



Bill to:
JAT OF FORT WAYNE
5031 Industrial Road,
Fort Wayne,
IN,
46801

Invoice Date: 06/03/2024
Invoice #: 10354326
Terms: NET 30
Due Date: 07/03/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/01/2024		18746 Mill St, Meadville, PA 16335, USA - 1200 Fulghum Rd, Wilmer, TX 75172, USA			
			1	\$2,200.00	\$2,200.00

TOTAL
\$2,200.00

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



JAT OF FORT WAYNE, INC.

5031 Industrial Rd
Fort Wayne, IN 46825
Phone: 260-609-9706
Fax: 260-440-8663

LOAD CONFIRMATION

LOAD #: 10354326

DATE SENT: 5/31/2024 11:10:02AM

DISPATCHER: Elliot C.
(260) 573-4549

CARRIER NAME: ROYAL 3 INC	CONTACT: BRAD
CITY/ST: CHICAGO IL 60638	DRIVER:
EMAIL: sterling@royal3inc.com	TRUCK:
PHONE: 630-566-1434	TRAILER:

PICK UP: Saturday 6/1/2024 11:00:00AM to 11:00:00AM

<u>LOCATION</u>	<u>FB#</u>	<u>INFO</u>	<u>DESCRIPTION / INSTRUCTIONS</u>	<u>PCS</u>	<u>PLTS</u>	<u>WGT</u>	<u>TEMP</u>
AINSWORTH PET NUTRITION 18746 MILL ST MEADVILLE, PA 16335	10354326		Bill of Lading: 175957360 Purchase Order: 30830581 Delivery #: 13947274 sterling - 630-566-0616	0	0	42,000.0	NONE

DELIVER: Monday 6/3/2024 1:00:00AM to 1:00:00AM

<u>LOCATION</u>	<u>FB#</u>	<u>INFO</u>	<u>DESCRIPTION / INSTRUCTIONS</u>	<u>PCS</u>	<u>PLTS</u>	<u>WGT</u>	<u>TEMP</u>
DSC DALLAS 1200 FULGHUM RD WILMER, TX 75172	10354326		Bill of Lading: 175957360 Purchase Order: 30830581 Delivery #: 13947274 sterling - 630-566-0616	0	0	42,000.0	NONE

**JAT OF FORT WAYNE, INC.**

5031 Industrial Rd
Fort Wayne, IN 46825
Phone: 260-609-9706
Fax: 260-440-8663

LOAD CONFIRMATION**LOAD #: 10354326****DATE SENT: 5/31/2024 11:10:15AM****DISPATCHER:** Elliot C.
(260) 573-4549**AGREED RATES**

Our Reference	Rate Type	Amount
10354326	BASE	\$2,200.00
TOTAL (USD)		\$2,200.00

A \$150 fee will be deducted from rate if you fail to identify as "JAT of Fort Wayne" as carrier on pick-up and / or delivery documentation.

SPECIAL BILLING NOTES

- * **Payment Terms:** Net 45 from receipt of invoice.
- * **Submit paperwork to invoices@jatoffortwayne.com or mail to the address above.**
- * Load number must be referenced on your invoice.
- * A legible copy of the original bills, proof of delivery, lumper receipts, etc. must be submitted with invoice.
- * Rate includes all add-ons and surcharges.
- * Freight claims will be deducted from agreed rates.
- * All extra fees and surcharges must be reported to broker within 24 hours. Failure to submit receipts may result in a fee of up to \$75.
- * Lumper receipts must be received within 48 hours of delivery for reimbursement.
- * See Terms & Conditions for additional requirements.

Please sign and remit via email or fax.

Sterling Medica

(SIGNATURE)

Sterling Medica

(PRINTED NAME)

05/31/2024

(DATE)

TERMS & CONDITIONS

Your signature above certifies your understanding and agreement to the following terms and conditions:

The term "broker" herein refers to JAT of Fort Wayne, Inc. and the term "carrier" refers to the organization labeled above as "Carrier Name".

1) This signed rate confirmation supersedes all previously signed versions and its contents. **2)** Broker will remit payment to carrier for freight charges shown above within 45 days of receipt of invoice and required documents (original signed proof of delivery, signed rate confirmation and arrival and departure times signed by shipper and consignee, lumper receipts). **3)** Carrier must verify count on shipment and contact broker with any discrepancies prior to departing shipper. **4)** Broker is not liable for any shortages, loss, or damage to cargo or any damage to carrier's equipment for any reason. **5)** Carrier shall look only to broker for payment of freight charges and broker shall be entitled to deduct any loss, damage, or late fees from carrier's invoice. **6)** No cargo liability limitations shall apply with respect to this shipment unless otherwise noted. **7)** Carrier must immediately report any delays in pickup, transit, or delivery to Broker. Outside of business hours please contact Ryan O'Dea at 260-740-2140. **8)** No additional charges will be accepted without prior approval by broker and revised rate confirmation. Failure to provide lumper receipt within 30 days of delivery may result in the costs deducted from payment or denial of lumper reimbursement. **9)** Carrier warrants that it is duly and legally qualified to provide transportation services and that it holds liability insurance of at least one million dollars (\$1,000,000) and cargo insurance of at least one hundred thousand dollars (\$100,000). Carrier agrees to notify broker of any material changes in its safety record. **10)** On-hand notices of any kind will not apply in this agreement. If at any time carrier refuses to deliver a load referencing an on-hand notice, the carrier assumes any and all liability for any additional operating costs, claims and or damages to freight. Carrier accepts full responsibility for all liability for the freight being transported. **11)** Performance of any work by carrier for broker shall constitute acceptance by carrier of these Terms and Conditions without modification. Broker does not authorize any FMCSA violations such as hours of service violations, etc. Should a load need rescheduled to maintain compliance, please contact broker. **12)** Mode of transport must be over-the-road. Any load that is late to arrival and traveled via rail, will not be paid. **13)** Fourkites tracking is required from start to finish. A \$250 fee will apply for loads not accepted and tracked. **14)** Carrier is required to provide ACH information for payment. Failure to provide ACH information will incur a \$10 fee for each check issued by broker. To request an ACH form please contact ach@jatfw.com. **15)** ACH information is removed from our system after 1-year of inactivity. **16)** Carrier must obtain revised rate confirmation from broker to receive reimbursement for lumper expenses. Failure to obtain a revised rate confirmation for accessorial charges will result in that charge not being reimbursed to carrier. **15)** A fee of up to \$150 will be deducted from agreed upon rate if carrier fails to identify as "JAT" or "JAT of Fort Wayne" on pick-up and/or delivery documentation.

Date: 6/1/2024 9:28 AM

BILL OF LADING

Page 1 of 1

SHIP FROM

Bill of Lading Number: 283027



Name: 819 - Meadville Warehouse

Address: Ainsworth Pet Nutrition, Inc
18804 HENDERSON AVECity/State/Zip: JIM Smucker Company
Meadville, PA 16335

(402) 283027

SID#:

FOB: ☐

SHIP TO

Name: C.J.I. - DALLAS

Address: 1200 FULGHUM ROAD

City/State/Zip: WILMER, TX 75172

CID#:

FOB: ☐Carrier Name: JATV
Trailer Number: HT367112
Seal Number(s): 1082323
Logistics Run Number: 175957360
Load Seq:SCAC: JATV
Pro Number: NO PRO

(9012K) JATVNO PRO

THIRD PARTY FREIGHT CHARGES BILLED TO

Name: THE J.M. SMUCKER COMPANY

Address:

City/State/Zip: COLUMBUS, OH 43218-2038

SPECIAL INSTRUCTIONS: Master BOL Number:175957360

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid: Collect: X 3rd Party:

☐ Master Bill of Lading: with attached
(Check Box) underlying Bills of Lading

INVOICED

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
30830581	2860	43472	Y / N	06/03/2024
GRAND TOTAL	2860	43472		

CARRIER INFORMATION

HANDLING UNIT	PACKAGE	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY
QTY	TYPE	QTY	TYPE	
44	PALLET	2860	CA	Pet Nutrition
44	CHEP			Pallet Type
				60
				60

Where rate is dependent upon 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 be 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).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise the rates, classifications and rules have been established by carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature: _____

SHIPPER SIGNATURE/DATE

Trailer Loaded: ☒ By Shipper☐ By DriverFreight Counted: ☒ By Shipper☐ 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, as noted on back of bill.

6/1/2024

6-01-24

Date: 6/1/2024 9:28 AM		BILL OF LADING		Page 1 of 1	
SHIP FROM			Bill of Lading Number: 283027		
Name: 819 - Meadville Warehouse Address: Ainsworth Pet Nutrition, Inc 18804 HENDERSON AVE JM Smucker Company City/State/Zip: Meadville, PA 16335 SID#: _____ FOB: <input type="checkbox"/>			 (402) 283027		
SHIP TO			Carrier Name: JATV		
Name: CJL - DALLAS Address: 1200 FULGHUM ROAD City/State/Zip: WILMER, TX 75172 CID#: _____			Trailer Number: HT367112 Seal Number(s): 1082323 Logistics Run Number: 175957360 Load Seq: _____		
THIRD PARTY FREIGHT CHARGES BILLED TO:			SCAC: JATV		
Name: THE J.M. SMUCKER COMPANY Address: _____ City/State/Zip: COLUMBUS, OH 43218-2038			Pro Number: NO PRO  (9012K) JATVNO PRO		
SPECIAL INSTRUCTIONS:			Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Master BOL Number: 175957360 INVOICED			Prepaid: Collect: X 3rd Party: _____ 		
CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
30830581		2860	43472	Y / N	06/03/2024
GRAND TOTAL		2860	43472		
CARRIER INFORMATION					
HANDLING UNIT		PACKAGE		H.M. (X)	COMMODITY DESCRIPTION
QTY	TYPE	QTY	TYPE		
44	PALLET	2860	CA		Pet Nutrition
44	CHEP				Pallet Type
				NMFC#	CLASS
					60
					60
Where rate is dependent upon 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 be not exceeding _____ per _____."				COD Amount: \$ _____	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).				FEE TERMS: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>	
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise the rates, classifications and rules have been established by carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.				Customer check acceptable: <input type="checkbox"/>	
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, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		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. Property described above is received in good order, except as noted.					

Check in: 1:AM start unload at 6:am
out at 7:04