



Bill to:
GRANE LOGISTICS EXPRESS LLC
1001 S Laramie Avenue ,
Chicago,
IL,
60644

Invoice Date: 04/18/2024
Invoice #: 5164773
Terms: NET 30
Due Date: 05/18/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
04/17/2024		3464 OLD DIXIE HWY SE, DALTON, GA 30721 - 2321 Lakeshore Dr, Pekin, IL 61554, USA			
			1	\$1,000.00	\$1,000.00

TOTAL
\$1,000.00

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

Grane Logistics Express

820 Jorie Blvd

Oak Brook, IL 60523

Contact: Colin Harris

Ph: 773-250-0612 Cell: 773-848-3204 *** Carrier Rate Confirmation Agreement***



Page 1

Load Number 5164773

Carrier: BRZ
BURBANK IL 60459
Date: 04/17/2024

Contact: John
Phone: 708-852-5530
Fax:

Order
Order: 5164773
Miles: 605.0
Temp:
BOL: GAKS240411001

Commodity: SOLAR PANELS
Weight: 40000.0
Trailer: 53' VAN
Reference:
Pieces:

PU 1 Name: SDS WAREHOUSE Date: 04/17/2024 0900
Address: 3464 OLD DIXIE HWY SE 04/17/2024 1500
Contact:
DALTON GA 30721 Drvr Ld/Unld: No driver loading or unload
*****AN UNAPPROVED BROKEN SEAL MAY RESULT IN A FULL TRUCKLOAD CLAIM*****

SO 2 Name: BAYWA R.E. SOLAR SYSTEMS, LLC Date: 04/18/2024 0700
Address: 2321 Lakeshore Drive 04/18/2024 1500
Contact:
PEKIN IL 61554 Drvr Ld/Unld: No driver loading or unload
*****AN UNAPPROVED BROKEN SEAL MAY RESULT IN A FULL TRUCKLOAD CLAIM*****

Payment **CARRIER FREIGHT PAY:** \$1,000.00
TOTAL CARRIER PAY: \$1,000.00

Instructions

SDS WAREHOUSE - MUST HAVE \$250K CARGO INSURANCE AND DRIVER MUST BE ON MACROPOINT

Agreement

Load Number 5164773

***** Now Offering Quick Pay! Contact Us At Quickpay@gograne.com For Details!*****
Attention Accounting: Email Invoice and POD to AcctsPay@GraneLX.com

***** FAILURE TO DO ANY OF THE FOLLOWING WILL RESULT IN A \$150.00 FINE *****

- * Driver must call Grane Logistics Express for dispatch information 773-922-6900.
- * Driver MUST count all freight and report any overages, shortages or damaged product immediately.
- * Driver MUST arrive on time for all pickups and deliveries.
- * Driver MUST notify GLX dispatcher of ANY loading or lumper fees at pickup or delivery immediately.
- * Driver MUST notify GLX dispatcher immediately upon arrival and departure at shipper and receiver, and must provide the name of the person who signed for the freight at time of delivery.

DETENTION APPROVAL REQUIRES NOTIFICATION PRIOR TO THE IMPENDING DELAY. IN/OUT TIMES MUST BE ON THE BILLS SIGNED BY SHIPPER/RECEIVER, AND THE POD MUST BE RECEIVED VIA FAX OR EMAIL WITHIN 24 HRS OF DELIVERY

GLX pay terms are net 30 of all valid charges with receipt of Invoice, ONLY if accompanied by a copy of the Carrier Rate Confirmation Agreement, a valid signed copy of the Proof of Delivery, and supporting accessorial documentation.

Carrier MUST electronically send valid, signed Proof of Delivery within 1 hours of delivery.



Carriers agrees to accept equal liability to that of the Shipper/Broker as defined by the Food Safety Act. In the event the Carrier breaks the seal or the seal is broken while in the possession of the freight, the Carrier assumes all cargo liability.


X

Signature

04/17/2024

Date

Date :		BILL OF LADING		Page <u>2 of 6</u>	
SHIP FROM Name : HANWHA Q CELLS DALTON W/H Address: 3464 Old Dixie Highway City/State/Zip: Dalton, Georgia SID#: _____ FOB: <input type="checkbox"/>				Bill of Lading Number : <u>GAKS240411001</u>  Do No. : <u>8000073552</u>	
SHIP TO Name : Porter Electric Location #: _____ Address: 2321 Lakeshore Drive City/State/Zip: Perkin, IL, 61554 Tel. No. : (309)214-2897 FOB: <input type="checkbox"/>				CARRIER NAME: GRANE LOGISTICS EXPRESS LLC Trailer number: 53FT Seal number(s): <u>70508322</u> Truck Plate number(s): _____	
THIRD PARTY FREIGHT CHARGES BILL TO: Name : _____ Address: _____ City/State/Zip: _____				SCAC: Pro number: _____	
SPECIAL INSTRUCTIONS : ' RDD 4/26shane@porter-electric.com Shane Helle (309) 214-2897'				Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid Collect 3rd Party	
				<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	
PO-41207		20	39,506.84	Y	N
				Y	N
				Y	N
				Y	N
GRAND TOTAL		20	39,506.84		
CARRIER INFORMATION					
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)
QTY	TYPE	QTY	TYPE		
580	PCS	20	PLT	39,506.84	Q.PEAK DUO XL-G10.D/X/027 485
580		20		39,506.84	
					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: <input type="checkbox"/> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> 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 <u>Ama do U</u> Shipper	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT. <u>I-C 4/17/24</u>		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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.					
Receiver Signature : _____ Print Name : _____			Received Date : _____		
					

Date :		BILL OF LADING		Page <u>2 of 6</u>	
SHIP FROM				Bill of Lading Number : <u>GAKS240411001</u>	
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Name : Porter Electric Location # : _____ Address : 2321 Lakeshore Drive City/State/Zip : Perkin, IL, 61554 Tel. No. : (309)214-2897 FOB: <input type="checkbox"/>				CARRIER NAME: GRANE LOGISTICS EXPRESS LLC Trailer number: 53FT Seal number(s): <u>70508322</u> Truck Plate number(s): _____	
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				<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	
PO-41207		20	39,506.84	Y N	
				Y N	
				Y N	
				Y N	
GRAND TOTAL		20	39,506.84		
CARRIER INFORMATION					
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)
QTY	TYPE	QTY	TYPE		
580	PCS	20	PLT	39,506.84	Q.PEAK DUO XL-G10.D/X/027 485 <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>
580		20		39,506.84	GRAND TOTAL
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Receiver Signature : <u>Natalie Coker</u> Print Name : <u>Natalie Coker</u>		Received Date : <u>4/18/24</u>			
		