

**Bill to:**

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

Invoice Date: 06/26/2024

Invoice #: 10357709

Terms: NET 30

Due Date: 07/26/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/24/2024		1311 Four Bottle Dr, Valley City, ND 58072, USA - 1003 Lakeside Dr, Gurnee, IL 60031, USA			
			1	\$1,300.00	\$1,300.00

TOTAL
\$1,300.00

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: 260-399-9867
Fax: 260-440-8663

LOAD CONFIRMATION

LOAD #: 10357709

DATE SENT: 6/20/2024 1:43:06PM

DISPATCHER: Jake T.

CELL: (260) 450-9667 / DIRECT: (260) 573-4535

CARRIER NAME: ROYAL 3 INC	CONTACT: BRAD
CITY/ST: CHICAGO IL 60638	DRIVER:
EMAIL: KELLY@ROYAL3INC.COM	TRUCK:
PHONE: 630-566-1434	TRAILER:

PICK UP: Monday 6/24/2024 7:00:00AM to 4:00:00PM APPT MADE

<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>
DPG	10357709		Bill of Lading: 140111512	0	0	42,000.0	NONE
4			Pick up #: 403202				
1311 BOTTLE DR			Purchase Order: 011401115120117				
VALLEY CITY, ND 58072			Purchase Order: 2000099169				
			Purchase Order: 403203				
			Purchase Order: 4500452081				
			Purchase Order: 5016814211SO				
			Purchase Order: 6259097176				

DELIVER: Tuesday 6/25/2024 3:00:00PM to 3:00:00PM APPT MADE

<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>
IBA STERIGENTICS	10357709		Bill of Lading: 140111512	0	0	42,000.0	NONE
1003 LAKESIDE DR			Pick up #: 403202				
GURNEE, IL 60031			Purchase Order: 011401115120117				
			Purchase Order: 2000099169				
			Purchase Order: 403203				
			Purchase Order: 4500452081				
			Purchase Order: 5016814211SO				
			Purchase Order: 6259097176				

**JAT OF FORT WAYNE, INC.**

5031 Industrial Rd
Fort Wayne, IN 46825
Phone: 260-399-9867
Fax: 260-440-8663

LOAD CONFIRMATION**LOAD #: 10357709****DATE SENT: 6/20/2024 1:43:11PM****DISPATCHER:** Jake T.**CELL: (260) 450-9667 / DIRECT: (260) 573-4535****AGREED RATES**

Our Reference	Rate Type	Amount
10357709	BASE	\$1,300.00
TOTAL (USD)		\$1,300.00

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](mailto: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.

Kelly Ivanovic
(SIGNATURE)

(PRINTED NAME)

(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 48 hours 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.

STRAIGHT --- BILL OF LADING--SHORT FORM--ORIGINAL --- NOT NEGOTIABLE

Date: 06/24/2024 07:56 AM CDT

Warehouse: Valley City

Page 1 of 1

RECEIVED, subject to the classifications and tariffs in effect on the date of issue of this Original Bill of Lading. Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assign. The fiber boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41, of the Consolidated Freight Classification. Pallets used by Drug Plastics & Glass Co. are made of non-coniferous material. If there is visible damage or a discrepancy at time of delivery, please contact Drug Plastics & Glass Customer Service Department at (610) 367 - 5000.

Consigned To:
STERIGENICS, C/O ZOETIS INC.
1003 LAKESIDE DRIVE
GURNEE IL 60031
UNITED STATES

Bill Of Lading #: 351644
Carrier: HUB GROUP 5016814211
Trailer: H03245
Tracking #:
Freight Terms: Collect
Seal Number: 10674155

Shippers # Cust PO #
403202 4500452081
403203 4500452081

# of Pkgs	# of S/W Units	Kind of Package Description	Weight	Class
699 Cartons	28	Plastic Articles (NMFC 156600)	14,275	100

** Do Not Break Stretchwrap and/or Remove Cartons From Unit **

Bill Freight Charges To:

Shipping 699 cases on 28 pallets

BOL Comments: RECEIVING HOURS: 6AM - 4PM EST
MONDAY THROUGH FRIDAY
DELIVERY APPOINTMENT AT STERIGENICS:
06/25 @ 3PM
PLEASE INCLUDE IN DISPATCH EMAIL

+ This is to verify that the above articles are properly described by name and are packed and marked and are in proper condition for transportation according to regulations by the Department of Transportation.
* If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight".

+ Shipper's imprint in lieu of stamp; not a part of Bill of Lading approved by the Department of Transportation.
NOTE--- Where the rate is dependent on value, shippers are required to state specifically in writing the agreed to or declared value of property. The agreed to or declared value of property is hereby specifically stated by the shipper to be not exceeding _____ per _____.

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 consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Per *Daryl Allen*
(Signature of Consignor)

Shipper: Drug Plastics & Glass Co, Inc.
1311 FOUR BOTTLE DRIVE
VALLEY CITY INDUSTRIAL PARK
VALLEY CITY ND 58072-4706
UNITED STATES

Carrier:

Per:

Driver Signature: *X [Signature]*Date: *XX/XX/XX*

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Per _____

(Signature of Consignor)

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1311 FOUR BOTTLE DRIVE
VALLEY CITY INDUSTRIAL PARK
VALLEY CITY ND 58072-4706
UNITED STATES

Carrier:

Per: _____

Driver Signature: _____

Date: _____

LOAD SUBJECT TO INSPECTION
7.4-1-1
25 JUNE 24