



Bill to:
TRANSPORTATION MANAGEMENT SOLUTIONS
,
,
,

Invoice Date: 04/29/2024
Invoice #: 1-237383-0
Terms: NET 30
Due Date: 05/29/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
04/25/2024		1400 Adlai Stevenson Dr, Springfield, IL 62703, USA - 3131 Polaris Ave, Las Vegas, NV 89102, USA			
			1	\$3,500.00	\$3,500.00

TOTAL
\$3,500.00

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

TRANSPORTATION MANAGEMENT SOLUTIONS, INC

18450 PINES BLVD, SUITE 203
PEMBROKE PINES, FL 33029
877-547-2770

CONFIRMATION OF TARIFF VERBAL RATE AGREEMENT

Pursuant to our verbal agreement of 04/24/2024, between Paul Lampone of **TRANSPORTATION MANAGEMENT SOLUTIONS, INC**, hereafter referred to as **BROKER**, and AL of **ZIGI FREIGHT INC**, hereafter referred to as **Common Carrier**:

Both parties agree that **BROKERS** reference number **1-237383-0**, moving on **04/25/2024**, from **SPRINGFIELD, IL** to **LAS VEGAS, NV** (number of intermediate stops shown below), will move at the following rate:

1	FLAT RATE	3,500.0000	\$ 3,500.00

		TOTAL:	\$ 3,500.00

This confirmation governs the movement of the above-referenced freight as of the date specified and hereby amends, is incorporated by reference and becomes a part of that certain Transportation Contract by and between "BROKER" and "Common Carrier". Carrier agrees to sign the Confirmation and return it to BROKER via FAX and Carrier shall be conclusively presumed to have agreed to the rates set forth hereinfor a spot market customer. By its signature below Carrier further represents and warrants that said mutually agreed upon rates are reasonable and compensatory, that the freight would not have been tendered to Carrier at higher rates, and that no shipments handled under such rates will subsequently be subject to a later claim for undercharges.

**IF AGREED SERVICES ARE NOT FULFILLED, RATES ARE NEGOTIABLE.
IF DOUBLE BROKERED, AGREEMENT IS - VOID!**

COMMENTS

RATE IS FOR DOOR TO DOOR SERVICE AND INCLUDES FUEL SURCHARGE - MUST PICKUP AND DELIVER AS PER OUR INSTRUCTIONS.

CARRIERS ARE REQUIRED TO PROVIDE TMS WITH DRIVERS LOCATION TWICE DAILY WHILE THE DRIVER IS EN-ROUTE. UPDATES SHOULD OCCUR BEFORE 10 AM AND 4PM.

CARRIER AGREES TO FOLLOW CDC GUIDLINES TO PREVENT SPREAD OF COVID-19

**MUST BE A DRY VAN, CLEAN DRY AND ORDOR FREE!
MUST SECURE THE LOAD WITH AT LEAST 2 LOAD BARS SECURELY AGAINST THE FREIGHT TO AVOID SHIFTING!
EFFECTIVE 4/27/2020, TMS WILL REQUIRE DRIVERS THAT ENTER OUR FACILITIES TO WEAR A MASK OR APPROPRIATE FACE COVERING. BASED ON NEW GUIDANCE FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND MANDATES NOW BEING ENFORCED IN SEVERAL STATES, WE BELIEVE THIS IS AN IMPORTANT ADDITIONAL MEASURE TO KEEP OUR EMPLOYEES AND THE DRIVERS SAFE.**

**Common Ca: FHWA# MC944686
ZIGI FREIGHT INC**

**BROKER : FHWA# MC-583889
TRANSPORTATION MANAGEMENT SOLU**

BY: _____
TITLE: _____
DATE: _____
PHONE: 630-485-7370 Ext: 107 FAX#: _____

BY: Paul Lampone
TITLE: Managing Director
DATE: 04/24/2024
PHONE: 859-282-3000 Ext: 201 FAX#: 859-282-6147

E-MAIL: _____
TRK#: _____ TRL#: _____
DRIVER 1: _____ DRIVER CELL: _____
DRIVER 2: _____ DRIVER CELL: _____

E-MAIL: paul.lampone@tms-transportation.com



TRANSPORTATION MANAGEMENT SOLUTIONS, INC

18450 PINES BLVD, SUITE 203
PEMBROKE PINES, FL 33029
877-547-2770

CARRIER PICKUP & DELIVERY SCHEDULE

ZIGI FREIGHT INC

FHWA#: MC944686 Telephone#:630-485-7370 Ext: 107 Fax#: E-mail:al@royal3inc.com

REFER TO THIS NUMBER FOR BILLING OR INQUIRIES==> 1-237383-0

Special Instructions: MUST BE A DRY VAN, CLEAN DRY AND ORDDOR FREE! MUST SECURE THE LOAD WITH AT LEAST 2 LOAD BARS SECURELY AGAINST THE FREIGHT TO AVOID SHIFTING!EFFECTIVE 4/27/2020, TMS WILL REQUIRE DRIVERS THAT ENTER OUR FACILITIES TO WEAR A MASK OR APPROPRIATE FACE COVERING. BASED ON NEW GUIDANCE FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND MANDATES NOW BEING ENFORCED IN SEVERAL STATES, WE BELIEVE THIS IS AN IMPORTANT ADDITIONAL MEASURE TO KEEP OUR EMPLOYEES AND THE DRIVERS SAFE.

Equipment Required: VAN - 53' Total Load Value: \$ 370,377

PICKUP [1]: BUNN

1400 STEVENSON DRIVE
SPRINGFIELD, IL 62703
217-306-3647 Contact: TAD NUDING
217-529-6601 Contact: JEFF KIRBERG

Date: 04/25/2024 - 04/25/2024 Commodity: COOLERS/ VENDING
Time: 8:00 AM - 1:00 PM P.O.#: 906042021, 1-237383 B/L#:
Appointment Required: Y Appointment #: 906042021 SET BY:
Value: \$ 370,377 Weight: 35000
Pallet Exchange: Quantity: 0 Driver Load:
Length/Width/Height: 0' 0" x 0' 0" x 0' 0"
Temperature Controlled: ___ to ___ degrees Fahrenheit

Delivery [2]: PEPSI BEVERAGE COMPANY

3131 POLARIS AVENUE
LAS VEGAS, NV 89102
Contact:
Contact:

Date: 04/29/2024 - 04/29/2024 Commodity: Miles: 1685
Time: 8:00 AM - 8:00 AM P.O.#: 906042021
Appointment Required: Y Appointment #: 906042021 Set By: CHRISTEL (EMAIL)
Value: UNDECLARED
Pallet Exchange: Quantity: 0 Unload:

<<< BILL-TO & CONTACT INFORMATION >>> TRANSPORTATION MANAGEMENT SOLUTIONS, INC

18450 PINES BLVD, SUITE 203
PEMBROKE PINES, FL 33029
Telephone: 859-282-3000 Ext: 201 Contact: Paul Lampone
Fax#: 954-433-4455

COMMENTS

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04/24/2024 3:46 PM PM



Page 1 of 2

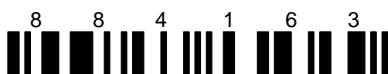
CARRIER AGREES TO FOLLOW CDC GUIDLINES TO PREVENT SPREAD OF COVID-19

NOTE: SIRIUS AVE. IS THE CROSS STREET TO POLARIS. PLEASE HAVE THE DRIVER STAY ON SIRIUS PAST POLARIS AND TURN IN AT THE BACK ENTRANCE WHERE THE DOCKS ARE. THEY WILL HAVE TO GET OUT OF THE TRUCK AND RING THE BELL TO GET BUZZED IN.

MUST BE A DRY VAN, CLEAN DRY AND ORDOR FREE!

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BILL OF LADING

Page 1

Date: 4/23/2024

Name: Bunn-O-Matic Corporation
Address: 1400 STEVENSON DRIVE
City/State/Zip: SPRINGFIELD, IL 62703

FOB: ☒

Bill of Lading Number: 07250400004503583



(402) 07250400004503583

SID#:

SHIP TO

Name: US-CC-LAS VEGAS-NV-GRHAWK Location #:
Address: 3131 POLARIS AVE

City/State/Zip: LAS VEGAS, NV 891028303

Phn#: 2175296601

FOB: ☐

CARRIER NAME: PICKUP

Seal number(s): 48342

Load Number

SCAC: PICK
Pro number: 2000000000188098



(9012K) PICK2000000000188098

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 LBS	PALLET/SLIP (CIRCLE ONE)
M412203105	384	26488	<input checked="" type="radio"/> Y <input type="radio"/> N
			<input type="radio"/> Y <input type="radio"/> N
			<input type="radio"/> Y <input type="radio"/> N
			<input type="radio"/> Y <input type="radio"/> N
			<input type="radio"/> Y <input type="radio"/> N
			<input type="radio"/> Y <input type="radio"/> N
GRAND TOTAL	384	26487	

ADDITIONAL SHIPPER INFO

0040583016

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
65	plts	192	box	22905		DISP OR URN	119620S1	92.5
8	plts	192	box	3582		PARTS, PLASTIC	156600S5	125.0
73		384		26487		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, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department Of Transportation.

3

Trailer Loaded:

☐ By Shipper

☐ By Driver

☐ Verify Load By:

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. 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.

BILL OF LADING

Page 1

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Name: Bunn-O-Matic Corporation
Address: 1400 STEVENSON DRIVE
City/State/Zip: SPRINGFIELD, IL 62703

FOB: ☒

Bill of Lading Number: 07250400004503583



(402) 07250400004503583

SHIP TO

Name: US-CC-LAS VEGAS-NV-GRHAWK Location #:
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City/State/Zip: LAS VEGAS, NV 891028303
Phn#: 2175296601

FOB: ☐

CARRIER NAME: PICKUP

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			<input type="radio"/> Y <input type="radio"/> N	
			<input type="radio"/> Y <input type="radio"/> N	
			<input type="radio"/> Y <input type="radio"/> N	
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- ☐ By Driver
- ☐ Verify Load By:

Freight Counted:

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- ☐ By Driver/Pieces

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W-Ross 4/29/24

[Signature]