



Bill to:
GLOBALTRANZ ENTERPRISES
7350 N DOBSON RD STE 130,
Scottsdale,
AZ,
85250

Invoice Date: 06/26/2024
Invoice #: 29247563
Terms: NET 30
Due Date: 07/26/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/25/2024		2985 Line St Bldg #32, Austell, GA 30106 - 3169 Godwin Blvd, Suffolk, VA 23434			
			1	\$1,450.00	\$1,450.00

TOTAL
\$1,450.00

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



CARRIER RATE
CONFIRMATION

Load Number: 29247563



GENERAL CONTACT

GTZ CONTACT: (407) 501-5380 s.cook@globaltranz.com

GTZ FAX:

CARRIER PAYMENTS:

INVOICE/POD/RATE CON submit to: TLINVOICES@globaltranz.com

NOA and PAYMENT INQUIRIES: APTLREQUESTS@globaltranz.com

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

SERVICE: SERVICE TYPE: Full TRAILER TYPE: Van SIZE: 53	ACCESSORIAL(S):	COMMODITY: DESCRIPTION: WEIGHT: 18000 lbs PALLETS:0 PIECES:0
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CARRIER INFORMATION: CARRIER NAME: ROYAL3 INC LEGAL NAME:ZIGI FREIGHT INC MC#:944686 [AV595]	DISPATCHER: Bill Carson x 126 PHONE: (630) 485-7370 FAX: (630) 485-6980 EMAIL: Bill@royal3inc.com	DRIVER: (Required)_____ DRIVER PHONE: (Required)_____ TRAILER NUMBER:
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IMPORTANT LOAD NOTES:
No pickup # Needed---- Pickup POC is Misael Cruz 404-840-7029

ORIGIN: FACILITY: THE CRUZ BROTHERS STREET: 2985 Line St Bldg #32 CITY/STATE/ZIP: Austell, GA 30106 FAX:	PICKUP DATE: 06-25-2024 REF #: HOURS: 13:00 - 14:30 CONTACT: Misael Cruz PHONE:	PICKUP #: APPOINTMENT REQUIRED: No APPOINTMENT MADE: No
PICKUP NOTES:		

DESTINATION: FACILITY: La Parrilla STREET: 3169 Godwin Blvd CITY/STATE/ZIP: Suffolk, VA 23434 FAX:	DELIVERY DATE: 06-26-2024 HOURS: 08:00 - 10:00 CONTACT: Receiver PHONE:	REF #: DELIVERY#: APPOINTMENT REQUIRED: No APPOINTMENT MADE: No
DELIVERY NOTES:		



RATE INFORMATION:
BASE RATE:\$1,450.00
TOTAL RATE: \$1,450.00

GTZ SIGNATURE : Seth Cook (407) 501-5380

CARRIER SIGNATURE : *Bill Carson*

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 shall govern 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 does not accurately reflect the load terms, carrier must obtain a revised 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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CONFIRMATION**

Load Number: 29247563



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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:

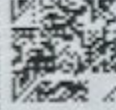
- Email Invoice, Rate Confirmation, Proof of Delivery & Receipts to TLinvoices@globaltranz.com
- 3% / 3-Day Quick Pay available upon request
- For Payments question contact aptrrequests@globaltranz.com or by calling 866-275-1407 ext. 72597

GLOBALTRANZ

GTZ BOL NO : 29247563

Shipper
Address
THE CRUZ BROTHERS
2985 Line St Bldg #12
Austell, GA 30106
USA
Contact Name
Phone Number
Fax Number
Missel Cruz
(404) 840-7029
misselcruz2@yahoo.com

Carrier (ROYAL) INC
Shipment Date: 06/25/24
Carrier Proof
Ref #
Carrier Quote #1
PVO #
Container BOL NO:
Seal # 049559



Consignee
Address
La Puella
3169 Goshwin Blvd
Suffolk, VA 23434
USA
Contact Name
Phone Number
Contact Email
Fax Number
Receiver
(555) 555-5555

Third Party Billing Information:

All charges are prepaid to:
GlobalTranz
PO Box 6348
Scottsdale, AZ 85261
Direct billing inquiries to: (866) 275-1407
GTZ BOL NO : 29247563

Comments/Special
Instructions:
Pickup Remarks:
Delivery Remarks:

Pallets	Pieces	In Hazmat	Description	Weight	Freight Class	Length	Width	Height	NMFC	Stackable
0	0		Restaurant Booths	18000	0	0	0	0		false

The authorized signatories signing this document on behalf of its company consents and bind its company to the terms and conditions found on

www.carrierrate.com.

Shipper Certification: I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled and in proper condition for carriage by land air according to applicable national governmental regulations.

Shipper's Signature:

Missel Cruz

Date: 06/25/24

Driver's Signature:

Date: X

Trailer#:

Drivers Certification: Carrier acknowledges receipt of packages in good order, condition and quantity unless otherwise stated hereon. Carrier certifies emergency 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 consignee, the consignee shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Consignee's Signature:

Consignee Signature:

Company Name:

Permanent post-office address of the Shipper:

* Mark with "X" to designate material in default in Title 49 CFR.

Print Name:

Date:

Arnoldo Cruz
6-25-24



754-243-2806

GLOBALTRANZ

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

GTZ BOL NO : 29247563

Shipper THE CRUZ BROTHERS
Address 2985 Line St Bldg #32
Austell, GA 30106
Country USA
Contact Name Misael Cruz
Phone Number (404) 840-7029
Contact Email misaelcruz23@yahoo.com
Fax Number

Carrier : ROYAL3 INC
Shipment Date: 06/25/24
Carrier Pro# :
Ref # :
Carrier Quote # :
P/O # :
Customer BOL NO:



Seal # 049559

Consignee La Parrilla
Address 3169 Godwin Blvd
Suffolk, VA 23434
Country USA
Contact Name Receiver
Phone Number (555) 555-5555
Contact Email
Fax Number

Third Party Billing Information:

All charges are prepaid to:
GlobalTranz
PO Box 6348
Scottsdale AZ 85261
Direct billing inquiries to : (866) 275-1407
GTZ BOL NO : 29247563

Comments/Special
Instructions:
Pickup Remarks :
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Pallets	Pieces	IsHazard	Description	Weight	FreightClass	Length	Width	Height	NMFC	Stackable
0	0		Restaurant Booths	18000	0	0	0	0		false

The authorized signatories signing this document on behalf of its company consents and bind its company to the terms and conditions found on www.carrierrate.com.

Shipper Certification : I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled and in proper condition for carriage by land/air according to applicable national governmental regulations.

Shipper's Signature: Misael CruzDate: 06/25/24 Trailer#: _____Driver's Signature: XDate: X Trailer#: _____

Drivers Certification : Carrier acknowledges receipt of packages in good order, condition and quantity unless otherwise stated hereon. Carrier certifies emergency 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 consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Consignor's Signature: _____

Consignee Signature: Juan RuedaPrint Name: Arnoldo CruzCompany Name: 6-26-24Date: 6-25-24

Permanent post-office address of the Shipper:

* Mark with "X" to designate material as defined in Title 49 CFR

954-243-2806



CHECK-IN TIME 8:00 AM

DEPARTURE TIME 12:30 PM