

**Bill to:**

tazmanian freight systems inc

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,
,

Invoice Date: 06/28/2024

Invoice #: 2687170

Terms: NET 30

Due Date: 07/28/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/26/2024		2124 Barrett Park Dr, Kennesaw, GA 30144, USA - 5710 S 144TH ST, OMAHA NE 68137			
			1	\$2,500.00	\$2,500.00

TOTAL
\$2,500.00

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/Rate Confirmation Sheet

Date: 6/26/2024

Ref/Taz #: 2687170

To: ZIGI FREIGHT INC DBA ROYAL
3 INC

From: BWI OFFICE

Attn: KELLY IVANOVIC

POC: JJ JENKINS

Phone: 6304857370

Phone: (888) 966-8007

Fax: 6304856980

Fax: (410) 319-2491

Equipment Type: _____

Truck Number: _____

Driver Cell # _____

Rate: \$ 2,500.00

Pieces: 26

Weight: 40000

Pick-Up Info:		Delivery Info:	
P/U Date:	6/26/2024	Delivery Date:	6/27/2024
Ready Time:	07:00	Close:	15:00
Company Name: KNAPP INC.		Delivery Time: NLT 8:00 AM-4:00pm	
		Company Name: HY-VEE ECOMMERCE FULFILLMENT CENTER	
Street Address:	2124 BARRETT PARK DRIVE N.W. SUITE 100	Street Address:	5710 S 144TH ST
City, St. Zip:	KENNESAW GA 30144	City, St. Zip:	OMAHA NE 68137
Attention:		Attention:	
Contact:	6783882880	Contact:	6417747207
Ref:	DRY VAN #2	Ref:	

Special Instructions:

53' DRY VAN; EXCLUSIVE USE;***TRACKING IS A MUST EITHER YOUR GPS TRACKING LINK OR FOURKITES TRACKING AND MUST DELIVER AS SCHEDULED OR POSSIBLE FINES***
PLEASE SEND INVOICES TO ACCOUNTSPAYABLE@TAZMANIAN.COM

PLEASE CHECK INFO FOR ANY SPECIAL REQUIREMENTS. SIGN, RATE & FAX BACK ASAP. PLEASE CALL JJ JENKINS @ (888) 966-8007 IF ANY PROBLEMS OR DELAYS OCCUR!!

Authorized Signature: _____

Kelly Ivanovic

CARRIER WILL NOT SUBCONTRACT, TRIP-LEASE OR DOUBLE BROKER THIS LOAD.

Any breakdowns impacting this load must be communicated. Tazmanian must be notified 30 minutes prior to the start of detention for loading or unloading. Failure to obtain written authorization when extra charges occurs will result in non-payment of said charges. Driver must call Tazmanian dispatch # (888) 966-8007 to update when loaded and unloaded.

Rate is for exclusive use unless otherwise approved. Late delivery without prior notice to Tazmanian may result in deductions.

Shipper: Please keep the original and make a copy for the driver

Date: 6/26 Taz Waybill # 2687170
Driver Time In: 12⁰⁰ Driver Time Out: 1831
Consignee Name : Hy - VEE ECOMMERCE
Delivery City/State: OMAHA, NE
Driver Name: Isabel Cuellar Sanchez
Driver Contact (Cell) Number: 505 550 89 74
Seal Number: ~~8775753~~ 0715148
Trailer License Plate # V769078
Trailer # 289478

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The shipment you are moving on this truck is a critical shipment for a Customer of Tazmanian Freight Systems, Inc., the delivery date and time is extremely critical. If there are any delays in transit it is **EXTREMELY** important that you contact us **IMMEDIATELY** at the contact listed below:

Toll Free – 888-571-7984

Email – ATLOPS@Tazmanian.com

Text – 404-732-5477

VERY IMPORTANT : Should you receive communication that instructs you to change the delivery address, **PLEASE IMMEDIATELY** contact us at the numbers on this document **ONLY** to confirm. Please do not trust a person on the phone, or text from someone asking you to deliver to a different location. Only Tazmanian can authorize a delivery change via the contact info on this page.

TO EXPEDITE MOVEMENT, AIR FREIGHT SHIPMENT MAY BE DIVERTED TO
MOTOR CARRIER UNLESS SHIPPER GIVES OTHER INSTRUCTIONS HEREON.



Corporate Office
Cleveland Hopkins Int'l Airport
AMF * P.O. Box 811090
Cleveland, OH 44181-1090
Web Site: www.tazmanian.com



Date 2024-06-26	Origin Code ATL - E	Dest.Code OMA - B	Waybill No. 2687170
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For shipment inquiries:
Toll Free: (888) 571-7984
Phone: (678) 814-0100
Fax: (678) 814-0105



SHIPPER'S INFORMATION	Name KNAPP INC.			BILL TO: <input type="checkbox"/> SHIPPER <input type="checkbox"/> CONSIGNEE <input checked="" type="checkbox"/> THIRD PARTY BILL TO SHIPPER IF NOT MARKED			The declared value for carriage of this shipment is agreed and understood to be \$50.00 or \$0.50 per pound, per piece, whichever is greater, unless a higher value is declared below and applicable charges paid thereon. DECLARED VALUE FOR CARRIAGE (enter amount) \$ 375,000					
	Address 2124 BARRETT PARK DRIVE N.W., SUITE 100											
	City KENNESAW	State GA	Zip (Required) 30144	PICK UP TYPE REQUEST Tax selects if not marked <input checked="" type="checkbox"/> Regular <input checked="" type="checkbox"/> *Bus_Hrs Special <input checked="" type="checkbox"/> *Aft_Hrs Special <input checked="" type="checkbox"/> *Saturday <input checked="" type="checkbox"/> *Sunday <input checked="" type="checkbox"/> *Holiday <input checked="" type="checkbox"/> Shipper Drop-Off <input checked="" type="checkbox"/> *Inside <input checked="" type="checkbox"/> *2 Man <input checked="" type="checkbox"/> *Limited Access <input checked="" type="checkbox"/> Other			SERVICE TYPE REQUEST Deliv'd 2nd day if not marked <input checked="" type="checkbox"/> Charter <input checked="" type="checkbox"/> Next Flight <input checked="" type="checkbox"/> Next Day <input checked="" type="checkbox"/> 2nd Day <input checked="" type="checkbox"/> 3rd Day <input checked="" type="checkbox"/> 4 - 5 Day <input checked="" type="checkbox"/> Expedited Truck (Hot Shot) <input checked="" type="checkbox"/> International <input checked="" type="checkbox"/> Truck Load <input checked="" type="checkbox"/> LTL (TGS) <input checked="" type="checkbox"/> Local Cartage <input checked="" type="checkbox"/> Warehousing <input checked="" type="checkbox"/> Other			DELIVERY TYPE REQUEST Delivered Before 5PM if not marked <input checked="" type="checkbox"/> Regular <input checked="" type="checkbox"/> *AM <input checked="" type="checkbox"/> *Bus_Hrs Special <input checked="" type="checkbox"/> *Aft_Hrs Special <input checked="" type="checkbox"/> *Saturday <input checked="" type="checkbox"/> *Sunday <input checked="" type="checkbox"/> *Holiday <input checked="" type="checkbox"/> Hold for Pickup <input checked="" type="checkbox"/> *Inside <input checked="" type="checkbox"/> *Liftgate <input checked="" type="checkbox"/> *2 Man <input checked="" type="checkbox"/> *Limited Access <input checked="" type="checkbox"/> Other		
	Sent by (Name/Dept)											
	Phone (Very Important) 6783882880			SHIPPER'S SIGNATURE (SUBJECT TO TERMS AND CONDITIONS FOUND @ http://www.tazmanian.com/terms) X <u>SHIPPER'S SIGNATURE REQUIRED HERE</u>			F.C.C.O.D. C.O.D.					
	Taz Acct No. 1007509	Ref No. (First 30 characters will appear on invoice) DRY VAN #2										
	Name HY-VEE ECOMMERCE FULFILLMENT CENTER			SHIPPER'S SIGNATURE (SUBJECT TO TERMS AND CONDITIONS FOUND @ http://www.tazmanian.com/terms) X <u>SHIPPER'S SIGNATURE REQUIRED HERE</u>			F.C.C.O.D. C.O.D.					
	Address 5710 S 144TH ST											
	City OMAHA	State NE	Zip (Required) 68137	SHIPPER'S SIGNATURE (SUBJECT TO TERMS AND CONDITIONS FOUND @ http://www.tazmanian.com/terms) X <u>SHIPPER'S SIGNATURE REQUIRED HERE</u>			F.C.C.O.D. C.O.D.					
	Attn (Name/Dept)											
Phone (Very Important) 6417747207			SHIPPER'S SIGNATURE (SUBJECT TO TERMS AND CONDITIONS FOUND @ http://www.tazmanian.com/terms) X <u>SHIPPER'S SIGNATURE REQUIRED HERE</u>			F.C.C.O.D. C.O.D.						
Taz Acct No.	Ref No. (First 30 characters will appear on invoice)											
Name KNAPP INC.			SHIPPER'S SIGNATURE (SUBJECT TO TERMS AND CONDITIONS FOUND @ http://www.tazmanian.com/terms) X <u>SHIPPER'S SIGNATURE REQUIRED HERE</u>			F.C.C.O.D. C.O.D.						
Address 2124 BARRETT PARK DRIVE N.W.												
Suite 100			SHIPPER'S SIGNATURE (SUBJECT TO TERMS AND CONDITIONS FOUND @ http://www.tazmanian.com/terms) X <u>SHIPPER'S SIGNATURE REQUIRED HERE</u>			F.C.C.O.D. C.O.D.						
City KENNESAW, GA 30144												
SPECIAL INSTRUCTIONS FIRST 25 CHARACTERS OF REFERENCE NO WILL APPEAR ON INVOICE			SHIPPER'S SIGNATURE (SUBJECT TO TERMS AND CONDITIONS FOUND @ http://www.tazmanian.com/terms) X <u>SHIPPER'S SIGNATURE REQUIRED HERE</u>			F.C.C.O.D. C.O.D.						
SPECIAL INSTRUCTIONS FIRST 25 CHARACTERS OF REFERENCE NO WILL APPEAR ON INVOICE												
WAYBILL NO. 2687170			PICKED UP BY: TAZMANIAN FREIGHT SYSTEMS, INC. OR AGENT SIGNATURE			NO. PCS TIME DATE						
WHEN CALLING IN YOUR SHIPMENT, PLEASE HAVE THE FOLLOWING INFORMATION READY: 1. City, State & Zip of your pick-up and your delivery locations 2. Number of pieces and total weight of the shipment 3. Exact dimensions of all pieces (always round up to the next inch) 4. Type of service you are requesting			An identified problem is a gift in that it presents an opportunity for improvement. Please let us know how we can improve.			Your Complete Transportation And Logistics Provider						

Received By (Consignee)	No. PCS	Date	Time
Signature:			
Print Name:	Signature indicates all pcs received in good order unless otherwise noted.		

TO EXPEDITE MOVEMENT, AIR FREIGHT SHIPMENT MAY BE DIVERTED TO MOTOR CARRIER UNLESS SHIPPER GIVES OTHER INSTRUCTIONS HEREON.



Corporate Office
Cleveland Hopkins Int'l Airport
AMF * P.O. Box 811090
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Web Site: www.tazmanian.com

Date	Origin Code	Dest. Code	Waybill No.
2024-06-26	ATL - E	OMA - B	2687170

For shipment inquiries:
Toll Free: (888) 571-7984
Phone: (678) 814-0100
Fax: (678) 814-0105



SHIPPER	Name KNAPP INC.		
	Address 2124 BARRETT PARK DRIVE N.W., SUITE 100		
	City KENNESAW	State GA	Zip (Required) 30144
	Sent by (Name/Dept)		Phone (Very Important) 6783882880
	Taz Acct No. 1007509	Ref No. (First 30 characters will appear on invoice) DRY VAN #2	
CONSIGNEE	Name HY-VEE ECOMMERCE FULFILLMENT CENTER		
	Address 5710 S 144TH ST		
	City OMAHA	State NE	Zip (Required) 68137
	Attn (Name/Dept)		Phone (Very Important) 6417747207
	Taz Acct No.	Ref No. (First 30 characters will appear on invoice)	

BILL TO:
☐ SHIPPER ☐ CONSIGNEE
☒ THIRD PARTY
BILLED TO SHIPPER IF NOT MARKED

The declared value for carriage of this shipment is agreed and understood to be \$50.00 or \$0.50 per pound, per piece, whichever is greater, unless a higher value is declared below and applicable charges paid thereon.
DECLARED VALUE FOR CARRIAGE (enter amount) \$ **375,000**

(Subject to the terms and conditions found @ <http://www.tazmanian.com/terms>, the liability of Tazmanian Freight Systems, Inc. for loss/damage is as stated above)

PICK UP TYPE REQST'D Taz selects if not marked	SERVICE TYPE REQST'D Delv'd 2nd day if not marked	DELIVERY TYPE REQUESTED Delivered Before 5PM if not marked
<input checked="" type="checkbox"/> Regular <input checked="" type="checkbox"/> *Bus_Hrs Special <input checked="" type="checkbox"/> *Aft_Hrs Special <input checked="" type="checkbox"/> *Saturday <input checked="" type="checkbox"/> *Sunday <input checked="" type="checkbox"/> *Holiday <input checked="" type="checkbox"/> Shipper Drop-Off <input checked="" type="checkbox"/> *Inside <input checked="" type="checkbox"/> *Liftgate <input checked="" type="checkbox"/> *2 Man <input checked="" type="checkbox"/> *Limited Access <input checked="" type="checkbox"/> Other	<input checked="" type="checkbox"/> Charter <input checked="" type="checkbox"/> Next Flight <input checked="" type="checkbox"/> Next Day <input checked="" type="checkbox"/> 2nd Day <input checked="" type="checkbox"/> 3rd Day <input checked="" type="checkbox"/> 4 - 5 Day <input checked="" type="checkbox"/> Expedited Truck (Hot Shot) <input checked="" type="checkbox"/> International <input checked="" type="checkbox"/> Truck Load <input checked="" type="checkbox"/> LTL (TGS) <input checked="" type="checkbox"/> Local Cartage <input checked="" type="checkbox"/> Warehousing <input checked="" type="checkbox"/> Other	<input checked="" type="checkbox"/> Regular <input checked="" type="checkbox"/> *AM <input checked="" type="checkbox"/> *Bus_Hrs Special <input checked="" type="checkbox"/> *Aft_Hrs Special <input checked="" type="checkbox"/> *Saturday <input checked="" type="checkbox"/> *Sunday <input checked="" type="checkbox"/> *Holiday <input checked="" type="checkbox"/> Hold for Pickup <input checked="" type="checkbox"/> *Inside <input checked="" type="checkbox"/> *Liftgate <input checked="" type="checkbox"/> *2 Man <input checked="" type="checkbox"/> *Limited Access <input checked="" type="checkbox"/> Other

SHIPPER'S SIGNATURE (SUBJECT TO TERMS AND CONDITIONS FOUND @ <http://www.tazmanian.com/terms>)
X SHIPPER'S SIGNATURE REQUIRED HERE

THIRD PARTY	Bill-To: KNAPP INC. 2124 BARRETT PARK DRIVE N.W. SUITE 100 KENNESAW, GA 30144	SPECIAL INSTRUCTIONS	DESCRIPTION	WEIGHT	PCS	DIMENSIONS		
			40000	50	L	W	H	

WAYBILL NO. 2687170	PICKED UP BY: TAZMANIAN FREIGHT SYSTEMS, INC. OR AGENT	NO. PCS	TIME	DATE
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WHEN CALLING IN YOUR SHIPMENT, PLEASE HAVE THE FOLLOWING INFORMATION READY:

1. City, State & Zip of your pick-up and your delivery locations
2. Number of pieces and total weight of the shipment
3. Exact dimensions of all pieces (always round up to the next inch)
4. Type of service you are requesting

An identified problem is a gift in that it presents an opportunity for improvement. Please let us know how we can improve.

Your Complete
Transportation
And
Logistics Provider

Received By (Consignee)	No. PCS	Date	Time
Signature: <i>[Signature]</i>		06/27/24	1:21
Print Name: <i>Jim Wheeler</i>	Signature indicates all pcs received in good order unless otherwise noted.		