

**Bill to:**

CURA FREIGHT LLC  
309 S WILLOW AVE,  
Tampa,  
FL,  
33602

Invoice Date: 05/31/2024

Invoice #: 94719-2

Terms: NET 30

Due Date: 07/01/2024

| Date       | Customer Ref # | Origin - Destination   | Quantity | Rate       | Amount     |
|------------|----------------|--|----------|------------|------------|
| 05/30/2024 |                | 33549 Carver Rd, Franklin, VA 23851 - 1015 S College St, Salem, IL 62881 |          |            |            |
|            |                |  | 1        | \$2,000.00 | \$2,000.00 |

| TOTAL      |
|------------|
| \$2,000.00 |

**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**



LOAD #  
94719-2

**CONFIDENTIAL: CARRIER RATE CONFIRMATION**

**SHIPMENT INFORMATION**

|                          |   |               |            |
|--------------------------|---|---------------|------------|
| CURA LOAD # 94719        | CARRIER NAME: ZIGI FREIGHT INC DBA ROYAL3 INC |               |            |
| DATE ISSUED: 05/30/24    | CONTACT NAME: KIM                             |               |            |
| EQUIP TYPE: 53FT DRY VAN | CONTACT PHONE: (630)485-7370 103              |               |            |
| CONTAINER # CAAU2401634  | BKG/BOL# HLCUHAM2404AYGF0                     | WEIGHT: 43060 | PIECES: 20 |

**PICKUP**

|                                     |                       |
|-------------------------------------|-----------------------|
| NAME: PDL TRANSLOAD FACILITY        | PICKUP DATE: 05/30/24 |
| ADDRESS: 33549 CARVER RD            | PICKUP TIME: 12:11 -  |
| CITY: FRANKLIN STATE: VA ZIP: 23851 |                       |

**DELIVERY**

|                                  |                              |
|----------------------------------|------------------------------|
| NAME: RADIAC ABRASIVES INC       | DELIVERY DATE: 05/31/24      |
| ADDRESS: 1015 S COLLEGE ST       | DELIVERY TIME: 07:00 - 14:00 |
| CITY: SALEM STATE: IL ZIP: 62881 |                              |

**DESCRIPTION**

**RATE**

|                                |          |
|--------------------------------|----------|
| QUOTE /                        | 1,600.00 |
| MISC / BOL WITHIN 24 HRS       | 200.00   |
| MISC / COMMUNICATION ON DELAYS | 200.00   |

**TOTAL: \$2,000.00**

**RATE CONFIRMATION POLICY:** THIS DOCUMENT IS STRICTLY A RATE/LOAD CONFIRMATION. THIS IS NOT A DELIVERY DOCUMENT AND/OR POD, THUS IS PROHIBITED FROM BEING SHOWN, USED AND/OR REPRESENTED AS SUCH, TO ANY OTHER INVOLVED PARTY OTHER THAN CURA FREIGHT AND THE CARRIER HAULING THIS LOAD. IF YOU INCLUDE THIS DOCUMENT WITH THE RECEIVERS SIGNATURE AS A DELIVERY RECEIPT OR PROOF OF DELIVERY, CURA FREIGHT WILL NOT ACCEPT YOUR INVOICE AND IT IS YOUR SOLE RESPONSIBILITY TO OBTAIN A SIGNED COPY OF AN ACTUAL DELIVERY RECEIPT AND/OR POD IN ORDER FOR CURA FREIGHT TO PROCESS PAYMENT. THE TOTAL CARRIER PAY NOTED ON THIS DOCUMENT IS THE TENTATIVELY AGREED UPON RATE THAT CURA AGREES TO PAY DELIVERING CARRIER PER AGREED UPON PAYMENT TERMS AFTER COMPLETION OF SHIPMENT AND ONCE ALL NECESSARY PAPERWORK HAS PROPERLY BEEN RECEIVED BY CURA PER OUR BILLING INSTRUCTIONS (DESCRIBED BELOW). IF ANY ADDITIONAL CHARGES ARE INCURED DURING THE MOVEMENT OF THIS SHIPMENT, CARRIER MUST GET WRITTEN APPROVAL FROM THEIR CURA REP AS WELL AS A REVISED RATE CONFIRMATION SHOWING SUCH CHARGES. PAYMENT TERMS ARE 30 DAYS UNLESS PREVIOUSLY AGREED UPON.

**BILLING INSTRUCTIONS:** UPON COMPLETION OF SHIPMENT, CARRIER MUST SEND CURA FREIGHT AN INVOICE THAT REFERENCES THE CURA LOAD NUMBER ON THIS RATE CONFIRMATION. THE TOTAL PAY AMOUNT ON THIS DOCUMENT MUST MATCH THE TOTAL CARRIER INVOICE AMOUNT, AS WELL AS ALL SIGNED DELIVERY PAPERWORK ATTACHED ALONG WITH CARRIER INVOICE AND CURA RATE CONFIRMATION. ALL AFOREMENTIONED DOCUMENTATION MUST STRICTLY BE SENT TO [CURAINVOICES@SHIPCURA.COM](mailto:CURAINVOICES@SHIPCURA.COM) UNLESS ON THIS CONFIRMATION IT CLEARLY STATES THAT ORIGINAL PAPERWORK IS REQUIRED. IF THESE INSTRUCTIONS ARE NOT FOLLOWED, CURA FREIGHT WILL NOT CONSIDER THE INVOICE AS RECEIVED AND THUS WILL NOT CONSIDER THE INVOICE AGING UNTIL SUCH INSTRUCTIONS ARE FOLLOWED. WE DO NOT ACCEPT MANIFEST BILLS OR MULTIPLE INVOICES BILLED UNDER ONE INVOICE.

**\*\*THIS IS NOT A DELIVERY DOCUMENT AND/OR POD\*\* \*CURA WILL NOT ACCEPT WITH INVOICE IF USED AS SUCH\*\***

Contact(s)  
Courtney Russo

Phone  
(813)331-0705

Email  
crusso@shipcura.com


Carrier Signature: Asta Mijao Date: \_\_\_\_\_

# Bill of Lading

DELIVERY RECEIPT / DRIVER INFO SHEET

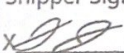
ORDER #

134512

|   |                               |   |                               |
|---|-------------------------------|---|-------------------------------|
| <b>SHIP FROM:</b><br>NIT CONTAINER OPERATIONS<br>NIT HAMPTON BLVD<br>NORFOLK, VA 23503  |                               | <b>SHIP TO:</b><br>RADIAC ABRASIVES INC<br>1015 S COLLEGE ST<br>SALEM, IL 62881   |                               |
| DATE: 05/29/24  | SHIPPING HOURS: 16:35 - 16:35 | DATE: 05/31/24  | SHIPPING HOURS: 07:00 - 14:00 |
| <b>"TIME IN / OUT:"</b><br><br>TIME IN:<br>TIME OUT:<br><br>RECEIVER SIGNATURE:<br><br>X _____<br>Signee acknowledges and confirms the above listed arrival and departure time of the driver. |                               | <br><br>877-348-0778<br>WWW.SHIPCURA.COM<br>Global Logistics Solutions Provider<br>Drayage<br>Warehousing<br>FTL Transportation |                               |

| CONTAINER # | # OF PALLETS / PACKAGES / CASES ETC. | COMMODITY      | Weight |
|-------------|--------------------------------------|----------------|--------|
| CAAU2401634 | 20                                   | ALUMINUM OXIDE | 43060  |

Notes: Liability limitations for loss of damage in this shipment may be applicable. See 49 USC§ 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. | Received in good standing by:  |
| Shipper Signature / Date<br> 5/30/24   | Carrier Signature / Pickup Date<br>X _____   |
| 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.  | 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. |

SEAL# 1978797

PLEASE EMAIL FORM TO CURAINVOICES@SHIPCURA.COM

Date 05/30/24


Page 1 of 1



# Bill of Lading

DELIVERY RECEIPT / DRIVER INFO SHEET

ORDER #  
134512

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| Shipper Signature / Date<br>X <u>JS 5/30/24</u>   | Carrier Signature / Pickup Date<br>X _____   |
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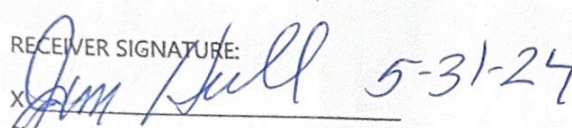

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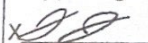
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Shipper Signature / Date

X  5/30/24

Carrier Signature / Pickup Date

X \_\_\_\_\_

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