

**Bill to:**

Kirsch Transportation Services, Inc
25 Main Place, Suite 300,
Council Bluffs,
IA,
51503

Invoice Date: 04/17/2024

Invoice #: 0496089

Terms: NET 30

Due Date: 05/17/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
04/16/2024		266 Ridge Rd, Dayton, NJ 08810 - 1920 Elmwood Ave, Buffalo, NY 14207			
			1	\$950.00	\$950.00

TOTAL
\$950.00

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**



Attention: If the following are not completed, FREIGHT INVOICE WILL NOT BE PAID

Carrier agrees that Carrier (including any driver employed, retained or otherwise engaged by Carrier) will comply with all applicable laws and regulations of the DOT, FMCSA and other authorities in the transportation of freight subject to this Rate Confirmation.

****Remit To Instructions:** Within 24 hours of delivery, please email a legible Proof of Delivery, Rate Confirmation and Invoice to invoice@kirschtrans.com to begin payment processing, or subject to \$100 deduction.

Carrier is responsible for sending Proof of Delivery directly to Kirsch Transportation; this is applicable to carriers who utilize a factoring company.

1. For sealed loads, seal numbers and "Seal Intact" notation must appear on Bill of Lading.
2. If tarp required, keep load **dry and clean**.
3. Communications with Kirsch Transportation will be conducted by Carrier's dispatch or other designated department. Carrier acknowledges that Kirsch Transportation will not accept, respond to or engage in communications with any Carrier driver.
4. Quick Pay Processing:

We offer two Quick Pay options:

10 day at a 3% fee

24 hour at a 5% fee

Invoice, Rate Confirmation, and all pages of the signed Bill of Lading and any other pertinent paperwork must be legible and sent to invoice@kirschtrans.com. You must clearly note which quick pay option you would like on your invoice.

Invoices not noted will default to our normal 30-day payment terms. Kirsch Transportation Services, Inc. reserves the right to refuse quick pay processing in the event of incomplete or illegible paperwork and can require that original paperwork be mailed to our office for processing.

5. Macropoint tracking is required on all loads or subject to deduction.

6. For payment status updates, please email Paymentstatus@KirschTrans.com.

This rate has been mutually agreed upon by Carrier and Kirsch Transportation and includes all stop-off charges, fuel surcharges, loading and unloading charges and other applicable charges. This rate cannot be changed, modified or supplemented by reference to any other rates, rules, classification, schedule or tariff. Carrier shall be liable for full loss resulting from loss, damage, injury or delay.

Carrier acknowledges and understands this Rate Confirmation is a valid and binding contract by and between Carrier and Kirsch Transportation.

Kirsch Transportation understands this Rate Confirmation has been approved and executed for or on behalf of Carrier by an authorized officer, director or other agent or representative of Carrier. Carrier and Kirsch Transportation mutually agree that the terms and conditions of this Rate Confirmation are governed by the Broker-Carrier Agreement by and between Carrier and Kirsch Transportation. In the event any of the provisions of this Rate Confirmation conflict with those of such Broker-Carrier Agreement, the terms of this Rate Confirmation will control only as to the freight specified herein and extent of any such conflict.

Customer product must not be moved or transloaded without written authorization from Kirsch. Carrier agrees to exclusive trailer use on this load, no outside product may be added to the trailer without written authorization from Kirsch.

Names on the side of Carrier trailer must be marked with Carrier logo/signage or have nothing. No large customer trailers such as Amazon may pick-up or deliver product to our customers without written authorization. Failure to follow this rule may result in delivery being rejected.

Kirsch Transportation Services, Inc.

1102 Douglas St.

Omaha, NE 68102

(877) 341-9611

www.kirschtrans.com



Kirsch Transportation Services, Inc.
Omaha, NE 68102
1102 Douglas St



KIRSCH
TRANSPORTATION SERVICES, INC.

Order #: 0496089

Kirsch Representative:
Jessica Spicer
320-232-5004

Carrier: ROYAL3 INC
CHICAGO IL 60638
Date: 04/15/2024

Contact: Joey
Phone: 630-256-8162
Fax: 630-485-6980

Order
Order: 0496089
Miles: 382.0
Temp:
BOL
Pickup #:

Commodity: Pipe
Weight: 40000.0
Trailer: 53ft Van
Reference:
Tarp Required:

PU 1 Name: Allied Fitting LP
Address: 266 Ridge Rd
** DON'T BE LATE **
DAYTON NJ 08810
Phone: 732-438-0162

Date: 04/16/2024 1000
04/16/2024 1200
Contact: Receiving
Dvr Ld/Unld: No driver loading or unload

SO 2 Name: Commercial Pipe & Supply
Address: 1920 Elmwood Ave
BUFFALO NY 14207
Phone: 716-875-1300

Date: 04/17/2024 0900
04/17/2024 0900
Contact: Receiving
Dvr Ld/Unld: No driver loading or unload

Payment
Carrier Freight Pay: \$950.00
Total Carrier Pay: \$950.00

Instructions

Allied Fitting LP - Pickup number(s):

Allied PU# QPM696093-1 || Cust PO#:168952

Commercial Pipe & Supply - Allied PU# QPM696093-1 || Cust PO#:168952

SIDNEY 1

786-874-1145 1

Joey Cimbaljevic



(X) Accept

() Decline



Bill of Lading

Date: 04/23/2024

Page 1 of 1

SHIP FROM:		Bill of Lading Number: 00000000000611621	
Name:	Allied Fitting - 501	CARRIER NAME	Kirsch Transportation Services, Inc.
Address1:	266 Ridge Road	Service Level:	Standard Truckload
Address2:		Trailer Number:	
City/State/Zip/Country:	Dayton, NJ 08810 US	Seal Number:	
Contact:	Allied Logistics Team	SCAC:	KIAT
Phone:	732-274-7003	PRO Number:	0594947
Email:	Traffic501@alliedfit.com	FOB:	<input type="checkbox"/>

SHIP TO:		 0594947	
Name:	COMMERCIAL PIPE & SUPPLY	Freight Charge Terms:	
Address1:	1920 ELMWOOD AVE	(Freight charges are prepaid unless marked otherwise)	
Address2:		PrePaid <input checked="" type="checkbox"/>	Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>
City/State/Zip/Country:	Buffalo, NY 14207 US	Master Bill of Lading: with attached	
Contact:		underlying Bills of Lading	
Phone:			
SID#:		FOB: <input type="checkbox"/>	

THIRD PARTY / COLLECT FREIGHT CHANGES BILL TO:		SPECIAL INSTRUCTIONS	
Name:			
Address:			
City/State/Zip/Country:			
Account No:			

CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER #	#PKGS	WEIGHT	PALLET/SLIP		
168952	20	39,661.00	Y	QPM696093-1	
GRAND TOTAL	20.00	39,661.00		Cust. Rel #:	

CARRIER INFORMATION								
HANDLING UNIT		PACKAGES		H.M.	WEIGHT	COMODITY DESCRIPTION	NMFC#	CLASS
QTY	TYPE	QTY	TYPE					
20	PAL	20	PAL	N	39,661.00	Fittings, Flanges		50
20.00		20.00			39,661.00	GRAND TOTAL		

NOTE Liability Limitation for loss or damage in this shipment may be applicable, See 49 U.S. Code §14706(c) (1) (A) and (B).
 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: _____

Subject to Section 7 of The Conditions of Applicable Bill of Lading: If the 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.

Trailer Loaded	By Shipper <input type="checkbox"/>	Freight Counted	By Shipper <input type="checkbox"/>	COD AMOUNT: _____	Collect <input type="checkbox"/>
	By Driver <input type="checkbox"/>		By Driver <input type="checkbox"/>	Customer Check Acceptable: <input type="checkbox"/>	PrePaid <input type="checkbox"/>

Shipper: 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 regulation of the DOT	Carrier: 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 vehicle.	Consignee: Property described above is received in good order, except as noted
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J. L. Dineen



Shipment Id: 0594947

Stop Number: 2

Date: 04/23/2024

Page 1 of 1

Bill Of Lading

SHIP FROM:

Name: Allied Fitting - 501
Address1: 266 Ridge Road
Address2:
City/State/Zip/Country: Dayton, NJ 08810 US
Contact: Allied Logistics Team
Phone: 732-274-7003
Email: Traffic501@alliedfit.com

FOB: ☐

Bill of Lading Number: 00000000000611621

CARRIER NAME Kirsch Transportation Services, Inc.

Service Level: Standard Truckload

Trailer Number:

Seal Number:

SCAC: KIAT

PRO Number: 0594947

SHIP TO:

Name: COMMERCIAL PIPE & SUPPLY
Address1: 1920 ELMWOOD AVE
Address2:
City/State/Zip/Country: Buffalo, NY 14207 US
Contact:
Phone:
SID#:

FOB: ☐



0594947

Freight Charge Terms:

(Freight charges are prepaid unless marked otherwise)

PrePaid ☒Collect ☐3rd Party ☐

Master Bill of Lading: with attached
underlying Bills of Lading

THIRD PARTY / COLLECT FREIGHT CHANGES BILL TO:

Name:
Address:
City/State/Zip/Country:
Account No:

SPECIAL INSTRUCTIONS

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER #	#PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
168952	20	39,661.00	Y	QPM696093-1
GRAND TOTAL	20.00	39,661.00		Cust. Rel #:

CARRIER INFORMATION

HANDLING UNIT		PACKAGES		H.M.	WEIGHT	COMODITY DESCRIPTION	NMFC#	CLASS
QTY	TYPE	QTY	TYPE					
20	PAL	20	PAL	N	39,661.00	Fittings, Flanges		50
20.00		20.00			39,661.00	GRAND TOTAL		

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	By Driver <input type="checkbox"/>		By Driver <input type="checkbox"/>	Customer Check Acceptable: <input type="checkbox"/>	PrePaid <input type="checkbox"/>

Shipper:

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 regulation of the DOT.

Carrier:

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

Consignee:

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

T. L.



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4/16/2024 8:14AM