

**Bill to:**

WHITEHORSE FREIGHT, LLC

,
,
,

Invoice Date: 04/30/2024

Invoice #: WHF PO#: 150237

Terms: NET 30

Due Date: 05/30/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
04/27/2024		2815 OPRYLAND DR, NASHVILLE, TN 37214 - 3550 ZIP INDUSTRIAL BLVD, ATLANTA, GA 30354			
			1	\$750.00	\$750.00

TOTAL
\$750.00

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**



Rate Confirmation

WHF PO#: 150237

Whitehorse Freight

2670 CHANCELLOR DR - Crestview Hills, KY 41017

Phone: (859) 308-6012 - Fax: (859) 308-6013 - Email: jszelest@whfreight.com

4/26/2024 2:30 pm

Load Information

WHF PO#:	150237	Trailer:	Van	Size:	53 ft	Temperature:
Pick Up Date:	04/27/2024	Delivery Date:	04/29/2024	Weight:	30,000	
Miles:	251					

Carrier Information

Carrier: ROYAL3 INC **MC:** 944686 **Phone:** (630) 485-7370 **Fax:** (630) 485-6980
Driver: BRIAN **Driver Cell:** (561) 676-8014
Dispatcher: KELLY **Dispatcher Phone:** (630) 485-7370
Estimated Rate (To The Truck): \$750.00

Rate	Description	Quantity	Total
\$600.00	FLAT	1	\$600.00
\$150.00	ONTIME PICKUP	1	\$150.00

(Rates based upon weight or count will be calculated from the quantities loaded.)

Carrier **IS NOT** Responsible For Unloading Charges

Carrier **IS NOT** Responsible For Pallet Exchange

Pick Ups

Shed	City	State	Zip	Date	Time	Phone	PU Number
GAYLORD OPRYLAND	NASHVILLE	TN	37214	4/27/2024	1300 APPT, \$150 FINE IF NOT ON SITE AT TIME OF APPT		10-13390-24
Physical Address: 2815 OPRYLAND DR				Shipping Hours:			
Commodities:		Weight:		Pallet Count:		Case / Piece Count:	
Truckload TRADE SHOW EQUIPMENT							

Deliveries

Consignee	City	State	Zip	Temp	Date	Time	Phone	Delivery PO
QTS ATLANTA	ATLANTA	GA	30354		4/29/2024	0800 APPT		10-13390-24
Physical Address:				3550 ZIP INDUSTRIAL BLVD				
				Receiving Hours:				
Weight:			Pallet Count:			Case / Piece Count:		

SPECIAL INSTRUCTIONS:

\$150 fine if not on site at time of appointment

1. This load is subject to all terms and conditions of the Broker-Carrier Agreement and all quick pay fees are subject to change at any time without prior notification.
2. All Drivers are required to check call every day (including Sat., Sun., and holidays), between 8:00am and 9:00am Eastern Time. Failure to do so can

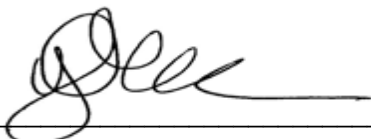
result in a \$100.00 fine against carriers settlement for each infraction.

3. Whitehorse Freight is available 24 hrs a day 7 days a week. Failure to call immediately could result in a penalty against the final settlement.
4. Driver must have a minimum of 2 load locks to secure the load.
5. Carrier agrees to pay for damages if load is damaged.
6. If any loads are sealed the driver/carrier cannot break any seal or there will be a claim charged to the carrier.
7. EMAIL INVOICE & BOLs to ACCOUNTS PAYABLE at ap@whfreight.com. Once paperwork has been received (whichever comes first via e-mail, fax, or mail), no further adjustments can be made.
8. If carrier fails to make the designated APPT time, they are responsible for any possible late fees/ cargo damages.
9. Failure to send copy (picture via text/email) of POD within 30 minutes of delivery will result in 200\$ fine.
10. Carrier must notify Whitehorse Freight prior to at the time of their detention/layover start time so that charges can be approved.
11. Advances are limited to 40% of the linehaul rate.

12. ***QUICKPAY***

If you DO NOT have a factoring company and would like QUICKPAY for 1.65%....go to www.triumphpay.com to register. WE PAY 1.65% QUICKPAY

Invoice: ap@whfreight.com



Jason Szelest

WHF REPRESENTATIVE SIGNATURE

CARRIER REPRESENTATIVE SIGNATURE



*** IMMEDIATELY FAX A COPY OF THIS SIGNED CONFIRMATION TO (859) 308-6013**

Load Summary

Estimated Rate (To The Truck): **\$750.00**

First Pick:

GAYLORD OPRYLAND 2815 OPRYLAND DR NASHVILLE TN 37214

Last Drop:

QTS ATLANTA 3550 ZIP INDUSTRIAL BLVD ATLANTA GA 30354

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Pro#

COMPLETE ALL SHADED AREAS

Time	Booth# 9999
Date	Show Name: WORLD PAC STX TRAINING CONF
Fern Use Only	

From FERN EXPO (your company name)		Date
AT (facility)	GAYLORD OPRYLAND	NASHVILLE TN
Consigned To QTS (company name)		Trailer #
Address 3550 ZIP INDUSTRIAL		Shipper # 256859
City/State/Zip Hapeville GA 30354		Carrier Requested WHITE HORSE-E
Attention/Show Name		Desired Delivery Date Time
Phone/Booth#		Freight Charges <input type="checkbox"/> Prepaid <input checked="" type="checkbox"/> Collect

Carrier Selection (select one of the following)		Number of Separate Shipments in Booth
<input type="checkbox"/> Fern Transportation <input checked="" type="checkbox"/> Common Carrier <input type="checkbox"/> Expedited Carrier <input type="checkbox"/> Company Truck/POV <input type="checkbox"/> Van Line <input type="checkbox"/> FT/Internal		
Level of Service: <input type="checkbox"/> Ground <input type="checkbox"/> 2nd Day Air <input type="checkbox"/> Next Day Air	Note: Air Freight will be billed on Actual or Dimensional Weight, whichever is greater.	
Special Handling: <input type="checkbox"/> Lift Gate <input type="checkbox"/> Residential Delivery <input type="checkbox"/> Inside Delivery	Excess Declared Value \$: .00c	
		DECLARED VALUE: Available at the exhibitor's expense at the rate of \$4.25 per \$100.00 of value declared. Minimum charge of \$100.00.

FREIGHT RE-ROUTING
In the event your selected carrier fails to show on final move-out day, please select the following options:
☐ Re-route via Fern's choice at exhibitor expense

Fern Use Only	
FREIGHT RE-ROUTED TO: (Carrier)	
Date	Time

Checker	# of Pieces	Kind of package, description of articles, special marks, and exceptions (List dimensions if shipping via air freight)	Weight (Subj. to Corr.)	Class or Rate
		Crates (wooden)		
		Cartons (cardboard)		
		Cases/Trunks (plastic) () Color(s)		
		Skids/Pallets () Banded () Shrinkwrapped () Loose		
		Carpets/Padding Rolls () Wrapped () Loose		
		Other/Special Instructions		
		TOTAL PIECES	TOTAL WEIGHT	

BILL OF LADING: This agreement establishes your legal obligations with regard to the property/goods described herein being shipped. It specifically limits your rights and possible recovery if your property is lost or damaged. You must accept all terms and conditions as outlined in the Fern terms and conditions and the applicable bill of lading. You confirm that you have read, understand, and agree with said terms and conditions.

NONNEGOTIABLE STRAIGHT BILL OF LADING: Received, subject to individually determined rates or written contracts that have been agreed on in writing between the carrier, Fern, and/or shipper, if applicable, otherwise to rates, classifications and rules that have been established by the carrier or Fern, and are available to the shipper at their request. The word carrier is defined as: An entity in the business of transporting of property/goods via land, sea, or air. The word shipper is defined as: The entity that tenders the property/goods for transportation. The property/goods as described on the Bill of Lading are deemed to be in apparent good order, except as noted in the (contents and condition of contents of package unknown), marked, consigned, and destined as indicated above. Shipper hereby certifies they are familiar with all the terms and conditions of the bill of lading, set forth in the NMPC classifications, and or applicable carriers rules and tariffs which governs the transportation of this shipment, and the terms and conditions for Fern as hereby agreed to and by shipper/exhibitor and or their assigns.

LIMITS OF LIABILITY: Shipper understands that even if Shipper's property is lost, stolen, or damaged, Fern does not pay replacement or restoration cost of any property. If found liable for any loss, Fern's sole and exclusive maximum liability for loss or damage to exhibitor's materials and exhibitor's sole and exclusive remedy is limited to \$50 (USD) per pound per article with a maximum liability of \$100.00 (USD) per item, or \$1,500 (USD) per occurrence/shipment, whichever is less. Carrier Limits of Liability are subject to the carriers specific Limits of Liability stated in the carriers Rules/Tariff.

Fern is not responsible to shipments left in booth by exhibitor. Exhibitors must insure themselves against loss or theft, Fern does not sell insurance.

COMPLETED BILL OF LADING MUST BE RETURNED TO THE EXHIBITOR SERVICE DESK

By signing Exhibitor Shipment Authorization below, you and/or company agree to payment terms & conditions (listed in the show Exhibitor Services Manual), limits of liability (listed above) and authorizes Fern to use any payment method on file (including credit cards). All shipping charges and weights are estimates until the shipment is delivered.

Exhibitor Shipment Authorization:

Exhibitor/Shipper Signature X
Printed Name
Emergency/Mobile Phone #

3rd Party Freight Charges: (company name)		
Address		
City/State/Zip		
Attention Phone		
Day	Date	Time
Carrier/Agent Signature X		Printed Name

BOLFORMK

White - Original

Yellow - Shipping Order

Pink - Control Copy

Goldenrod - Exhibitor Copy

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Proff

COMPLETE ALL SHADED AREAS

Time	Booth# 9999
Date <i>Fern Use Only</i>	Show Name: WORLD PAC STX TRAINING CONF

From <i>(your company name)</i> FERN EXPO	Date
AT <i>(facility)</i> GAYLORD OPRYLAND	Trailer #
Consigned To QTS <i>(company name)</i>	Shipper # 256859
Address 3550 ZIP INDUSTRIAL	Carrier Requested WHITE HORSE-E
City/State/Zip HAPEVILLE GA 30354	Desired Delivery Date Time
Attention/Show Name	Phone/Booth#
	Freight Charges <input type="checkbox"/> Prepaid <input checked="" type="checkbox"/> Collect

Carrier Selection (select one of the following)		Number of Separate Shipments in Booth
<input checked="" type="checkbox"/> Fern Transportation	<input checked="" type="checkbox"/> Common Carrier	
<input type="checkbox"/> Expedited Carrier	<input type="checkbox"/> Company Truck/POV	
<input type="checkbox"/> Van Line	<input type="checkbox"/> FT/Internal	
Level of Service: <input type="checkbox"/> Ground	<input type="checkbox"/> 2nd Day Air	
<input type="checkbox"/> Lift Gate	<input type="checkbox"/> Residential Delivery	
<input type="checkbox"/> Next Day Air	<input type="checkbox"/> Inside Delivery	
Special Handling: <input type="checkbox"/> Lift Gate		
Excess Declared Value \$: .00c		

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<i>Fern Use Only</i>	
FREIGHT RE-ROUTED TO: (Carrier)	
Date	Time

Checker	# of Pieces	Kind of package, description of articles, special marks, and exceptions <i>(List dimensions if shipping via air freight)</i>	Weight <i>(Subj. to Carr.)</i>	Class <i>or Rate</i>
		Crates (wooden)		
		Cartons (cardboard)		
		Cases/Trunks (plastic) () Color(s)		
		Skids/Pallets () Banded () Shrinkwrapped () Loose		
		Carpets/Padding Rolls () Wrapped () Loose		
		Other/Special Instructions		
		TOTAL PIECES	TOTAL WEIGHT	

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LIMITS OF LIABILITY: Shipper understands that even if Shipper's property is lost, stolen, or damaged, Fern does not pay replacement or restoration cost of any property. If found liable for any loss, Fern's sole and exclusive maximum liability for loss or damage to exhibitor's materials and exhibitor's sole and exclusive remedy is limited to \$.50 (USD) per pound per article with a maximum liability of \$100.00 (USD) per item, or \$1,500 (USD) per occurrence/shipment, whichever is less. Carrier Limits of Liability are subject to the carriers specific Limits of liability stated in the carriers Rules/Tariff.

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Exhibitor Shipment Authorization:

Exhibitor/Shipper Signature X
Printed Name
Emergency/Mobile Phone #

3rd Party Freight Charges:

(company name)		
Address		
City/State/Zip		
Attention		Phone
Day	Date	Time
Carrier/Agent Signature X		Printed Name Agent P. P. P.

BOLFORMK

White - Original

Yellow - Shipping Order

Pink - Control Copy

Goldenrod - Exhibitor Copy

Pro#

COMPLETE ALL SHADED AREAS

Time	Booth# 9999
Date	Show Name: WORLD PAC STX TRAINING CONF
Fern Use Only	

From (your company name) FERN EXPO	Date
AT (facility) GAYLORD OPRY LND	Trailer #
NASHVILLE TN	Shipper # 256859
Consigned To QTS (company name)	Carrier Requested WHITE HORSE-E
Address 3550 ZIP INDUSTRIAL	Desired Delivery Date Time
City/State/Zip HAPEVILLE GA 30354	Freight Charges <input type="checkbox"/> Prepaid <input checked="" type="checkbox"/> Collect
Attention/Show Name	Phone/Booth#

Carrier Selection (select one of the following)

<input type="checkbox"/> Fern Transportation	<input checked="" type="checkbox"/> Common Carrier	<input type="checkbox"/> Expedited Carrier	<input type="checkbox"/> Company Truck/POV	<input type="checkbox"/> Van Line	<input type="checkbox"/> FT/Internal	Number of Separate Shipments in Booth
Level of Service: <input type="checkbox"/> Ground	<input type="checkbox"/> 2nd Day Air	<input type="checkbox"/> Next Day Air	Note: Air Freight will be billed on Actual or Dimensional Weight, whichever is greater			DECLARED VALUE: Available at the exhibitor's expense at the rate of \$4.25 per \$100.00 of value declared. Maximum charge of \$100.00.
Special Handling: <input type="checkbox"/> Lift Gate	<input type="checkbox"/> Residential Delivery	<input type="checkbox"/> Inside Delivery	Excess Declared Value \$:			.00c

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FREIGHT RE-ROUTED TO: (Carrier)	
Date	Time

Checker	# of Pieces	Kind of package, description of articles, special marks, and exceptions (List dimensions if shipping via air freight)	Weight (Subj. to Carr.)	Class or Rate
		Crates (wooden)		
		Cartons (cardboard)		
		Cases/Trunks (plastic) () Color(s)		
		Skids/Pallets () Banded () Shrinkwrapped () Loose		
		Carpets/Padding Rolls () Wrapped () Loose		
		Other/Special Instructions		
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Exhibitor Shipments Authorization:

Exhibitor/Shipper Signature
X
Printed Name
Emergency/Mobile Phone #

3rd Party Freight Charges:

(company name)		
Address		
City/State/Zip		
Attention Phone		
Day	Date	Time
Carrier/Agent Signature		Printed Name
X		

BOLFORMK

White - Original

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Goldenrod - Exhibitor Copy

fern

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Time	Booth# 9999
Date	Show Name: WORLD PAC STX TRAINING CONF
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From (your company name) FERN EXPO	Date
AT (facility) GAYLORD OPRY LND	Trailer #
Consigned To QTS (company name)	Shipper # 256859
Address 3550 ZIP INDUSTRIAL	Carrier Requested WHITE HORSE-E
City/State/Zip HAPEVILLE GA 30354	Desired Delivery Date Time
Attention/Show Name	Phone/Booth#
Freight Charges <input type="checkbox"/> Prepaid <input checked="" type="checkbox"/> Collect	

Carrier Selection (select one of the following)

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Level of Service: <input type="checkbox"/> Ground	<input type="checkbox"/> 2nd Day Air	<input type="checkbox"/> Next Day Air	Note: Air Freight will be billed on Actual or Dimensional Weight, whichever is greater.			DECLARED VALUE: Available at the exhibitor's expense at the rate of \$4.25 per \$100.00 of value declared. Minimum charge of \$100.00.
Special Handling: <input type="checkbox"/> Lift Gate	<input type="checkbox"/> Residential Delivery	<input type="checkbox"/> Inside Delivery	Excess Declared Value \$:			.00c

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FREIGHT RE-ROUTED TO:

Date		Time	
------	--	------	--

Checker	# of Pieces	Kind of package, description of articles, special marks, and exceptions (List dimensions if shipping via air freight)	Weight (Subt. to Carr.)	Class or Rate
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		Cartons (cardboard)		
		Cases/Trunks (plastic) () Color(s)		
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3rd Party Freight Charges:

(company name)
Address
City/State/Zip
Attention
Phone

Exhibitor Shipment Authorization:

Exhibitor/Shipper Signature X	Day	Date	Time
Printed Name	Carrier/Agent Signature X		Printed Name
Emergency/Mobile Phone #			

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