

Bill to: GLOBALTRANZ ENTERPRISES 7350 N DOBSON RD STE 130, Scottsdale, AZ, 85250 Invoice Date: 05/31/2024 Invoice #: 29090426 Terms: NET 30 Due Date: 07/01/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
05/29/2024		85 Spencer Dr, Unit A, Wells, ME 04090 - 409 E Apple Blossom Ave, Bethel Hts, AR 72764			
			1	\$2,800.00	\$2,800.00

TOTAL

\$2,800.00

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

page 1

GLOBALTRANZ CARRIER RATE CONFIRMATION Load Number: 29090426



GENERAL CONTACT

GTZ CONTACT: (630) 534-5900 a.cerros@globaltranz.com GTZ FAX:

CARRIER PAYMENTS: INVOICE/POD/RATE CON submit to: TLINVOICES@globaltranz.com NOA and PAYMENT INQUIRIES: APTLREQUESTS@globaltranz.com

PO#: 5026681703 REF#: PRO#: CARRIER QUOTE:

SERVICE:ACCESSORIAL(S):COMMODITY:SERVICE TYPE: Full
TRAILER TYPE: Van
SIZE: 53• StrapsDESCRIPTION:Skylights
WEIGHT: 4136 lbs
PALLETS:4
PIECES:4

CARRIER INFORMATION:

CARRIER NAME: BRZ LEGAL NAME:RIKI TRANSPORTATION INC. MC#:086875 [CA458] DISPATCHER: John PHONE: (708) 852-5530 FAX: EMAIL: john@rtbrz.com DRIVER: (Required)_____ DRIVER PHONE: (Required)_____ TRAILER NUMBER:

IMPORTANT LOAD NOTES:

Driver or dispatch must call when at the shipper, loaded, at the consignee and when empty to avoid all issues. Please call 630 506 6202 with any questions. 20 percent rate reduction per day or appointment will apply if days or times are not met. Broken or damaged seals may void contract. All paperwork must be submitted within 48 hours of delivery. Trailer must be clean, swept, dry and no holes.

ORIGIN:

FACILITY: VELUX America LLC - ME STREET: 85 Spencer Dr, Unit A CITY/STATE/ZIP: Wells, ME 04090 FAX: PICKUP DATE: 05-29-2024 REF #: HOURS: 08:00 - 14:30 CONTACT: Curtis Hafford PICKU

PICKUP #: APPOINTMENT REQUIRED: No APPOINTMENT MADE: No

PICKUP NOTES: 53 ft Dry van swing door trailer; MUST PICK-UP 5/29 by 3pm. Trailer must be clean, swept, dry, no holes, safe for loading. Must bring enough straps to secure load.

DESTINATION:

FACILITY: ABC SUPPLY# 476

STREET: 409 E Apple Blossom Ave. CITY/STATE/ZIP: Bethel Hts, AR 72764 FAX: DELIVERY DATE: 05-31-2024 HOURS: 09:00 - 09:00 CONTACT: Receiving

PHONE:

PHONE:

REF #:

DELIVERY#: APPOINTMENT REQUIRED: No APPOINTMENT MADE: No

DELIVERY NOTES: Call consignee prior delivery 479-750-4848. Request POD upon delivery. Must deliver 5/31 @ 9am no fail.



RATE INFORMATION: BASE RATE:\$2,800.00 TOTAL RATE: \$2,800.00

GTZ SIGNATURE : Alvin Cerros (630) 534-5900

CARRIER SIGNATURE :

John Djordjevic

Carrier understands and acknowledges that any instruction or information given to Carrier by Broker are merely for the Carrier's convenience and not to be construed as Brokers attempt to control the manner, method, or means by which Carrier or its employees performs the work hereunder. The Rate Confirmation Sheet is a legally binding agreement between Broker and Carrier. No signature is required to enforce provision of this agreement, rather both parties accept the terms and conditions contained herein upon Carrier's partial or full performance of the shipment. In the event of any conflict between the Agreement or the Carrier's Carrier Rate Confirmation, the Agreement and then any terms as set forth in this Carrier Rate Confirmation shall apply. Carrier must immediately notify Broker if shipper's instructions do NOT match the Rate Confirmation. Broker does not authorize hand written or verbal changes to the rate confirmation. If this rate confirmation from Broker. Carrier's failure to provide equipment and/or services as agreed upon may result in additional line haul deductions.

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GLOBALTRANZ CARRIER RATE CONFIRMATION Load Number: 29090426



GENERAL CONTACT GTZ CONTACT: (630) 534-5900 a.cerros@globaltranz.com GTZ FAX: CARRIER PAYMENTS: INVOICE/POD/RATE CON submit to: TLINVOICES@globaltranz.com

NOA and PAYMENT INQUIRIES: APTLREQUESTS@globaltranz.com

To be eligible for Accessorials / Incidentals, Carrier must:

- Be checked in to shipper **OR** receiver by the appointment time.
- Submit all proof of detention, accessorial, incidentals within 24-48 hours of delivery.

Detention:

- Carrier must be on time for pickup/delivery.
 - Detention accrual begins 2 hours after appointment time at shipper/receiver IF: • Carrier must notify Broker after **60** minutes of waiting.
 - Provide time stamped BOL within 48 hours of delivery.
- Detention Rate \$40/hr after 2 hours. Max \$200 detention per stop.

Layover, Truck Order Not Used (TONU):

- Carrier must contact Broker to request
- · Delays or cancellations must be confirmed by Broker
- Layovers: \$200 Dry Van or \$250 Running Reefers.
- TONU: \$200

Submitting Payments:

- Email Invoice, Rate Confirmation, Proof of Delivery & Receipts to TLinvoices@globaltranz.com
- 3% / 3-Day Quick Pay available upon request
- For Payments question contact aptirequests@globaltranz.com or by calling 866-275-1407 ext. 72597

Shipper VELUX Americal LLC-ME Shipperant Date:05/29/24 Address &S Spencer Dr Shipperant Date:05/29/24 Unit A Welk, ME 04090 Ref # : Welk, ME 04090 Ref # : Shipperant Date:05/29/24 Controp USA Carrier Prof :: Context Name Curis Hafford P/0 # :50/26/81703 Pinos Number (207) 216-4504 Customer BOL. NO: Consignee ABC SUPPLY# 476 All charges are perpaid to:: Address 409 E. Apple Blosom Ave. Ref Arry Billing Information: Behel His, AR 72764 CO Bax 63/4 Soctads Ads Contact Name Receiving Direct billing inquiries to: (866) 275-1407 Contact Smail GTZ BOL. NO: 20090426 Soctads Ads Soctads Advise Call consignee of redievery 479-759-4484. Repust PCD upon delivery. Must deliver 501 @ 9m no fail. Priedes Piece Stagatorie delivery 479-759-4484. Repust PCD upon delivery. Must deliver 501 @ 9m no fail. Pieles Piece Stagatorie signing this document on behalf of its company consents und bind is company to the terms and conditions found answer. Stipper's Signature:			Straight Bill of Lading - Short Form - Negotiable	Original - Not					
Shipper VELUX America LLC - ME. Carrier : BRZ Address 85 Spence Dr Shipment Date:05/29/24 Unin A Carrier Prof : Her # : Country USA Carrier Count # : Welk, ME (04090 Ref # : Carrier Count # : Constry USA Carrier Count # : Pione Number (207) 216-4594 Customer BOL NO: Consigne ABC SUPPLY# 476 All charges are prepaid to: Address 409 E Apbe Blosson Ave. Beind His, AR 72764 Constry USA Constast Asa Country USA Constast Asa Constry USA Constast Asa Controt Name Receiving Direct Diffing inquiries to: (866) 275-1407 Controt Name (79) 750-4848 Direct Diffing inquiries to: (866) 275-1407 Contract Email Constast Email Statust Asa Fax Number 33 ft Dry van swing door trailer; MUST PICK-UP 5/29 hy 3pm. Trailer must be clean, swept. dry, no holes, safe for loading. Must br enough strapts to secure load. Delivery Remarks: 33 ft Dry van swing door trailer; MUST PICK-UP 5/29 hy 3pm. Trailer must be clean, swept. dry, no holes, safe for loading. Must br enough strapts to secure load. </th <th></th> <th></th> <th>GTZ BOL NO : 2909</th> <th>0426</th> <th></th> <th></th> <th></th> <th></th>			GTZ BOL NO : 2909	0426					
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Driver's Signature: Date: Trailer#: Driver's Certification : Carrier acknowledges receipt of packages in good order, condition and quantity unless otherwise stated hereon. Carrier certifies emerg esponse information and required placards were made available and/or carrier has the D.O.T. emergency response guidebook or equivalent in the vehicle. Subject to Section 7 of conditions of applicable bill of lading. If this shipment is to be delivered to the consignee without recourse on the consignor, the consigned statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Consignee Signature:	www.carrierrate.co Shipper Certificati	on: I hereby certify that the contents	of this consignment are fully and acc	urately described	above by pro	per shipping			
Drivers Certification : Carrier acknowledges receipt of packages in good order, condition and quantity unless otherwise stated hereon. Carrier certifies emerg Description: Consigner Signature: Consignee Signature: Print Name: Company Name: Date: Company Name: Date:	Shipper's Signatu	re: Confige		Date: 5/	29/24	Trailer#:	_		
response information and required placards were made available and/or carrier has the D.O.T. emergency response guidebook or equivalent in the vehicle. Subject to Section 7 of conditions of applicable bill of lading. If this shipment is to be delivered to the consignee without recourse on the consignor, the consignation and all other lawful charges. Consigner's Signature:				Date:		Trailer#:			
Subject to Section 7 of conditions of applicable bill of lading. If this shipment is to be delivered to the consignee without recourse on the consignor, the consignatures shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Consigner's Signature: Consignee Signature: Company Name: Permanent post-office address of the Shipper:			nackages in good order, condition an			ed hereon. Ca	rrier certif		
shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Consignee Signature: Consignee Signature: Company Name: Date: Dermanent post-office address of the Shipper:	Driver's Signature Drivers Certificatio				a quidahaal				
Consignee Signature: Print Name: Company Name: Date: Permanent post-office address of the Shipper: Date:	Driver's Signature Drivers Certification response information	and required placards were made available	ailable and/or carrier has the D.O.T.			or equivalent	in the vehi	icle.	
Company Name: Date:	Driver's Signature Drivers Certification response information Subject to Section 7	and required placards were made available of conditions of applicable bill of lac	ailable and/or carrier has the D.O.T. of ding. If this shipment is to be deliver	ed to the consigne	e without rec	or equivalent ourse on the c	in the vehi	icle.	
ermanent post-office address of the Shipper:	Driver's Signature Drivers Certification esponse information Subject to Section 7 shall sign the following	n and required placards were made avail of conditions of applicable bill of lac ng statement: The carrier shall not mak	ailable and/or carrier has the D.O.T. of ding. If this shipment is to be deliver	ed to the consigne	e without rec	or equivalent ourse on the c	in the vehi	icle.	
	Driver's Signature Drivers Certification esponse information Subject to Section 7 shall sign the followin Consignor's Signat	and required placards were made avail of conditions of applicable bill of lac ng statement: The carrier shall not mak ture:	ailable and/or carrier has the D.O.T. of ding. If this shipment is to be deliver	ed to the consigne syment of freight a	e without rec nd all other lav	or equivalent ourse on the c	in the vehi	icle.	
Mark with "X" to designate material as defined in Title 49 CFR	Driver's Signature Drivers Certification esponse information Subject to Section 7 shall sign the followin Consignor's Signat Consignee Signatu	and required placards were made avail of conditions of applicable bill of lac ng statement: The carrier shall not mak ture:	ailable and/or carrier has the D.O.T. o ding. If this shipment is to be deliver	ed to the consigne syment of freight a Print Nan	e without rec nd all other lav	or equivalent ourse on the c	in the vehi	icle.	
	Driver's Signature Drivers Certification esponse information Subject to Section 7 shall sign the followin Consignor's Signat Consignee Signatu Company Name:	n and required placards were made avail of conditions of applicable bill of lac ng statement: The carrier shall not mak ture:	ailable and/or carrier has the D.O.T. o ding. If this shipment is to be deliver	ed to the consigne syment of freight a Print Nan	e without rec nd all other lav	or equivalent ourse on the c	in the vehi	icle.	

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Straight Bill of Lading - Short Form - Original - Not Negotiable

GTZ BOL NO: 29090426

	1 K A N S P	0 8 1								
Shipper	VELUX Amer	ica LLC - ME	Carrier :B	RZ						
Address	85 Spencer Dr		Shipment	Date:05/29/24						
- tuur tas	Unit A		Carrier Pr							
	Wells, ME 040	90	Ref # :							
Country	USA		Carrier Q	uote # :						
Contact Name	Curtis Hafford		P/O # :5026681703							
Phone Number	(207) 216-450	4	Customer BOL NO:							
Contact Email			79840	875						
Fax Number										
Consignee	ABC SUPPLY	# 476	Third Pa	rty Billing Inform	ation:		101 B			
Address	409 E Apple B	ossom Ave.	All charges	are prepaid to:						
	Bethel Hts, AR	72764	GlobalTra	nz						
Country	USA		PO Box 6.	348						
Contact Name	Receiving		Scottsdale	AZ 85261						
Phone Number	(479) 750-484	8		ing inquiries to : (86	6) 275-1407					
Contact Email			GTZ BOL	NO: 29090426						
Fax Number		a Alexandrian (Alexandrian)								
Delivery Remarks	s: Call consig	ps to secure load. nee prior delivery 479-75								
Pallets Pieces	IsHazmat	Description Skylights	Weight 4136	FreightClass 0	Length 93	Width 69	Height 36	NMFC	Stackable false	
www.carrierrate.co Shipper Certificati packaged, marked a	m. on : I hereby certi nd labeled and in	this document on behalf fy that the contents of this proper condition for carria	consignment	are fully and accurate	ly described le national go	above by pro	oper shipping	g name and a		
Shipper's Signatur					Date:		Trailer#		The sy	
response information	on : Carrier ackno n and required pla	owledges receipt of packa cards were made available	and/or carrie	rder, condition and quarter that the D.O.T. emer	antity unless of gency respon	se guidebook	ted hereon. C c or equivalen	arrier certifient in the vehic	cle.	
Subject to Section shall sign the follow	7 of conditions of ing statement: The	applicable bill of lading. I carrier shall not make deli	f this shipme very of this sh	nt is to be delivered to ipment without payme	the consigne nt of freight a	e without red nd all other la	course on the wful charges	consignor, t	he consignor	
Consignor's Sign	ature:						-			
Consignee Signat	ure:	1. 0			Print Nar	ne: G	1059e	Lun	e	
Company Name:		ABL Supp	ly C	0.	Date:		5-31-2,	4	_	
Permanent post-offi	ce address of the S	/ ·	1							
		as defined in Title 49 CFF	ł							
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