: 13-Apr-24	* Shipment Available Time: 11:30 AM		
* Dock Close Time: 12:00 PM			
Ship To Name Account Code			
* Address1		* Address2	
* Address3		* Address4	
* City		* State Code	
* Country		* Postal Code 44310	
* Contact Name		* Phone	
* Vehicle ID Qualifier		* Vehicle Identification No.	
* Vehicle Title No		* Vehicle Title State Code	
* License Value		* Export license number	
* UN # or ID		* 24-Hour Contact Phone #	
* Class		* Packing Group	
I certify that the cargo does not contain an unauthorized explosives, incendiaries or hazardous materials. I consent to a search of this cargo. I am aware that this endorsement and the original signature, along with other shipping documents will be retained for at least 30 days.			
Company Name:			
* Signature:		* Date:	
* ID Type:		* ID #:	
* Photo ID: yes OR No			
* Executed on: (Date) 2024-04-12		* (Place):	
* Signature of Issuing Carrier or its Agent			
* No of Pieces	* Gross Weight	* Chargeable Weight	* UOM
3	3480	3480.0	lbs
TOTAL	3	3480	3480.0
Description of Goods Tire Molds			
Schedule B# (International)			
Domestic or Foreign			
Dimensions			
* Length	* Width	* Height	* UOM
48	45	14	Inch
Driver Agent/Vehicle #:			
PU Time/Date:			
COD: Check			
Total Collect Charges:			
Signature:			
Date/Time:			
Received in good condition by:			



Bill Of Lading - Short Form - Not Negotiable		BOL Number: 213482	
Ship From		Pro # : 213482	
HERBERT USA INC 1480 INDUSTRIAL PKWY AKRON OH 44310 (330) 929-4297		Ship Date : 04/13/24 Cust Ref # : TBD PU Ref # : PENDING P/U HRS Del Ref # : DELV ASAP Del Appt : 04/16/24 8-17: Carrier : ROYAL3 INC Carrier Pro# : VALLADARES SANCHEZ	
Ship To		References	
CRANE WORLDWIDE LOGIST 6110 BOB BULLOCK LOOP DOCK 1-50 LAREDO TX 78041 (956) 625-3550 GIOVANNI			
Bill To			
CRANE SOLUTIONS LLC 1500 RANKIN RD. HOUSTON TX 77073			
Special Instructions:		Freight Terms: Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>	
QTY	PKG	Wgt	HM
Item Description		DIMS	Cls
3		51x51x34	

<p>*Mark with an X to designate hazardous materials as defined in title 49 of the code of Federal Regulations.</p> <p>Haz Mat emergency Contact # _____</p>	
<p>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 not to exceed _____ per _____"</p>	<p>COD Amount: \$ _____</p> <p>Fee Terms: Collect <input type="checkbox"/> Prepaid <input type="checkbox"/> Check Acceptable <input type="checkbox"/></p>
<p>Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 14706(c)(1)(A) and (B)</p>	
<p>For Freight Collect Shipments:</p> <p>If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement. The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.</p>	
<p>Signature of Consignor: _____</p>	
<p>Shipper Signature / Date</p> <p>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.</p>	
<p>Signature of Shipper: _____ Date _____</p>	
<p>Consignee/Receiver Signature / Date</p> <p>This is to certify that the above named materials were received in apparent good order (except as noted).</p>	
<p>Signature of Consignee: _____ Date _____</p>	
<p>Trailer Loaded: _____ Freight Counted: _____</p> <p>By Shipper By Shipper By Driver By Driver</p>	
<p>Carrier Signature / Date</p> <p>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.</p>	
<p>Carrier: _____ Date: _____</p>	