

**Bill to:**

Shah Logistics, LLC
2641 Riverport Rd,
Chattanooga,
TN,
37406

Invoice Date: 04/30/2024

Invoice #: 31406-25254

Terms: NET 30

Due Date: 05/30/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
04/29/2024		1 Old Sweet Rd, Johnstown, NY 12095, USA - 35400 Central City Pkwy, Westland, MI 48185, USA			
			1	\$850.00	\$850.00

TOTAL
\$850.00



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**

Shah Trucking & Logistics
2641 Riverport Rd, Chattanooga, TN, 37406,
P: (423) 541-6900 • E: shahteam@shahlogisticsllc.com
W: www.shahlogisticsllc.com

Route	Apr 29, 2024 06:00 -13:00 Apt	 CG Roxane- Johnstown, NY	1 item	Royal3 Inc DOT 2828543
		1 Old Sweet Rd Johnstown, NY 12095 Pickup # 285662	Qty.: 17 Pallets Handling qty.: 17 Pallets Weight: 42,500 lb	
	Apr 30, 2024 08:00 Apt	 D&B GROCERS WHOLESALE AND DIST	1 item	Royal3 Inc DOT 2828543
		35400 Central City Pkwy Westland, MI 48185 Delivery # 630127	Qty.: 17 Pallets Handling qty.: 17 Pallets Weight: 42,500 lb	

Equipment Van

Items Water
CG Roxane- Johnstown, NY (Johnstown, NY) > D&B GROCERS WHOLESALE AND DIST (Westland, MI)
17 Pallets • 0 lb

Total: 1 item 17 Pallets • 0 lb Handling quantity: 17 Pallets

Carrier Royal3 Inc
MC 944686 • DOT 2828543 • P: (630) 485-7370 - F:
(630) 485-6980

Rate	Freight - flat	\$850.00
	1.0 x \$850.00	
	Total	\$850.00

TERMS AND CONDITIONS

1. THIS LOAD CONFIRMATION IS SUBJECT TO THE TERMS OR THE AGREEMENT PREVIOUSLY EXECUTED BETWEEN OUR COMPANIES AND THIS CONSTITUTES AS AN ADDENDUM TO THE TERMS OF THAT AGREEMENT. WE AGREE TO PAY THE RATES AND CHARGES SHOWN ON THE LOAD CONFIRMATION. THIS CONFIRMATION IS INCLUSIVE OF ALL CHARGES, UNLESS WRITTEN OBJECTIONS ARE MADE TO ITS TERMS WITHIN 24 HRS OF RECIEPT OR PRIOR TO WORK BEING INITIATED, YOU HAVE AGREED TO THESE TERMS. DOUBLE BROKERING IS NOT ALLOWED.
2. DISPATCH INSTRUCTIONS (MUST ACCEPT TURVO DRIVER APP TO AVOID RATE DEDUCTIONS) Drivers must check in as Shah Logistics upon pickup and delivery Report unplanned accessorial charges to accessorials@shahlogisticsllc.com for reimbursement consideration. Carrier is responsible for inspecting the cargo. Driver must confirm the information the cargo. Driver must confirm the information on the BOL matches the info on the rate confirmation before departing Pickup. In the event of a rejected shipment by the consignee, Shah Logistics has the option to either (1) have Carrier place the load in storage or(2) have carrier return it to the point of origin or some other point of destination specified by Shah Logistics. Any rate reductions or fees due to fault of the Carrier will be deducted from the Carriers rate, see below for specific details. Please contact your SL rep or call our office at 423-541-6900.
3. Payments will be made as Net 30 terms. We do not offer Quick pay.
4. OS&D/SEALS - Driver must report any shortages or damages immediately upon notice. Driver must seal the trailer before leaving PU or in between stops. Failure to do so may result in a Claim. Failure to report any OS&D may also result in a Claim if Shah isn't notified immediately upon notice at PU or delivery.

5. Accessorials - 48 hours to submit for approval - Email accessorials@shahlogisticsllc.com and include load #, BOL, In/Out Times or Accessorial needed. TONU requires reasoning/proof of need. Additional stops \$50 per stop maximum. All accessorial charges must be sent to Shah Logistics within 48 hours of delivery date in order to be approved. Anything submitted after 48 hours will be denied.

6. CHECK INS - Shah requires a minimum of 2 check calls per day while hauling our freight. Failure to accurately update Shah throughout transit could result in late fees and detention denial if the PU or del is missed w/o prior notification.

7. DETENTION - 48 hours to submit for approval Detention will be paid at \$30 per hour (up to 5 hrs) for the following: Driver must notify Shah 30 minutes prior to detention time starting Detention will be granted after 2 free hrs w/ proof written on the BOL confirming in and out times. Shipper or Rec must approve these times. After 5 hrs, \$150, a full day layover is awarded. \$150 is the cap per day.

8. POD'S - POD due w/in 48 hours of delivery or subject to rate reduction of \$25 per day. PODs must be sent to PODS@ShahLogisticsLLC.com

9. INVOICING INSTRUCTIONS - Send invoices to AP@ShahLogisticsLLC.com within 48 hours to avoid deductions Include: Invoice, BOL, POD, Signed Rate Confirmation. Copy of the original POD is required for payment. PODs must match the original. 8.5x11 scale and cannot have gray coloration. All pages of the POD are required.

10. LUMPER POLICY - Lumper charges paid by the carrier will be added to the rate confirmation and reimbursed to the carrier once invoiced with payment receipt minus convenience. fees. If carrier requires Shah Logistics to pay the lumper this can be done at a \$5 charge to the carrier or \$10 if it is over \$500.



Representative signature

Receiver signature

Dispatcher

Title

Title

04/29/2024

Date

Date

BILL OF LADING**#35 285662**

CLIENT COPY | Page 1/1

SHIP FROM		CC# 04131	BOTTLED AT THE SOURCE
Name: CG ROXANE - JOHNSTOWN, NY	Phone: 1-518-736-1979	Bill of Lading Number: 00000000035285662	CRYSTAL GEYSER NATURAL ALPINE SPRING WATER BY CG ROXANE
Address: 1 OLD SWEET ROAD,			
City/State/Zip: JOHNSTOWN, NY 12095			
SID#:	FOB: <input type="checkbox"/>		

SHIP TO		Carrier Name: SHAH LOGISTICS LLC	
Name: D&B GROCERS WHOLESALE AND DIST	Location#:	Carrier Address: 2641 RIVERPORT ROAD	
Address: 35400 CENTRAL CITY PARKWAY,	Phone: 734 513 1715	Carrier City/State/Zip: CHATTANOOGA, TN 37406	
City/State/Zip: WESTLAND, MI 48185		Carrier Phone#: 423-541-6902	
CID#:	FOB: <input type="checkbox"/>	Delivering Carrier (Trucker) Name: ABDORAHMAN	
		SCAC: SHLO	

THIRD PARTY FREIGHT CHARGES BILL TO:		Trailer licence#: U769070TN	
Name:		Container number:	
Address:		Seal number(s): 3793836 <u>A.A.</u>	
City/State/Zip:		Driver Sealed: <input checked="" type="checkbox"/> Y/N	
		Pro number:	

SPECIAL INSTRUCTIONS:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
	Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>
	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION					
PURCHASE ORDER NUMBER	CUSTOMER REFERENCE	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
630127		17	42,500	Y N	
				Y N	
				Y N	
GRAND TOTAL		17 PAL	42,500 lbs		

CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT	HEIGHT	COMMODITY DESCRIPTION	LTL ONLY
QTY	TYPE	QTY	TYPE				NMFC # CLASS
17	PAL	816	CASE	42,500	52 25"	ASW 6/3 78L CGR/GALLON/FILM UPC#0 75140 12514 2 Lot# 17 04/27/2024 04/27/2026 Line#1	
17		816		42,500 lbs		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 not exceeding _____ per _____	COD Amount: \$ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input checked="" type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).
By signing hereunder, the Carrier acknowledges that the contents of the shipment were open for inspection at the time of loading. Additionally, the Carrier acknowledges, warrants and certifies that the quantity of the contents for the shipment are accurately reflected on this Bill of Lading and that the contents were received in proper condition. Carrier covenants that they will be liable for any discrepancy upon delivery between the contents of the shipment and/or their condition and what is indicated on this Bill of Lading.

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. Shipper Signature _____
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SHIPPER SIGNATURE / DATE 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 regulations of the DOT. <u>NW</u> <u>4/29/24</u>	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" 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 DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Property described above is received in good order, except as noted.</i> <u>[Signature]</u> <u>4/29/24</u>
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612 222 5297

Driver Check-in: 04/29/2024 9:50 AM - Printing Date: 04/29/2024 10:41 AM
Ship Date 04/29/2024 Delivery Date: 05/05/2024

BILL OF LADING

#35 285662

CLIENT COPY | Page 1/1

SHIP FROM		CC# 04131	ORIGINATED AT THE SOURCE
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Address: 1 OLD SWEET ROAD,			
City/State/Zip: JOHNSTOWN, NY 12095			
SID#:	FOB: J		

SHIP TO		Carrier Name: SHAH LOGISTICS LLC
Name: D&B GROCERS WHOLESALE AND DIST	Location#:	Carrier Address: 2641 RIVERPORT ROAD
Address: 35400 CENTRAL CITY PARKWAY,	Phone: 734 513 1715	Carrier City/State/Zip: CHATTANOOGA, TN 37406
City/State/Zip: WESTLAND, MI 48185		Carrier Phone#: 408-541-6902
CID#:	FOB: J	Delivering Carrier (Trucker) Name: ABDORAHMAN
		SCAC: SHLO

THIRD PARTY FREIGHT CHARGES BILL TO		Trailer licence#: U769070TN
Name:		Container number:
Address:		Seal number(s): 3793836
City/State/Zip:		Driver Sealed: Y/N
		Pro number:
SPECIAL INSTRUCTIONS:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
		Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>
		<input checked="" type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION						
PURCHASE ORDER NUMBER	CUSTOMER REFERENCE	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
630127		17	42,500	Y	N	
				Y	N	
				Y	N	
GRAND TOTAL		17 PAL	42,500 lbs			

HANDLING UNIT		PACKAGE		WEIGHT	HEIGHT	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
17	PAL	816	CASE	42,500	52 25"	ASW 6.3 78L CGR/GALLON/FILM UPC#0 75140 12514 2 Lot# 17 04/27/2024 04/27/2026 Line#1		
17		816		42,500 lbs		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 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).**

By signing hereunder, the Carrier acknowledges that the contents of the shipment were open for inspection at the time of loading. Additionally, the Carrier acknowledges, warrants and certifies that the quantity of the contents for the shipment are accurately reflected on this Bill of Lading and that the contents were received in proper condition. Carrier covenants that they will be liable for any discrepancy upon delivery between the contents of the shipment and/or their condition and what is indicated on this Bill of Lading.

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.

Shipper Signature

SHIPPER SIGNATURE / DATE

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 regulations of the DOT.

Trailer Loaded:☒ By Shipper
☐ By Driver**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.*
TOTAL CASES: 816
TOTAL PALLETS: 17 WOOD
NAME: MICHAEL GRIMS
DATE: 4-30-24
DAMAGES:

Remit-to
D&B Grocers Inc.
35400 Central City Parkway
Westland, MI 48185



INVOICE NO. AR92204
INVOICE DATE: 4/30/2024

LUMPER RECEIPT

Bill-to 191
TRANSPORTATION DEPARTMENT
FED ID 38-3153502
WESTLAND, MI 48185

Ship-to L1019
CRYSTAL GEYSER ROXANE-LUMPER

USA

Terms **C30-Net 30**

Due Date **5/30/2024**

EFS#1944142425 PO#630127

<u>DESCRIPTION</u>	<u>QTY</u>	<u>UNIT PRICE</u>	<u>EXTENDED PRICE</u>
Logistics - Lumper/Restack	1	\$250.00	\$250.00
Logistics - MA	1	\$100.00	\$100.00

Total Tax	0.00
Total Amount	\$350.00