



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

Invoice Date: 06/28/2024
Invoice #: 29252301
Terms: NET 30
Due Date: 07/28/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/27/2024		3285 Davy Crockett Drive NE, Cleveland, TN 37323 - 9302 Ashton Road, Philadelphia, PA 19114			
			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



CARRIER RATE
CONFIRMATION

Load Number: 29252301



GENERAL CONTACT

GTZ CONTACT: (480) 339-5885 vswanson@globaltranz.com
GTZ FAX:

CARRIER PAYMENTS:

INVOICE/POD/RATE CON submit to: TLINVOICES@globaltranz.com
NOA and PAYMENT INQUIRIES: APTLREQUESTS@globaltranz.com

PO#: Transfer S01TO000185
REF#:
PRO#:
CARRIER QUOTE:

SERVICE: SERVICE TYPE: Full TRAILER TYPE: Van SIZE: 53	ACCESSORIAL(S):	COMMODITY: DESCRIPTION:General Freight WEIGHT: 35000 lbs PALLETs:20 PIECES:0
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CARRIER INFORMATION: CARRIER NAME: ROYAL3 INC LEGAL NAME:ZIGI FREIGHT INC MC#:944686 [AV595]	DISPATCHER: Marisa Serano PHONE: (630) 485-7370x103 FAX: (630) 485-6980 EMAIL: marisa@royal3inc.com	DRIVER: Jorge DRIVER PHONE: (954) 275-5350 TRAILER NUMBER:
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IMPORTANT LOAD NOTES:

ORIGIN: FACILITY: Room Copenhagen, C/O Derby Supply Chain Solutions STREET: 3285 Davy Crockett Drive NE CITY/STATE/ZIP: Cleveland, TN 37323 FAX: PICKUP NOTES:	PICKUP DATE: 06-27-2024 REF #: HOURS: 09:00 - 16:00 CONTACT: Dave William Thompson PHONE:	PICKUP #: APPOINTMENT REQUIRED: No APPOINTMENT MADE: No
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DESTINATION: FACILITY: Paksafe Industries STREET: 9302 Ashton Road CITY/STATE/ZIP: Philadelphia, PA 19114 FAX: DELIVERY NOTES:	DELIVERY DATE: 06-28-2024 HOURS: 08:30 - 17:00 CONTACT: Rec PHONE:	REF #: DELIVERY#: APPOINTMENT REQUIRED: No APPOINTMENT MADE: No
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RATE INFORMATION:
BASE RATE:\$2,500.00
TOTAL RATE: \$2,500.00

GTZ SIGNATURE : PHX - Veronica Swanson (480) 339-5885

CARRIER SIGNATURE :

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.



**CARRIER RATE
CONFIRMATION**

Load Number: 29252301



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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

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

GTZ BOL NO : 29252301

Shipper Room Copenhagen, C/O Derby Supply
Chain Solutions
Address 3285 Davy Crockett Drive NE
Cleveland, TN 37323
Country USA
Contact Name Dave William Thompson
Phone Number (423) 614-6766x52227
Contact Email
Fax Number

Carrier : ROYAL3 INC
Shipment Date: 06/27/24
Carrier Pro# :
Ref # :
Carrier Quote # :
P/O # : Transfer S01TO000185
Customer BOL NO:



Consignee Paksafe Industries
Address 9302 Ashton Road
Philadelphia, PA 19114
Country USA
Contact Name Rec
Phone Number (215) 423-5100
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 : 29252301

Comments/Special
Instructions:

Pickup Remarks :

Delivery Remarks :

SEAL # 21696952

Pallets	Pieces	IsHazmat	Description	Weight	FreightClass	Length	Width	Height	NMFC	Stackable
19	0		General Freight	4414	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: _____

Date: 6/27

Trailer#: _____

Driver's Signature: _____

Date: _____

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: _____

Print Name: _____

Company Name: _____

Date: _____

Permanent post-office address of the Shipper:

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



GLOBALTRANZ

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

GTZ BOL NO : 29252301

Shipper	Room Copenhagen, C/O Derby Supply Chain Solutions	Carrier :ROYAL3 INC
Address	3285 Davy Crockett Drive NE	Shipment Date:06/27/24
	Cleveland, TN 37323	Carrier Pro# :
Country	USA	Ref # :
Contact Name	Dave William Thompson	Carrier Quote # :
Phone Number	(423) 614-6766x52227	P/O # :Transfer S01TO000185
Contact Email		Customer BOL NO:
Fax Number		

Consignee	Paksafe Industries	Third Party Billing Information:
Address	9302 Ashton Road	All charges are prepaid to:
	Philadelphia, PA 19114	GlobalTranz
Country	USA	PO Box 6348
Contact Name	Rec	Scottsdale AZ 85261
Phone Number	(215) 423-5100	Direct billing inquiries to : (866) 275-1407
Contact Email		GTZ BOL NO : 29252301
Fax Number		

Comments/Special Instructions:
Pickup Remarks :
Delivery Remarks :

SEAL # 21696952

Pallets	Pieces	IsHazard	Description	Weight	FreightClass	Length	Width	Height	NMFC	Stackable
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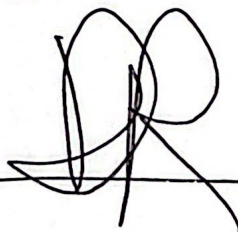
Subject to Section 7 of conditions of applicable bill of lading. If this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Consignor's Signature: _____

Consignee Signature: _____ Print Name: _____
Company Name: _____ Date: _____

Permanent post-office address of the Shipper:

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



6/28/24

