



**Bill to:**  
GLOBALTRANSSERVICE CORP.  
151 N. NOB HILL ROAD,  
Plantation,  
FL,  
33311

Invoice Date: 12/15/2023  
Invoice #: 28171087  
Terms: NET 30  
Due Date: 01/15/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
12/14/2023		1305 W 29th St, Anderson, IN, USA - 11624 South Distribution Cove, Olive Branch, MS 38654, USA			
			1	\$1,200.00	\$1,200.00

<b>TOTAL</b>
\$1,200.00

**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  
BOL#: 28171087



GENERAL DISPATCH  
GTZ DISPATCH: (480) 360-6260 s.singh@globaltranz.com  
GTZ DISPATCH 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:	ACCESSORIAL(S):	COMMODITY:
SERVICE TYPE: Full TRAILER TYPE: Van SIZE: 53		DESCRIPTION:Plastic WEIGHT: 40000 lbs PALLETS:0 PIECES:2880

CARRIER INFORMATION:		
CARRIER NAME: ROYAL3 INC LEGAL NAME:ZIGI FREIGHT INC MC#:944686 [AV595]	DISPATCHER: steven PHONE: (630) 485-7370x122 FAX: (630) 485-6980 EMAIL: steven@royal3inc.com	DRIVER: freddie DRIVER PHONE: (346) 629-6323 TRAILER NUMBER:ptlz244804

IMPORTANT LOAD NOTES:

ORIGIN:		
FACILITY: Keter US, Inc. STREET: 1305 W 29th St, Bldg A Gate 1 CITY/STATE/ZIP: Anderson, IN 46013 FAX:	PICKUP DATE: 12-14-2023 REF #: HOURS: 09:30 - 09:30 CONTACT: Shipping	PICKUP #: APPOINTMENT REQUIRED: Yes APPOINTMENT MADE: Yes
PICKUP NOTES:		

DESTINATION:		
FACILITY: * Milwaukee Tool STREET: 11624 S. Distribution Cove CITY/STATE/ZIP: Olive Branch, MS 38654 FAX:	DELIVERY DATE: 12-15-2023 HOURS: 07:00 - 07:00 CONTACT: Receiving	REF #:  DELIVERY#: APPOINTMENT REQUIRED: Yes APPOINTMENT MADE: Yes CONF #: 163739643
DELIVERY NOTES:		



RATE INFORMATION:  
BASE RATE:\$1,200.00  
TOTAL RATE: \$1,200.00

GTZ SIGNATURE : DET - Shawn Singh (480) 360-6260

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**

**BOL#: 28171087**



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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](mailto:TLinvoices@globaltranz.com)
- 3% / 3-Day Quick Pay available upon request
- For Payments question contact [aptrrequests@globaltranz.com](mailto:aptrrequests@globaltranz.com) or by calling (480) 339-5735



712

12/15/23

Date: 12/14/2023

## BILL OF LADING

Page 1 of 1

## SHIP FROM

Name: Keter US, Inc.  
 Address: 1305 W 29th St., Gate 1 Bldg A  
 City/State/Zip: Anderson IN 46016  
 SID#: 12140930 16481211

FOB: ☐

Bill of Lading Number: 97817434

1680108

Customer Truck Load #: 28171087

## SHIP TO

Name: Milwaukee Electric Tool  
 Address: 11624 S Distribution Cove  
 City/State/Zip: Olive Branch MS 38654  
 Telephone #: \_\_\_\_\_

Location #: 4200

FOB: ☐

CARRIER NAME: GLOBALTRANZ

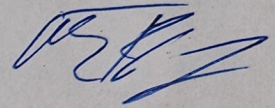
Trailer number: PTLZ244804

Seal number(s): 2622159

SCAC: GELJ

Pro number: NA

Anthony Day/loc



## THIRD PARTY FREIGHT CHARGES BILL TO:

Name: Globaltranz  
 Address: Po Box 6348  
 City/State/Zip: Scottsdale AZ 85261

## SPECIAL INSTRUCTIONS:

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

Prepaid \_\_\_\_\_ Collect \_\_\_\_\_ 3<sup>rd</sup> PartyXX☐  
(check box)

Master Bill of Lading: with attached underlying Bills of Lading

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SKIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
320360343-1	840.00	9,722.16	Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
GRAND TOTAL	840.00	9,722.16			

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		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	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
30	PLT	1,680	EA	9,722.16		48-22-8440 Packout crate -MLWRED-Milwauk		
30		1680		9,722.16				
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:  
 "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.