



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

Invoice Date: 06/14/2024
Invoice #: 29187800
Terms: NET 30
Due Date: 07/14/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/13/2024		2305 Baldree Rd, Wilson, NC 27894 - 175 Rochester St, Salamanca, NY 14779			
			1	\$1,550.00	\$1,550.00

TOTAL
\$1,550.00

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: 29187800



GENERAL CONTACT

GTZ CONTACT: (630) 730-7336 ccalhoun@globaltranz.com
GTZ FAX:

CARRIER PAYMENTS:

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

PO#: #1438
REF#: SMC PO#1438
PRO#:
CARRIER QUOTE:

SERVICE: SERVICE TYPE: Full TRAILER TYPE: Van SIZE: 53	ACCESSORIAL(S):	COMMODITY: DESCRIPTION:Tobacco - PO#135 4 WEIGHT: 33500 lbs PALLETs:44 PIECES:132
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CARRIER INFORMATION: CARRIER NAME: ROYAL3 INC LEGAL NAME:ZIGI FREIGHT INC MC#:944686 [AV595]	DISPATCHER: Joey PHONE: (321) 465-5667 FAX: (630) 485-6980 EMAIL: joey@royal3inc.com	DRIVER: (Required)_____ DRIVER PHONE: (Required)_____ TRAILER NUMBER:
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IMPORTANT LOAD NOTES:
-- DEDICATED VAN / NEXT DAY DELIVERY

ORIGIN: FACILITY: Alliance One Specialty Products STREET: 2305 Baldree Rd CITY/STATE/ZIP: Wilson, NC 27894 FAX:	PICKUP DATE: 06-13-2024 REF #: HOURS: 13:00 - 14:00 CONTACT: Monica Downing PICKUP #: APPOINTMENT REQUIRED: Yes APPOINTMENT MADE: Yes CONF #: 1438	
PICKUP NOTES:	PHONE:	

DESTINATION: FACILITY: Seneca Manufacturing STREET: 175 Rochester St CITY/STATE/ZIP: Salamanca, NY 14779 FAX:	DELIVERY DATE: 06-14-2024 REF #: HOURS: 08:00 - 14:00 CONTACT: Danielle/Andrew DELIVERY#: APPOINTMENT REQUIRED: No APPOINTMENT MADE: No	
DELIVERY NOTES:	PHONE:	



RATE INFORMATION:
BASE RATE:\$1,550.00
TOTAL RATE: \$1,550.00

GTZ SIGNATURE : Curt Calhoun (50026) (630) 730-7336

CARRIER SIGNATURE : *Joey Cimbaljevic*

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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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

Driver

Straight Bill of Lading Short Form

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CARRIER:

CUSTOMER NOMINATED

Reference No. 1438

Shipper's No. 1-0000176914

Carrier's No. 700074

RECEIVED, subject to the classification and tariff in effect on the date of this Bill of Lading
at: Wilson-Specialty Products, 06/13/2024

From: Alliance One Specialty Products, LLC

The property described below, in apparent good order, except as noted (contents and condition of contents unknown), marked, consigned and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier all or any of said property over all or any portion of said route or destination, and as to each party at any time interested in all or any of said property, that any service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western, and Illinois Freight Classification in effect on the date thereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification of tariff if this is a motor carrier shipment.

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 assigns.

Consigned to Seneca Manufacturing Company
Destination Seneca Manufacturing Company
Delivery Address 175 Rochester Street Salamanca NY 14779 USA
Carrier CUSTOMER NOMINATED

ICC / DOT#

Trailer / Container ID 232177

Verified Gross Mass:

Vehicle# 736

Seal EG901311

(Kilos/Pounds)

Delivery (BOL) No. 80773137

Booking

Number of Packages	Weight (Kilos / Pounds)
132	14,816 / 32,674

Subject to Section 7 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.

Signature of Consignor

Financial Manager, AUSP, LLC

MARK: AB11 2024 Low/High 79 / 168 90
WTS: 22,493 2,693 19,800 POUNDS PM Type: Type: MX
UNMANUFACTURED UNITED STATES CUT RAG MIXED CIGARETTE
TOBACCO

MARK: CBRUM 2024 Low/High 1 / 1 1
WTS: 240 20 220 POUNDS PM Type: Type: MX
UNMANUFACTURED UNITED STATES CUT RAG MIXED CIGAR
TOBACCO

MARK: CBVAN 2024 Low/High 7 / 8 2
WTS: 502 62 440 POUNDS PM Type: Type: MX
UNMANUFACTURED UNITED STATES CUT RAG MIXED CIGAR
TOBACCO

ETD, ETA

If charges are to be pre-paid, write or stamp here,

'To be prepaid'

COLLECT

Received \$ _____ to apply in prepayment
of the charges on the property described thereon.

Agent or Cashier _____

Per _____

(The signature here acknowledges only the amount prepaid)

Charges Advanced

\$ _____

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 the carrier's or shipper's weight.
NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____.
The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of the Consolidated Freight Classification.

Alliance One Specialty Products, LLC Shipper, Per N. Ya Bate Agent, Per _____

Permanent post-office address of shipper, 2305 Baldree Road South, Wilson, NC 27894-1929, USA

Shipper's imprint in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.

INTERMODAL CERTIFICATION - We, the shipper, hereby certify the above weight to be true and accurate.