

**Bill to:**

FREIGHT TEC MANAGEMENT GROUP  
P O BOX 1349 ,  
Bountiful,  
UT,  
84011

Invoice Date: 06/21/2024

Invoice #: 621974

Terms: NET 30

Due Date: 07/21/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/20/2024		1 Wild Duck Ln, Portsmouth, VA 23703, USA - 265 S Main St, Lisbon, NH 03585, USA			
			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**



# FREIGHT TEC

FREIGHT TEC  
WWW.EPAYMANAGER.COM  
PO BOX 1349  
BOUNTIFUL UT 84011-1349

PRO # 621974

Rate Confirmation

06/19/24 15:44:56 (EST)

F  
R  
O  
M  
JIM MAMULA  
(352) 399-2515  
(801) 298-1966 (f)  
jmm@freight-tec.com

C  
A  
R  
R  
I  
E  
R  
ROYAL3 INC  
(630) 485-7370 (p) Att: AL630-566-2080  
(630) 485-6980 (f)  
MC # 944686 Truck # 718=ROYAL3  
DOT 2828543 Trailer # W94944  
Driver ERICK A.S.JIMENEZ Cell # (551) 359-4122

Size & Type: 53' 53 VAN ONLY  
Pieces:

Description: PLYWOOD BUNDLES  
Weight: 42000

Miles: 753

CHARGES		DISPATCH NOTES
LINE HAUL RATE	2800.00	Driver can go early and MUST say 'HAVE 1PM APPT. & HOPING FOR EARLY WORKIN'' LOADING FOR DCI INC. TRACKING REQUIRED & MUST BE ACTIVE: LOADING THRU DELIVERY. POD AND INVOICE TO BE SENT WITHIN 48HRS OF DELIVERY. ANY LATES WITHOUT JIM'S AUTHORIZATION COULD RESULT IN DEDUCTION FROM RATE/INVOICE OF \$75/Hr. or \$400/DAY. For questions or help TEXT or Call Jim (352) 430-5849.
TOTAL RATE	2800.00	

TYPE	REFERENCE #	TYPE	REFERENCE #	TYPE	REFERENCE #
Pick 1	SEE LD INFO SHEET	Stop 1	PLYWOOD FROM UNIS		

## PICK 1

UNIS WAREHOUSE  
1 WILD DUCK LANE  
PORTSMOUTH VA 23703  
Hours : BY APPT  
Phone/Contact: (352) 430-5849 ED

Appointment 06/20/24 @ 13:00  
Appt Notes: LOAD INFO SHEET+PIC  
Ref # SEE LD INFO SHEET

## STOP 1

DCI FURNITURE INC.  
265 SOUTH MAIN ST.  
LISBON NH 03585  
Hours : BY APPT.  
Phone/Contact: (603) 838-6544 SHIPPING X 659

Appointment 06/21/24 @ asap  
Appt Notes: DELIVER 8AM~12PM  
Ref # PLYWOOD FROM UNIS

Carrier above agree to promptly pickup & move this load to destination for the sum shown herein which includes all charges for such services, including, but not limited to LOADING, TRANSPORTING, UNLOADING & DELIVERING the freight tendered herein in the same condition as received from the Shipper without shortage, damage or delay. The above rate INCLUDES fuel surcharges & lumper fees. Directions supplied by Broker or its Customer either orally and/or in written form are for informational purposes only. It is the Carriers sole responsibility to confirm that it may lawfully operate a loaded vehicle of any weight, commodity or dimensions over any particular road, highway, bridge, or or bridge or route. Carrier shall be solely responsible for any fines, penalties or citation occurring as a result of operating any vehicle over any road, highway, bridge or route in violation of any regulation, law or ordinance. Carrier shall defend indemnify & hold harmless Broker, its Shipper customer, the bill of lading parties from any claims, actions or damages arising out of the Carriers performance hereunder, including damages of any kind asserted against Broker for negligent hiring of Carrier, cargo loss and damage, theft, delay, damage to property & personal injury or death. Carrier will maintain no less than \$1,000,000 of liability insurance & cargo NUMBER ABOVE WITH A VERBAL

(Rate Confirmation Details on Next Page)

Carrier Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D

Doc ID: 26240619241591241  
Send Carrier Bills to the Address Above  
Sertifi Electronic Signature

PRO # 621974

must appear on all Invoices



# FREIGHT TEC

FREIGHT TEC  
WWW.EPAYMANAGER.COM  
PO BOX 1349  
BOUNTIFUL UT 84011-1349

PRO # 621974

Rate Confirmation

06/19/24 15:44:56 (EST)

F  
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JIM MAMULA  
(352) 399-2515  
(801) 298-1966 (f)  
jmm@freight-tec.com

C  
A  
R  
R  
I  
E  
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ROYAL3 INC  
(630) 485-7370 (p) Att: AL630-566-2080  
(630) 485-6980 (f)  
MC # 944686 Truck # 718=ROYAL3  
DOT 2828543 Trailer # W94944  
Driver ERICK A.S.JIMENEZ Cell # (551) 359-4122

**CONFIRMATION OF DELIVERY.** By accepting this load, Carrier acknowledges receipt of the Broker/Carrier Agreement, to which this Rate Confirmation applies, acknowledge that Carrier has read such Broker/Carrier Agreement & that Carrier agrees to & accepts each of the terms of the Broker/Carrier Agreement, without modification, which are hereby incorporated by reference as applicable to the above-described load, whether or not such Broker/Carrier Agreement, has been actually signed or not. Freight Tec as 'Broker' agrees to pay 'Carrier' within thirty (30) days after receipt of Carrier's paperwork into Epay Manager, which must include a signed copy of the complete/leigible shipper's BOL without any notation of damage, shortage or delay. By signing this Load/Rate Confirmation AGREEMENT, Carrier agrees to the terms & special SPECIFICATIONS ON PAGE 2 & subsequent pages, if any, hereof, Carrier Pickup & Delivery Schedule. Carrier or its agent certifies that any Transport Refrigeration Unit (TRU) equipment furnished for transport of perishable goods will be in compliance w/ the in-use requirements of California's TRU regulations. IF 'CARRIER' RE-BROKERS THIS LOAD TO ANOTHER CARRIER OR USES SUBSTITUTE SERVICES ON RAILROAD, 'BROKER' HAS THE RIGHT AT BROKER'S OPTION, TO CHARGE 'CARRIER' AS A PENALTY THE TOTAL AMOUNT DUE ON THIS RATE CONFIRMATION & NOT PAY CARRIER. PENALTY FOR LATE DELIVERY IS THE GREATER OF \$100 PER HOUR OR THE SHIPPERS ACTUAL LOSS FOR THE LATE DELIVERY. Driver must be able to communicate effectively in English. Carrier hereby grants permission to Broker to send periodic emails or faxes about our products & services. Carrier will abide by all Federal & State laws regarding safety & training for its drivers in the loading, transporting & unloading of the freight tendered to it by Shipper & will abide by all safety rules & regulations at the Shippers & Receivers facilities, including those at job sites. Unless you make a written objection to the terms of this Rate Confirmation within one hour after receip, you have agreed to these terms. Carrier agrees to all Terms & Conditions listed at [www.freight-tec.com](http://www.freight-tec.com). \*IF AGREED SERVICES ARE NOT FULLFILLED ,RATES ARE NEGOTIABLE.\* If the Carrier is to be paid by Weight it is based up on DELIVERED WEIGHT as supported by weight tickets on all produce loads. Quantities quotes as a per rate per 50# bag shall mean a 50# EQUIVALENT BAG. If Carrier has incorrect # of pallets required, Carrier settlement pay will be reduced by the difference. If Shipper BOL shows a different temperature, Carrier is to use that temperature & follow all Shipper Specifications.

**Billing Instructions:**

Freight Tec pays carriers with FREE DIRECT DEPOSIT via epay.  
FAILURE TO ACCEPT MACROPOINT TRACKING WILL RESULT IN \$100 FINE.  
IMPORTANT: WE WILL NOT ACCEPT PAPERWORK FOR PAYMENT PROCESSING 60 DAYS AFTER THE DELIVERY DATE.

Please be aware that even if you submit within 60 days, a \$50/day late paperwork fee may greatly reduce or even zero out your rate.

Carrier Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D

## **Billing Instructions:**

### **FREIGHT Tec pays carriers with FREE DIRECT DEPOSIT via Epay.**

#### **FOR CARRIERS WHO USE A FACTORING COMPANY:**

You do NOT need to set up an Epay account.

Your factoring company will complete the billing process for you through Epay.

Please send your paperwork to your factoring company within 3 days.

#### **FOR CARRIERS WHO DO NOT USE A FACTORING COMPANY:**

1. Once your load is released in Freight Tec's system by the agent you are working with, your company will receive an email from [application@epaymanager.com](mailto:application@epaymanager.com)

2. Click the green "Login to Epay" button in the email. (You can also access your account directly by going to [www.epaymanager.com](http://www.epaymanager.com) and clicking on LOGIN.)

Call 800-240-1824 if you need assistance logging into your account.

3. Click on "Receivables" then "Pending" on the left-side menu. Click on the green "I" box with the Freight Tec pro# (ref#) to the right.

4. Click on "Upload Documents" and upload your paperwork.

5. Click on the blue "View Invoice" link to return to the invoice page.

6. If you want quick pay, click on "Change Payment Terms" and select the quick pay option you want. **PLEASE NOTE:** Per company policy, new carriers must wait 45 days before they are eligible for quick pay.

7. Click on "Accept Invoice."

8. You will have 36 hours to complete this process. If you do not complete this process in 36 hours, you may be charged a \$50 per day late paperwork fee. (We don't want your money; we need the BOL fast so we can bill our customer.)

IMPORTANT: WE WILL NOT ACCEPT PAPERWORK FOR PAYMENT PROCESSING 60 DAYS AFTER THE DELIVERY DATE.

Please be aware that even if you submit within 60 days, a \$50/day late paperwork fee may greatly reduce or even zero out your rate. Please follow the instructions below to avoid these fees.

Freight Tec's goal is to get us both paid as quickly as possible.  
Thank you for your cooperation.

Thank you!

E-Signed : 06/19/2024 02:47 PM CDT  
*Al Milanovic*  
al@royal3inc.com  
IP: 146.70.202.116  
Sertifi Electronic Signature  
DocID: 20240619144457124

NON NEGOTIABLE BILL OF LADING

SHIP FROM

FOR: ☐

Bill of Lading Number: DN-157  
Reference No.: Receipt ID RN-183  
Load No: RN-182\_2//RN-183 //DN-157//DN-160  
Po No:

FOB: ☐

CARRIER NAME: CUSTOMER PICK UP  
Trailer Number: W94944

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:  
Address:  
City/State/Zip:

**SPECIAL INSTRUCTIONS:**  
Master Bill of Lading Number: 2024062010001

SCAC: CPU  
Pro number: 154



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

Prepaid ☒ Collect ☐ 3rd Party ☐

<input type="checkbox"/>	Master Bill of Lading;with attached underlying Bills of lading
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DN-157 REFERENCE Receipt ID RN-183

### CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER					
CUSTOMER ORDER NUMBER	#PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
	7	7.0	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N	Receipt ID RN-183
GRAND TOTAL	7	7.0			

### CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	CUFT	H.M. (X)	COMMODITY DESCRIPTION Commodities requiring special or additional care or attention in handling or storing must be so marked and packaged as to ensure safe transportation with ordinary care See Section 2(c) of NMFC item 360	LTL ONLY	
QTY	TYPE	QTY	TYPE					NMFC#	CLASS
7.0	Pkts	7	CTNS	7.0	373.3099999999995		BUNDLE		
7.0	Pkts	7	CTNS	7.0	LBS		GRAND TOTAL		

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).

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 DriverFreight Counted:☐ By Shipper

**[ ]**

☐ By Driver/pallets☐ By Driver/Pieces☒ Shipper Load and Securement☒ Snippet Load and Count

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

*Property described above is received in good order, except as noted.*

Property described above is received in good order, except as noted.

06/20/24 12:39

Signature/Print Name \_\_\_\_\_

Date \_\_\_\_\_

Signature/Print Name \_\_\_\_\_

Date \_\_\_\_\_

Gate In.

Window In: 06/20/24 12:01

Dock In: 06/20/24 12:03

Dock Close: 06/20/24 12:38



Date:06/20/24 12:43

## NON NEGOTIABLE BILL OF LADING

PAGE:1/1

Appointment Date: 06/20/24 13:00

## SHIP FROM

Name: JOHN S. CONNOR, INC.  
Address: 1 Wild Duck Lane  
City/State/Zip: Portsmouth, VA, 23703  
Phone:  
SID#: RN-182\_2//RN-183 //DN-157//DN-160

FOB: ☐

Bill of Lading Number: 2024062010001

Reference No.:

Load No: RN-182\_2//RN-183 //DN-157//DN-160

Po No.:

## SHIP TO

Name: DCI Location#: Stop: DCI  
Address: 265 South Main St.  
City/State/Zip: Lisbon, NH, 03585  
CID#:

FOB: ☐

CARRIER NAME: CUSTOMER PICK UP

Trailer Number: W94944

Tractor Number: P1070315

Seal No.: 59301740

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name:  
Address:  
City/State/Zip:

SCAC: CPU

Pro number: 154



## SPECIAL INSTRUCTIONS:

DN-157 REFERENCE Receipt ID RN-183

DN-160 REFERENCE Receipt ID RN-182\_2

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

Prepaid ☒ Collect ☐ 3rd Party ☐☒  
(check box)Master Bill of Lading: with attached  
underlying Bills of lading

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	#PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
	5	5.0	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Receipt ID RN-182_2
	7	7.0	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Receipt ID RN-183
GRAND TOTAL	12	12.0		

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	CUFT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(c) of NMFC item 340</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE					NMFC#	CLASS
12.0	Plts	12	CTNS	12.0	639.96		BUNDLE		
12.0	Plts	12	CTNS	12.0	LBS				
GRAND TOTAL									

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).

## 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.

Driver:  
☐ Load Bar 0.0  
☐ Strap 0.0  
☐ Airbag 0.0

Signature/Print Name

Date

## Trailer Loaded:

☒ By Shipper  
☐ By Driver

## Freight Counted:

☐ By Shipper  
☐ By Driver/pallets  
☐ By Driver/Pieces  
☒ Shipper Load and Count

## 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.

Unis:  
☐ Load Bar 0.0  
☐ Strap 0.0  
☐ Airbag 0.0

Signature/Print Name

Date

Gate In:

Window In: 06/20/24 12:01

Dock In: 06/20/24 12:03


Dock Close: 06/20/24 12:38



06/20/24 12:43

## NON NEGOTIABLE BILL OF LADING

**Appointment Date:** 06/20/24 13:00

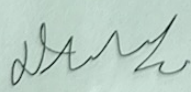
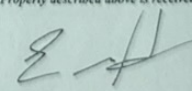
<b>SHIP FROM</b>		<b>SHIP TO</b>	
<b>Name:</b> JOHN S. CONNOR, INC. <b>Address:</b> 1 Wild Duck Lane <b>City/State/Zip:</b> Portsmouth, VA, 23703 <b>Phone:</b> <b>SID#:</b> RN-182_2//RN-183 //DN-157//DN-160		<b>Bill of Lading Number:</b> DN-160 <b>Reference No.:</b> Receipt ID RN-182_2 <b>Load No:</b> RN-182_2//RN-183 //DN-157//DN-160 <b>Po No.:</b>	
<b>Name:</b> DCI Location#: <b>Address:</b> 265 South Main St. <b>City/State/Zip:</b> Lisbon, NH, 03585 <b>CID#:</b>		<b>CARRIER NAME:</b> CUSTOMER PICK UP <b>Trailer Number:</b> W94944	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>SCAC:</b> CPU <b>Pro number:</b> 154	
<b>Name:</b> <b>Address:</b> <b>City/State/Zip:</b> <b>SPECIAL INSTRUCTIONS:</b> Master Bill of Lading Number: 2024062010001		 <b>Freight Charge Terms:</b> (freight charges are prepaid unless marked otherwise) <b>Prepaid</b> <input checked="" type="checkbox"/> <b>Collect</b> <input type="checkbox"/> <b>3rd Party</b> <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading; with attached underlying Bills of lading (check box)	
DN-160 REFERENCE Receipt ID RN-182_2			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	#PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
	5	5.0	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Receipt ID RN-182_2
<b>GRAND TOTAL</b>	5	5.0		

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	CUFT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(c) of NMFC item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE					NMFC#	CLASS
5.0	Plts	5	CTNS	5.0	266.65		BUNDLE		
5.0	Plts	5	CTNS	5.0	LBS		<b>GRAND TOTAL</b>		

<b>COD Amount:</b> \$	
<b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>	
<b>Customer check acceptable:</b> <input checked="" type="checkbox"/>	

**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. §14706(c)(1)(A) and (B).**

<b>SHIPPER SIGNATURE/DATE</b> 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.   <div style="text-align: right;">06/20/24 12:38</div>	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets <input type="checkbox"/> By Driver/Pieces <input checked="" type="checkbox"/> Shipper Load and Count	<b>CARRIER SIGNATURE/PICKUP DATE</b> <small>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.</small> Property described above is received in good order, except as noted.   <div style="text-align: right;">06/20/24 12:39</div>
Signature/Print Name _____ Date _____			Signature/Print Name _____ Date _____ Gate In: _____ Window In: 06/20/24 12:01 Dock In: 06/20/24 12:03 Dock Close: 06/20/24 12:38



Date: 06/20/24 12:43

## NON NEGOTIABLE BILL OF LADING

PAGE: 1/1

Appointment Date: 06/20/24 13:00

## SHIP FROM

Name: JOHN S. CONNOR, INC.  
Address: 1 Wild Duck Lane  
City/State/Zip: Portsmouth, VA, 23703  
Phone:  
SID#: RN-182\_2//RN-183//DN-157//DN-160

FOB: ☐

Bill of Lading Number: 2024062010001  
Reference No.:  
Load No: RN-182\_2//RN-183//DN-157//DN-160  
Po No.:

## SHIP TO

Name: DCI Location#: Stop: DCI  
Address: 265 South Main St.  
City/State/Zip: Lisbon, NH, 03585  
CID#:

FOB: ☐

CARRIER NAME: CUSTOMER PICK UP  
Trailer Number: W94944  
Tractor Number: P1070315  
Seal No.: 59301740

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name:  
Address:  
City/State/Zip:

SCAC: CPU  
Pro number: 154



SPECIAL INSTRUCTIONS:  
DN-157 REFERENCE Receipt ID RN-183  
DN-160 REFERENCE Receipt ID RN-182\_2

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)  
Prepaid ☒ Collect ☐ 3rd Party ☐

☒  
(check box)

Master Bill of Lading with attached  
underlying Bills of lading

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	#PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
	5	5.0	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Receipt ID RN-182_2
	7	7.0	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Receipt ID RN-183
GRAND TOTAL	12	12.0		

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	CUFT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodity requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(c) of NMFC item 340</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE					NMFC#	CLASS
12.0	Pits	12	CTNS	12.0	639.96		BUNDLE		
12.0	Pits	12	CTNS	12.0	LBS				
				GRAND TOTAL					

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).

## 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.

Driver:

☐ Load Bar 0.0☐ Strap 0.0☐ Airbag 0.0

06/20/24 12:38

Signature/Print Name

Date

## Trailer Loaded:

☒ By Shipper☐ By Driver

## Freight Counted:

☐ By Shipper☐ By Driver/pallets☐ By Driver/Pieces☒ Shipper Load and Count

## 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.

Units:

☐ Load Bar 0.0☐ Strap 0.0☐ Airbag 0.0

06/20/24 12:39

Signature/Print Name

Date

Gate In:

Window In: 06/20/24 12:01

Dock In: 06/20/24 12:03

Dock Close: 06/20/24 12:38

Braydan Gonzalez 6/24/24