

Bill to: GLOBALTRANZ ENTERPRISES 7350 N DOBSON RD STE 130, Scottsdale, AZ, 85250 Invoice Date: 05/23/2024 Invoice #: 29047584 Terms: NET 30 Due Date: 06/23/2024

| Date | Customer Ref # | Origin - Destination | Quantity | Rate | Amount |
|------------|----------------|--|----------|------------|------------|
| 05/20/2024 | | 95 Sundial Avenue, Manchester, NH 03103 - 6825 Orville Ave, Kansas City, KS 66102, USA | | | |
| | | | 1 | \$2,400.00 | \$2,400.00 |

TOTAL

\$2,400.00

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

Alpha Transport - Rate Confirmation

3376 Waldron Rd., Camden, N.Y. 13316 Phone: (315) 245-1903 Fax: (315) 245-1905 Toll Free: (888)731-1049 We are a member of Compunet Credit

| | :26 AM | P_{l} | ro# 36528 | | | | |
|---|---|--|---|--|--|--|--|
| Rate: \$500.00 | Includes All Charges | | | | | | |
| Carrier Name: RIKI TRA | ANSPORTATION INC | Contact: SHAWN | | | | | |
| Address 8225 LECLAIR | E AVE | Phone: 7 | 08-852-5536 | | | | |
| BURBANK | IL 60 | 0459 Fax: | | | | | |
| Pick up Name: EAM MC | DSCA | Pickup Date: | 5/21/2024 | | | | |
| Address: 675 JAYCEE D |)R | Appt: Hou | rs: 7Am-4pm | | | | |
| HAZLE TOWNSHIP | PA 18202 | Pickup Number | r 18 ft 12600 lbs | | | | |
| Phone: Van or | Flatbed V | <i>Pcs:</i> Size: 18 | Total Weight: 12600 | | | | |
| Deliver To: DS SMITH | | Del 2 Name: | | | | | |
| 800 EDWARDS LN | | | | | | | |
| LEBANON | IN 46052 | | : 1 | | | | |
| Phone: 765-335-5422 | Appt: | Phone: | Appt: | | | | |
| Hours: 7-3 | Weight 1: | Hours: | Weight 2: | | | | |
| Delivery Date 1: 05-2 | 22-24 | Delivery Date 2: | | | | | |
| Del 3 Name: | | Del 4 Name: | | | | | |
| | | | | | | | |
| Phone: | Appt: | Phone: | Appt: | | | | |
| Hours: | Weight 3: | Hours: | Weight 4: | | | | |
| Delivery Date 3: | | Delivery Date 4: | | | | | |
| Driver will not be Dispatched u | until Rate Confirmation is Return | | | | | | |
| Carrier is responsible for mis- ALPHA TRANSPORT will dispa Any delay in delivery must be r | atch all Drivers. | C. C. C. | n Steek alil | | | | |
| ALPHA TRANSPORT will dispa Any delay in delivery must be r | atch all Drivers. reported immediately to Alpha T | C. C. C. | | | | | |
| ALPHA TRANSPORT will dispa Any delay in delivery must be r Driver must call Diapatch withi Send Freight Bill to above add | atch all Drivers. reported immediately to Alpha T in 2 hrs after loading and unloa ress. Reference our PRO# | ransport. ding. Fai lure will be a \$50.0 0 pena | | | | | |
| ALPHA TRANSPORT will dispa Any delay in delivery must be r Driver must call Diapatch withi Send Freight Bill to above add To avoid delay in payment sub | atch all Drivers. reported immediately to Alpha T in 2 hrs after loading and unload ress. Reference our PRO# mit the ORIGINAL SIGNED, DAT | ransport. ding. Fai lure will be a \$50.0 0 pena | | | | | |
| ALPHA TRANSPORT will dispa Any delay in delivery must be r Driver must call Diapatch withi Send Freight Bill to above addu To avoid delay in payment sub Truck ordered not used not to | atch all Drivers. reported immediately to Alpha T in 2 hrs after loading and unload ress. Reference our PRO# imit the ORIGINAL SIGNED, DAT exceed \$100.00 | ransport. ding. Fai lure will be a \$50.0 0 pena | | | | | |
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| ALPHA TRANSPORT will dispan Any delay in delivery must be r Driver must call Diapatch withi Send Freight Bill to above add To avoid delay in payment sub Truck ordered not used not to ABSOLUTELY NO DOUBLE BR Carrier Signature: | atch all Drivers. reported immediately to Alpha T in 2 hrs after loading and unloa- ress. Reference our PRO# omit the ORIGINAL SIGNED, DAT exceed \$100.00 ROKERING. | ransport. ding. Failure will be a \$50.00 pena TED by Receiver Bill of Lading. | er: 600 | | | | |
| ALPHA TRANSPORT will dispa Any delay in delivery must be r Driver must call Diapatch withi Send Freight Bill to above add To avoid delay in payment sub Truck ordered not used not to ABSOLUTELY NO DOUBLE BR | atch all Drivers. reported immediately to Alpha T in 2 hrs after loading and unloa- ress. Reference our PRO# omit the ORIGINAL SIGNED, DAT exceed \$100.00 ROKERING. | ransport. ding. Failure will be a \$50.00 pena TED by Receiver Bill of Lading. Truck Numb Truiler Num | lty. er: <u>600</u> uber: <u>PTLZ244738</u> | | | | |
| ALPHA TRANSPORT will dispan Any delay in delivery must be r Driver must call Diapatch within Send Freight Bill to above adder To avoid delay in payment sub Truck ordered not used not to a ABSOLUTELY NO DOUBLE BR Carrier Signature: | atch all Drivers. reported immediately to Alpha T in 2 hrs after loading and unload ress. Reference our PRO# omit the ORIGINAL SIGNED, DAT exceed \$100.00 ROKERING. <i>Mawn Popovic</i> 50 | ransport. ding. Failure will be a \$50.00 pena TED by Receiver Bill of Lading. Truck Numb Trailer Num Driver Name | er: <u>600</u> aber: <u>PTLZ244738</u> | | | | |
| ALPHA TRANSPORT will dispat Any delay in delivery must be r Driver must call Diapatch withi Send Freight Bill to above add To avoid delay in payment sub Truck ordered not used not to ABSOLUTELY NO DOUBLE BR Carrier Signature: | atch all Drivers. reported immediately to Alpha T in 2 hrs after loading and unload ress. Reference our PRO# unit the ORIGINAL SIGNED, DAT exceed \$100.00 ROKERING. <i>Mawn Popovic</i> 50 <i>CN EQUIPMENT MUST B</i> | ransport. ding. Failure will be a \$50.00 pena TED by Receiver Bill of Lading. Truck Numb Trailer Num Driver Name | lty. er: <u>600</u> uber: <u>PTLZ244738</u> | | | | |

| the second | | | | | | | | | | | |
|--|--|---|--|------------------------------|------------------|----------------|---------------|--------------|----------------|--|--|
| | | Straig | ht Bill of Ladi | ng - Short Form - Origin | nal - Not | | | | | | |
| | | | CT7 BO | Negotiable L NO : 2904758 | 4 | | | | | | |
| | TRIFE | | GILBU | LINO: 2904758 | 4 | | | | | | |
| | TRANSP | | | | | | | | | | |
| Shipper | Velcro USA Ind | 2. | Carrier :B | RZ | | | 50.20 | | | | |
| Address | 95 Sundial Avenue Shipment Date:05/20/24 | | | | | | | | | | |
| | Manchester, NI | H 03103 | Carrier Pro# : | | | | | | | | |
| Country | USA | | Ref # :260 | Ref # :2600 00 | | | | | | | |
| Contact Name | Shipping | | Carrier Q | Carrier Quote # : | | | | | | | |
| Phone Number | (800) 225-018 | 0 | P/O # :62640 | | | | | | | | |
| Contact Email | | | Customer | BOL NO: | | | | | | | |
| Fax Number | | | | <u>6.12</u> | | | | | | | |
| | | | | | | | | | | | |
| | | | 1 | 5833 | | | | | | | |
| | | | × 36 | · 速 | | | | | | | |
| Consignee | PPC Flexible P | ackaging - (HARD | Third Pa | rty Billing Inform | ation: | | | | | | |
| Consignee | CLOSE - 3PM | [] | All charges | are prepaid to: | | | | | | | |
| Address | 6825 Orville A | ve Suite 101 docks 1-13 | GiobalTra | nz | | | | | | | |
| | | # 9; FCFS - HARD | FO Box 63 | | | | | | | | |
| | CLOSE - 3PM | | Scottsdale | | | | | | | | |
| Country | Kansas City, K USA | 2 06102 | and the second | ing inquiries to : (86 | 6) 275-1407 | | | | | | |
| Contact Name | Matthew Sund | rland | GIZ BOL | NO: 29047584 | | | | | | | |
| Phone Number | (913) 596-905 | | | | | | | | | | |
| Contact Email | (, | | 1.000 | | | | | | | | |
| Fax Number | | | 1000 | | | | | | | | |
| | | | | | | _ | | | | | |
| Comments/Special Instructions: | | | | | | | | | | | |
| Pickup Remarks : | | | | | | | | | | | |
| | | emain intact and only the c | | | | | | | | | |
| Delivery Remarks | GRADE TH | ad by consignee. If Seal is RAILER. | broken prior | to Delivery a 20% ra | te reduction w | ill be applied | . MUST BE | CLEAN FO | DOD | | |
| Pallets Pieces | IsHazmat | Description | Weight | FreightClass | Length | Width | Height | NMFC | Stackable | | |
| 14 14 | | Packaging materials | 11662 | 0 | 48 | 40 | 93 | | false | | |
| The authorized signa www.carrierrate.com | | his document on behalf o | of its compa | ny consents and bine | d its company | y to the tern | is and condi | tions found | l on | | |
| Shipper Certification | 1 : I hereby certi | fy that the contents of this | | | | | | name and a | re classified, | | |
| | | proper condition for carriag | | | - | | - | | | | |
| Shipper's Signature | : D | Mound | 5 | _ | Date: <u>5</u> 2 | 2007 | | | | | |
| Driver's Signature: | | | | | Date: | | Trailer#: | | | | |
| response information a | ind required plac | wledges receipt of package ards were made available a | and/or carrier | has the D.O.T. emerg | gency respons | e guidebook | or equivalent | in the vehic | le. | | |
| | | pplicable bill of lading. If carrier shall not make delive | | | | | | consignor, t | he consignor | | |
| Consignor's Signatu | ire: | | | | | | | | | | |
| Consignee Signatur | | | Print Nam | e: | | | _ | | | | |
| Company Name: | | | | | Date: | _ | | | - | | |
| Permanent post-office * Mark with "X" to de | | hipper: as defined in Title 49 CFR | | | | | | | | | |
| | | | | | | | | | | | |

| | | 6. | | | | | | | |
|---|---------------------------------------|--|---|---|----------------------------------|------------------------------------|---------------------------------|-------------------------|--------------------|
| The second | | Straig | bt Bill of I ad | ing - Short Form - Origin | ual - Not | | | | |
| | | Strang | gut Bin of Lau | Negotiable | | | | | |
| | | | GTZ BO | L NO: 2904758 | 4 | | | | |
| | TRIFE | | | | | | | | |
| Shipper | Velcro USA In | с. | Carrier :E | RZ | | | | | |
| Address | 95 Sundial Ave | enue | Shipment Date:05/20/24 | | | | | | |
| | Manchester, N | H 03103 | Carrier Pro# : | | | | | | |
| Country | USA | | Ref # :2600 00 | | | | | | |
| Contact Name | Shipping | | Carrier Quote # : | | | | | | |
| Phone Number | (800) 225-018 | 80 | P/O # :62640 | | | | | | |
| Contact Email | | | Customer BOL NO: | | | | | | |
| Fax Number | | | | 0.5 574 674 674 675 | | | | | |
| Consignee | | ackaging - (HARD | | rty Billing Inform | ation: | | | | |
| 0 | CLOSE - 3PM | | All charges | are prepaid to: | | | | | |
| Address | | ve Suite 101 docks 1-13 # 9; FCFS - HARD | PO Box 6 | | | | | | |
| | CLOSE - 3PM | | | AZ 85261 | | | | | |
| Section Section | Kansas City, K | S 66102 | | ing inquiries to : (86 | 6) 275-1407 | | | | |
| Country | USA | | a second s | NO: 29047584 | | | | | |
| Contact Name | Matthew Sunde | erland | | | | | | | |
| Phone Number | (913) 596-905 | 4 | | | | | | | |
| Contact Email | | | | | | | | | |
| Fax Number | | | | | | | lan in | <u></u> | |
| Comments/Special Instructions: | | | | | | | | | |
| Pickup Remarks : | | | | | | | | | |
| Delivery Remarks : | | main intact and only the co ad by consignee. If Seal is AILER. | onsignee may broken prior | y break seal. Driver is to Delivery a 20% rat | absolutely for te reduction w | bidden to bre vill be applied | ak the seal as I. MUST BE | that may ca CLEAN FC | use for)OD |
| | | | | A ALLANDESS | | | | | |
| Pallets Pieces | IsHazmat | Description Packaging materials | Weight 11662 | FreightClass 0 | Length 48 | Width 40 | Height 93 | NMFC | Stackable false |
| www.carrierrate.com | | his document on behalf o | of its compa | ny consents and bind | l its compan | y to the term | is and condi | | |
| Shipper Certification packaged, marked and | labeled and in p | y that the contents of this or roper condition for carriag | e by land/air | according to applicab | le national go | vernmental reg | gulations. | name and a | re classified, |
| Shipper's Signature: | Ď | Mound | / | 1 | Date: <u>5</u> 2 | 20-24 | Trailer#: | | |
| Driver's Signature: | | | | The second se | Date: | | Trailer#: | | |
| response information a | nd required placa | vledges receipt of package ards were made available a | ind/or carrier | has the D.O.T. emerg | gency respons | e guidebook | or equivalent | in the vehic | le. |
| Subject to Section 7 of shall sign the following | f conditions of a statement: The c | oplicable bill of lading. If arrier shall not make delive | this shipmen ry of this shi | t is to be delivered to | the consignee t of freight an | e without reco ad all other lav | ourse on the c vful charges. | onsignor, tl | ne consignor |
| Consignor's Signatu | re: | | 111 | 11 15 | 22/24 | | | | |
| Consignee Signature | | Matt | Spl | 34 | Print Nam | ie: | | <u>- 4000 s</u> | - |
| Company Name: | | | | | Date: | - | | | |
| Permanent post-office a | address of the Sh | ipper: | | | | | | | |
| * Mark with "X" to des | ignate material a | s defined in Title 49 CFR | | | | | | | |