

**Bill to:**

GLOBALTRANZ ENTERPRISES
7350 N DOBSON RD STE 130,
Scottsdale,
AZ,
85250

Invoice Date: 04/17/2024

Invoice #: 28860982

Terms: NET 30

Due Date: 05/17/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
04/16/2024		8065 NW 68th St, Miami, FL 33166, USA - 1065 Conestoga Pkwy, Shepherdsville, KY 40165, USA			
			1	\$1,200.00	\$1,200.00

TOTAL
\$1,200.00

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 RATE
CONFIRMATION
BOL#: 28860982



GENERAL DISPATCH
GTZ DISPATCH: (480) 339-5885 vswanson@globaltranz.com
GTZ DISPATCH FAX:
CARRIER PAYMENTS:
INVOICE/POD/RATE CON submit to: TLINVOICES@globaltranz.com
NOA and PAYMENT INQUIRIES: APTLREQUESTS@globaltranz.com

PO#:
REF#: GRND-013291
PRO#:
CARRIER QUOTE:

SERVICE:	ACCESSORIAL(S):	COMMODITY:
SERVICE TYPE: Full TRAILER TYPE: Van SIZE: 53		DESCRIPTION:Cigars WEIGHT: 18151 lbs PALLETS:25 PIECES:25

CARRIER INFORMATION:		
CARRIER NAME: ROYAL3 INC LEGAL NAME:ZIGI FREIGHT INC MC#:944686 [AV595]	DISPATCHER: Al Milanovic x 107 PHONE: (630) 485-7370 FAX: (630) 485-6980 EMAIL: al@royal3inc.com	DRIVER: Luis DRIVER PHONE: (704) 724-3937 TRAILER NUMBER:

IMPORTANT LOAD NOTES:

ORIGIN:		
FACILITY: Dimar STREET: 8075 NW 68th Street CITY/STATE/ZIP: Miami, FL 33166 FAX:	PICKUP DATE: 04-16-2024 REF #: HOURS: 08:30 - 08:30 CONTACT: Eduardo	PICKUP #: APPOINTMENT REQUIRED: No APPOINTMENT MADE: No
PICKUP NOTES:	PHONE: (305) 477-2477	

DESTINATION:		
FACILITY: National Tobacco STREET: 1065 Conestoga Parkway CITY/STATE/ZIP: Shepherdsville, KY 40165 FAX:	DELIVERY DATE: 04-18-2024 HOURS: 08:00 - 15:00 CONTACT: Receiving	REF #: DELIVERY#: APPOINTMENT REQUIRED: No APPOINTMENT MADE: No
DELIVERY NOTES:	PHONE: (954) 729-8470	



RATE INFORMATION:
BASE RATE:\$1,200.00
TOTAL RATE: \$1,200.00

GTZ SIGNATURE : PHX - Veronica Swanson (480) 339-5885

CARRIER SIGNATURE :

Carrier understands and acknowledges that any instruction or information given to Carrier by Broker are merely for the Carrier's convenience and not to be construed as Brokers attempt to control the manner, method, or means by which Carrier or its employees performs the work hereunder. The Rate Confirmation Sheet is a legally binding agreement between Broker and Carrier. No signature is required to enforce provision of this agreement, rather both parties accept the terms and conditions contained herein upon Carrier's partial or full performance of the shipment. In the event of any conflict between the Agreement or the Carrier's Carrier Rate Confirmation, the Agreement shall govern and then any terms as set forth in this Carrier Rate Confirmation shall apply. Carrier must immediately notify Broker if shipper's instructions do NOT match the Rate Confirmation. Broker does not authorize hand written or verbal changes to the rate confirmation. If this rate confirmation does not accurately reflect the load terms, carrier must obtain a revised rate confirmation from Broker. Carrier's failure to provide equipment and/or services as agreed upon may result in additional line haul deductions.



**CARRIER RATE
CONFIRMATION**

BOL#: 28860982



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To be eligible for Accessorials / Incidentals, Carrier must:

- Be checked in to shipper **OR** receiver by the appointment time.
- Submit all proof of detention, accessorial, incidentals within 24-48 hours of delivery.

Detention:

- Carrier must be on time for pickup/delivery.
- Detention accrual begins 2 hours after appointment time at shipper/receiver IF:
 - Carrier must notify Broker after **60** minutes of waiting.
 - Provide time stamped BOL within 48 hours of delivery.
- Detention Rate - **\$40/hr** after **2** hours. Max \$200 detention per stop.

Layover, Truck Order Not Used (TONU):

- Carrier must contact Broker to request
- Delays or cancellations must be confirmed by Broker
- Layovers: \$200 Dry Van or \$250 Running Reefers.
- TONU: \$200

Submitting Payments:

- Email Invoice, Rate Confirmation, Proof of Delivery & Receipts to TLinvoices@globaltranz.com
- 3% / 3-Day Quick Pay available upon request
- For Payments question contact aptrrequests@globaltranz.com or by calling (480) 339-5735

GLOBALTRANZ

Straight Bill of Lading - Short Form - Original - Not Negotiable

GTZ BOL NO : 28860982

Shipper Dimar
Address 8075 NW 68th Street
Miami, FL 33166
Country USA
Contact Name Eduardo
Phone Number (305) 477-2477
Contact Email
Fax Number

Carrier : ROYAL3 INC
Shipment Date: 04/16/24
Carrier Pro# :
Ref # : GRND-013291
Carrier Quote # :
P/O # :
Customer BOL NO:



Consignee National Tobacco
Address 1065 Conestoga Parkway
Shepherdsville, KY 40165
Country USA
Contact Name Receiving
Phone Number (954) 729-8470
Contact Email
Fax Number

Third Party Billing Information:
All charges are prepaid to:
GlobalTranz
PO Box 6348
Scottsdale AZ 85261
Direct billing inquiries to : (866) 275-1407
GTZ BOL NO : 28860982

Comments/Special
Instructions:

Pickup Remarks :

Delivery Remarks :

Pallets	Pieces	IsHazmat	Description	Weight	FreightClass	Length	Width	Height	NMFC	Stackable
25	25		Cigars	18151	0	0	0	0		false

The authorized signatories signing this document on behalf of its company consents and bind its company to the terms and conditions found on www.carrierrate.com.

Shipper Certification : I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled and in proper condition for carriage by land/air according to applicable national governmental regulations.

Shipper's Signature: *[Signature]*

Date: 04/16/24 Trailer#: _____

Driver's Signature: _____

Date: _____ Trailer#: _____

Drivers Certification : Carrier acknowledges receipt of packages in good order, condition and quantity unless otherwise stated hereon. Carrier certifies emergency response information and required placards were made available and/or carrier has the D.O.T. emergency response guidebook or equivalent in the vehicle.

Subject to Section 7 of conditions of applicable bill of lading. 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.

Consignor's Signature: _____

Consignee Signature: _____

Company Name: _____

Print Name: _____

Date: _____

Permanent post-office address of the Shipper:

* Mark with "X" to designate material as defined in Title 49 CFR



GLOBALTRANZ

Straight Bill of Lading - Short Form - Original - Not Negotiable

GTZ BOL NO : 28860982

Shipper
Address
Country
Contact Name
Phone Number
Contact Email
Fax Number

Dinar
8075 NW 68th Street
Miami, FL 33166
USA
Eduardo
(305) 477-2477

Carrier : ROYAL3 INC
Shipment Date: 04/16/24
Carrier Pro#:
Ref #: GRND-013291
Carrier Quote #:
P/O #:
Customer BOL NO:



Consignee
Address
Country
Contact Name
Phone Number
Contact Email
Fax Number

National Tobacco
1065 Conestoga Parkway
Shepherdsville, KY 40165
USA
Receiving
(954) 729-8470

Third Party Billing Information:

All charges are prepaid to:
GlobalTranz
PO Box 6348
Scottsdale AZ 85261
Direct billing inquiries to : (866) 275-1407
GTZ BOL NO : 28860982

Comments/Special
Instructions:
Pickup Remarks :
Delivery Remarks :

Pallets	Pieces	IsHazard	Description	Weight	FreightClass	Length	Width	Height	NMFC	Stackable
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Date: 04/16/24 Trailer#: _____

Driver's Signature: _____

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Subject to Section 7 of conditions of applicable bill of lading. 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.

Consignor's Signature: _____

Consignee Signature: _____

Company Name: _____

Print Name: JORGE CUESTA

Date: 4/17/24

Permanent post-office address of the Shipper:

* Mark with "X" to designate material as defined in Title 49 CFR

IN: 6:25 AM
OUT: 6:55 AM

