



Bill to:  
LANDSTAR RANGER

Invoice Date: 06/27/2024  
Invoice #: EL3571650  
Terms: NET 30  
Due Date: 07/27/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/26/2024		500 INTERCHANGE ST., MCKINNEY, TX 75070 - 395 MEDCO DR, MARION, IA 52302			
			1	\$1,700.00	\$1,700.00

<b>TOTAL</b>
\$1,700.00

**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**



Landstar Ranger Inc

**Carrier Load Tender & Rate Confirmation**

Any questions or concerns about this load please contact the Landstar Agent at: (424) 543-2152

**Important: Carrier must call agent if your dispatch instructions below differ from the bill of lading.**

Carrier shall not in any way subcontract, broker, or arrange for freight to be transported by a third party.

Download the free Landstar Connect™ App prior to pick up to view below load details, transmit automated status updated &amp; submit paperwork while under Landstar load only. Available in Google Play and Apple App stores.

**LOAD VERIFICATION**To verify this load originates from a Landstar agency, please visit the Landstar load verification site at <http://www.landstar.com> and select "Verify" from the homepage.**Freight Bill # 6029968****EL # EL3571650****Date** 06/25/2024 13:45**Equipment** 53VN**Total Miles** 770**Services****Sent From**Posting Code: **NNV****Agency Name: Reload Freight Systems Inc - SVC**

Contact Name: Luiza Gutheryan

Contact Phone: (424) 543-2152

Contact Email: luiza.svc@landstarmail.com

**References****Route Details****Stop #1 pickup -****Appointment:** -**Target Window:** 06/26/2024 07:00 - 06/26/2024 14:00**Location** **MANNER PLASTICS****Address** **500 INTERCHANGE ST.****Address** **McKinney, TX 75070****Contact** **Phone****Comment** must accept tracking

4 straps and/or load bars

DRIVERS WILL BE RESPONSIBLE FOR SECURING

PRODUCT. DRIVERS NEED TO USE THE SOUTH GATE TO CHECK IN.

**Item** CGAPP **Qty** 0.0 **Wgt** 43,000**Stop #2 drop -****Appointment:** -**Target Window:** 06/28/2024 08:00 - 06/28/2024 08:00**Location** **LEGACY MFG COMPANY****Address** **395 MEDCO DR****Address** **Marion, IA 52302****Contact** **Phone****Comment****Item** CGAPP **Qty** 0.0 **Wgt** 43,000**Notes**

Contact Information: Luiza Gutheryan

DISPATCH NOTES: READ CAREFULLY

ALL FLATBED/STEPDECK/OPEN TOP TRAILER LOADS MUST BE TARPED UNLESS STATED OTHERWISE

Drivers must call for dispatch and call in or email status updates. Luiza 424 267 1056

luiza.svc@lanstarmail.com

Loaded/unloaded check call required. Transit of 2 or more days - location check call required at least once a day.

Carriers are responsible to call with pick up, transit and delivery status.

Appointment times may not be changed unless pre-authorized in writing by Landstar agent! NO EXCEPTIONS!

No Double Brokering, Re-brokering or Back Dooring under any circumstances. Nonpayment if violated. Assigned carrier must have their authority on side of truck picking up and delivering freight. Carrier agrees to stated rate, instructions and requirements in this signed Rate Confirmation and dispatch email. Carrier responsible for trailer being sealed/padlocked before leaving shipper. Any discrepancies (overages, shortages, damages, broken or missing trailer seals/padlocks) must be reported immediately BEFORE the driver leaves facility. Detention/layover/TONU only paid IF approved and paid by customer. If approved, detention paid only after 3 hours. Detention paid for first come first serve appointments only after latest delivery time. No detention paid if driver arrives late. Arrival/departure times required on paperwork. All accessorial charges must be reported within 24 hours of pick up/delivery for reimbursement. If required, driver must agree to Landstar Connect, Macropoint or other load tracking feature. Refusal will result in rate deduction of 30% or \$250 whichever is greater. **IMPORTANT: REVIEW OUR PENALTIES** Missed pick up or delivery by carrier penalty: 30% of agreed rate or \$250 per day or whichever is greater. Carrier late pickup or delivery penalty: \$50 per hour unless waived in writing. Failure to respond to check calls: \$50 penalty BOLs/PODs must be faxed to 747-477-3528 or e-mailed to luiza.svc@landstarmail.com within 24 hours of delivery or \$50 per day carrier penalty fee applie

Agreed Rate	
Description	Charge
Pay Capacity	\$1,700.00
	<b>Total</b> \$1,700.00 USD

Item ID	Haz Mat	Description	Qty	Weight	Class	NMFC	Temp	Dimensions
CGAPP		CGAPP	0	43,000	70.0			

### Important Billing Instructions

- Invoice, bill of lading (for each stop) and proof of delivery (for each stop) required. Documents must be legible.
- Invoices must include Landstar's freight bill number or EL#.
- The rate on the carrier's invoice must match the rate confirmation and any accessorial must be authorized in writing by the agent in order to prevent delays in payment.
- Receipts (lumper, tolls, etc.) and permit and/or escort invoices must be submitted.
- For carrier payable questions call: 800-435-1791, opt 2.

### PAPERWORK SUBMISSION OPTIONS

Send electronically by 2:00pm EST for same day receipt via:

#### Transflo Mobile +

Go to your app store to download to your mobile device. Enter LCGB as the Recipient ID when registering. Cost: \$2.00 per trip.

#### Transflo Express

To find a participating truck stop go to: <http://transfloexpress.com/locations/>  
Cost: 2.00 per trip with cover sheet  
For a cover sheet call 800-435-1791, opt 5

### Landstar Savings Plus Members Send To:

Mailing address:	For Express Mailing:	Regular Mail:
Landstar Transportation Logistics Attn: Imaging P.O. Box 19139 * Jacksonville, FL 32245-9139	Landstar Transportation Logistics Attn: Brokerage Billing - LSP 1000 Simpson Rd * Rockford, IL 61102	Landstar Transportation Logistics Attn: LSP - Imaging P.O. Box 19119 * Jacksonville, FL 32245-9119

## Tracking

Capacity must comply with all requested load tracking requirements. If Capacity is unable to comply with requested load tracking requirements, communicate with the Landstar Agent immediately. Capacity is subject to rate reduction in an amount up to 15% of line-haul in the event of non-compliance with requested load tracking requirements.

**CARRIER certifies it is aware of the California Air Resources Board's Truck and Bus, Drayage and Greenhouse Gas Rules and that, on all loads originating in, destined for, or passing through California, CARRIER will utilize only vehicles that are compliant with those rules. Please see CARB regulations available at [Http://www.arb.ca.gov](http://www.arb.ca.gov)**

Full terms and requirements are within the Landstar TBA. The Transportation Brokerage Agreement between CARRIER and BROKER provides that CARRIER shall refrain from all collection efforts against the shipper, receiver, consignor, consignee, or the customer. CARRIER acknowledges that any effort by CARRIER or any representative of CARRIER to contact any such third party to collect on freight charges relating to this shipment shall constitute a material breach of the Transportation Brokerage Agreement between CARRIER and BROKER.

**FSMA**  
CARRIER certifies it is aware of, and compliant with, all regulations and requirements regarding the sanitary transportation of human and animal food, including the federal food safety and modernization act (FSMA).

**Electronic Rate Confirmations**  
CARRIER acknowledges that Load or Rate Confirmations may be submitted by BROKER to the CARRIER via electronic means and such shall constitute the CARRIER's binding acceptance of such Load or Rate Confirmation upon the earlier to occur of (a) the CARRIER's electronic acceptance of the Load or Rate Confirmation as verified by the BROKER's Information Services System, or (b) the CARRIER's pick up of the shipment in question.

Nothing herein is intended to modify or amend the terms and conditions of the Transportation Brokerage Agreement between CARRIER and BROKER.

**Thank you for doing business with Landstar**  
**To confirm please accept using the link in the tender email.**

<b>Carrier</b> Royal3 Inc <b>ID</b> CP118663 <b>MC</b> 944686 <b>DOT</b> 2828543 <b>Phone</b> 630-485-7370 <b>Email</b> ZIGI@ZIGIFREIGHTINC.COM	<b>Signature</b>
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Date - 6/26/2024		<b>BILL OF LADING</b>	
SHIP FROM	Name: MANNER POLYMERS Address: 500 INTERCHANGE STREET City / State / Zip: MCKINNEY, TEXAS, 75071 SID #:		Bill of Lading Number: 142888  <div style="text-align: center; font-size: 1.2em;">BAR CODE SPACE</div>
	SHIP TO	Name: LEGACY MFG COMPANY Address: 395 MEDCO DRIVE City / State / Zip: MARION, IA, 52302 CID #:	
		CARRIER NAME: _____ Trailer Number: _____ Serial Number (s): _____ Tracking #: REDHAWK	
3RD PARTY	Name: _____ Address: _____ City / State / Zip: _____		SCAC: Pro Number: _____  <div style="text-align: center; font-size: 1.2em;">BAR CODE SPACE</div>
	<b>SPECIAL INSTRUCTIONS:</b>  ATTN:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) <input type="checkbox"/> 3rd Party <input type="checkbox"/> Collect <input type="checkbox"/> Destination <input checked="" type="checkbox"/> Prepaid [
			Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER NUMBER	# PKGS	NET WEIGHT	PALLET / SLIP	ADDITIONAL SHIPPER INFO
PO #: 1026404	24	40,800		X5565 WHT605
<b>GRAND TOTAL</b>	24	40,800		

HANDLING UNIT	PACKAGE	GROSS WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
				<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(e) of NMFC Item 360</small>	NMFC #	CLASS
24		41,690		PLASTIC MATERIALS		60
		41,690		<b>GRAND TOTAL</b>		

<small>Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: COD Amount: \$ _____. The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.</small>	<b>COD Amount: \$ _____</b> <small>Fee Terms: Collect   Prepaid: Customer check acceptable:</small>
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**NOTE LIABILITY LIMITATION FOR LOSS OR DAMAGE IN THIS SHIPMENT MAY BE APPLICABLE. SEE 49 U.S.C. 14706(C)(1)(A) AND (B).**

<small>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</small>	<small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small> <div style="text-align: right;">         Shipper Signature     </div>	<div> <div>SHIPPER SIGNATURE / DATE</div> <small>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.</small> <div style="text-align: right;"> </div> </div> <div> <div>Trailer Loaded:</div> <input type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver       </div> <div> <div>Freight Counted:</div> <input type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver / pallets said to contain  <input type="checkbox"/> By Driver / pieces       </div>
<div> <div>CARRIER SIGNATURE / PICKUP DATE</div> <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. Property described above is received in good order, except as noted.</small> <div style="text-align: right;">         06/26/2024 12:59:38 PM     </div> </div>		



Date - 6/26/2024

## BILL OF LADING

SHIP  
FROMName: MANNER POLYMERS  
Address: 500 INTERCHANGE STREET  
City / State / Zip: MCKINNEY, TEXAS, 75071  
SID #:

Bill of Lading Number: 142888

BAR CODE SPACE

SHIP  
TOName: LEGACY MFG COMPANY  
Address: 395 MEDCO DRIVE  
City / State / Zip: MARION, IA, 52302  
CID #:

CARRIER NAME: \_\_\_\_\_

Trailer Number: \_\_\_\_\_

Serial Number (s): \_\_\_\_\_

Tracking #: REDHAWK

3RD  
PARTYName: \_\_\_\_\_  
Address: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_

SCAC: \_\_\_\_\_

Pro Number: \_\_\_\_\_

BAR CODE SPACE

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

☐ 3rd Party ☐ Collect ☐ Destination ☒ Prepaid [

## SPECIAL INSTRUCTIONS:

ATTN:

Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER NUMBER	# PKGS	NET WEIGHT	PALLET / SLIP	ADDITIONAL SHIPPER INFO
PO #: 1026404	24	40,800		X5565 WHT605
GRAND TOTAL	24	40,800		

HANDLING UNIT	PACKAGE	GROSS WEIGHT	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(e) of NMFC Item 360</small>	LTL ONLY	
					NMFC #	CLASS
24		41,690		PLASTIC MATERIALS		60
		41,690		GRAND TOTAL		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: COD Amount \$ \_\_\_\_\_. 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 to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

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, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

☐ By Shipper  
☐ By Driver

Freight Counted:

☐ By Shipper  
☐ By Driver / pallets said to contain  
☐ 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.

06/26/2024 12:59:38 PM



Date - 6/26/2024

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	Name: LEGACY MFG COMPANY Address: 395 MEDCO DRIVE City / State / Zip: MARION, IA, 52302 CID #:	CARRIER NAME: _____ Trailer Number: _____ Serial Number (s): _____ Tracking #: REDHAWK
3RD PARTY	Name: _____ Address: _____ City / State / Zip: _____	SCAC: _____ Pro Number: _____  BAR CODE SPACE
	Freight Charge Terms: (freight charges are prepaid unless marked otherwise) <input type="checkbox"/> 3rd Party <input type="checkbox"/> Collect <input type="checkbox"/> Destination <input checked="" type="checkbox"/> Prepaid [	
SPECIAL INSTRUCTIONS:		
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GRAND TOTAL	24	40,800		

HANDLING UNIT	PACKAGE	GROSS WEIGHT	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(e) of NMFC Item 350.</small>	LTL ONLY NMFC # CLASS
24		41,690		PLASTIC MATERIALS	60
		41,690		GRAND TOTAL	

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: COD Amount: \$ \_\_\_\_\_ The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_.

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Trailer Loaded:

☐ By Shipper  
☐ By Driver

Freight Counted:

☐ By Shipper  
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CARRIER SIGNATURE / PICKUP DATE  
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\_\_\_\_\_  
06/26/2024 12:59:38 PM

Devin Mills

6/27/24