



**Bill to:**  
PLATINUM CARGO LOGISTICS  
5181 WARD RD SUITE 101,  
Wheat Ridge,  
CO,  
80033

Invoice Date: 07/19/2024  
Invoice #: 1962441R  
Terms: NET 30  
Due Date: 08/19/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
07/17/2024		415 SUMMER STREET, BOSTON, MA 02210 - 41 Northern Stacks Dr, Fridley, MN 55421, USA			
			1	\$3,000.00	\$3,000.00

TOTAL
\$3,000.00

**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**

## Rate Confirmation

**Platinum Cargo Logistics Inc.**

**5181 Ward Road**

**Suite 101**

**Wheat Ridge, CO 80033**

Station: MSP Phone: 763-432-3863 FAX: 1-763-390-0019

Email: chad.vold@platinumcargo.com

<b>Pickup Date:</b>	<b>07/17/2024</b>	<b>HWB#: 1962441R      MWB#: 1962441R</b>
<b>Carrier</b> ROYAL3 INC 6850 W 63RD STREET CHICAGO, IL. 60638 630-485-7370 (Phone) 1-630-485-6980 (Fax) phil@royal3inc.com		Send invoice, POD & backup to: invoices@platinumcargo.com Mailing address: Platinum Cargo Logistics Inc. Accounts Payable 5181 Ward Road Suite 101  Payment inquiries contact: ap@platinumcargo.com
<b>Ready Time: 09:00</b>	<b>Close Time: 09:00</b>	<b>Due Date: 07/17/2024      Due Time:</b>
<b>Shipper Information</b> BOSTON CONVENTION & EXHIBITION CNTR 415 SUMMER STREET BOSTON, MA 02210 Attn: Jennie- O Booth#1318 Ref #: SNA- ANC		<b>Consignee Information</b> NPARALLEL 41 NORTHERN STACKS DR FRIDLEY, MN 55421 Attn: Joe Ref #: JOB 13166 PO 23774
<b>Pieces: 16</b>	<b>Weight: 9098</b>	<b>Equipment Type: General Freight</b>
<b>Description/Dimensions</b> TRADE SHOW GOODS		<b>Special Instructions</b> PU: check in at the marshalling yard (4 Cypher Street Boston, MA 02210) wed 7/17 by 9 am. *Check in as "Platinum Cargo" for Jennie- O Booth#1318 (truck 1) Please send check in # they give the driver asap wed am //Truck 1 of 2 for this booth  DEL: delvier friday by 2:30 pm or monday by 2:30 pm
<b><u>ADDITIONAL INSTRUCTIONS</u></b>  *DO NOT USE THIS DOCUMENT FOR DELIVERY SIGNATURE. A SEPARATE "DELIVERY RECEIPT" OR "DELIVERY ORDER" HAS BEEN SUPPLIED FOR THE DELIVERY SIGNATURE. A 50% RATE REDUCTION WILL BE TAKEN IF THIS DOCUMENT IS USED FOR DELIVERY SIGNATURE.  *UPON ARRIVING AT SHIPPER CARRIER MUST EMAIL OR CALL PHONE NUMBER AT THE TOP OF THIS RATE CONFIRMATION TO REPORT ON SITE.  *BEFORE LEAVING SHIPPER, CARRIER MUST EMAIL OR CALL PHONE NUMBER AT THE TOP OF THIS RATE CONFIRMATION WITH THE VERIFIED PIECE COUNT. FAILURE TO VERIFY AND REPORT PIECE COUNT BEFORE LEAVING SHIPPER MAY RESULT IN SIGNIFICANT FEES, HOLD OF PAYMENT OR CLAIM ON THE ENTIRE SHIPMENT.  *CHECK CALLS OR EMAILS ARE REQUIRED. CARRIER MUST EMAIL OR CALL IN AT REQUESTED INTERVALS WITH LOCATION UPDATES AND REEFER TEMPERATURE IF APPLICABLE.  *CARRIER MUST PROVIDE AN IMAGE OF THE DELIVERY RECEIPT SHOWING POD NAME/DATE/TIME IMMEDIATELY UPON COMPLETED DELIVERY. FAILURE TO DO SO WITHIN 24 HOURS OF DELIVERY MAY RESULT IN A \$100.00 REDUCTION IN PAYMENT FOR EACH 24-HOUR PERIOD IT IS LATE.		
Rate All Inclusive: \$3,000.00		

Accepted by (carrier/driver signature): \_\_\_\_\_ Date: \_\_\_\_\_

Driver's Cell #: \_\_\_\_\_

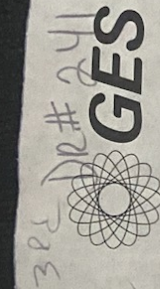
FOR GES USE ONLY  
LOGISTICS ROUTING

JOB# 081601101

CUSTOMER# 10033

RECEIVED (DATE/TIME/NAME)  
7/17/24 12:30 PM

TARGET OUT DATE & TIME



GES FORM #1087 Rev. 01/19

DRIVER AFFIX  
PRO NUMBER  
LABEL HERE

ORDER FORM FOR MATERIAL HANDLING SERVICES  
STRAIGHT BILL OF LADING - NOT NEGOTIABLE

Time in 10:31 am  
Time out 12:43 am

**PRESS HARD - YOU ARE MAKING 5 COPIES**

MUST BE LEGIBLY PRINTED IN INK. COMPLETE ALL SHADED AREAS RETURN  
COMPLETED AGREEMENT TO GES SERVICENTER\* WHEN MATERIALS ARE PACKED  
AND READY FOR SHIPMENT.

**INSTRUCTIONS:**

**FROM:**

Exhibiting Company Name  
Shipping Location/Exhibit Facility  
Name of Event  
Contact Email

Homeel - Jennie - 0  
BOSTON CONVENTION & EXHIBIT CENTER  
Silicon Valley Association Annual National Conference

5742839

**TO:**

Consigned to (Ship to)  
Destination (Street Address)  
City  
Attention

NPAPALLELL  
450 Western Shores Dr. Ste 100  
Minneapolis  
State/Country MN Zip 55421

Booth No. 1318  
State MA Zip 02110

Date Prepared

NUMBER OF SEPARATE DESTINATIONS IN BOOTH: 2 3 4 OR MORE

Name of Event

Cell Phone

SHIP VIA: ☒ GES Logistics ☐ Other Carrier ☐ Exhibitors Vehicle/Other

MODE: ☐ Ground ☐ Air ☐ Next Day ☐ 2nd Day ☐ Flat Bed ☐ Int'l ☐ DTA ☐ DTD ☐ DTP ☐ Residential ☐ Lift Gate ☐ Pallet Jack

☐ Call Before Delivery (Must Provide Cell Phone)

CHECKER	H/M	PIECES	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	WEIGHT (LBS & LBS)
2			Crates (wooden) Exhibition Material KD	
2			Cartons (Cardboard)	
2			Films, Cases/Tunks	
2			Sheds/Pallets	
2			Carpets/Color	
2			Padded Display	
2			Magazines	
2			Miscellaneous (need description)	
2			TOTAL	

TRAILER NO. 289478  
DATE/TIME LOADED 7/17/24  
CHECKER SIGNATURE [Signature]

**BILL FREIGHT CHARGES TO:** Company Name

Permanent Address of Company: Street

City

Phone No. ( )

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention

City

State

Zip

HazMat No. ( )

Attention







FOR GES USE ONLY  
LOGISTICS ROUTING

JOB# 081601101 Corp. Acct. ☐

CUSTOMER# 100322 CC ON FILE ☐ Show Orig ☐

RECEIVED (DATE/TIME/NAME) 11/17/21 12:30 PZ

TARGET OUT DATE & TIME



GES FORM #1087 REV. (01/19)

DRIVER AFFIX  
PRO NUMBER  
LABEL HERE

**PRESS HARD - YOU ARE MAKING 5 COPIES**

**INSTRUCTIONS:** MUST BE LEGIBLY PRINTED IN INK. COMPLETE ALL SHADED AREAS. RETURN COMPLETED AGREEMENT TO GES SERVICE CENTER WHEN MATERIALS ARE PACKED AND READY FOR SHIPMENT.

5742839

time in 10:31 am  
time out 12:43 am

**FROM:** Exhibiting Company Name Harvel - Service - 0 City BOSTON Booth No. 1318  
Shipping Location/Exhibit Facility BOSTON CONVENTION & EXHIBITION CENTER State MA Zip 02210  
Name of Event SCHOOL NUTRITION ASSOCIATION ANNUAL NATIONAL CONFERENCE Date Prepared \_\_\_\_\_  
Contact Email \_\_\_\_\_ NUMBER OF SEPARATE DESTINATIONS IN BOOTH: ① 2 3 4 OR MORE  
TO: Consigned to (Ship to) VPAPALIELLO City Weymouth State/County MA Zip 01981  
Destination (Street Address) 1000 Weymouth Street Booth No. \_\_\_\_\_  
City Weymouth State/County MA Zip 01981  
Attention \_\_\_\_\_ Name of Event \_\_\_\_\_ Cell Phone \_\_\_\_\_

SHIP VIA: ☐ GES Logistics ☒ Other Carrier Platinum ☐ Exhibitors Vehicle/Other  
MODE: ☐ Ground ☐ Air ☐ Next Day ☐ 2nd Day ☐ Vanline ☐ Flat Bed ☐ Int'l ☐ DTA ☐ DTD ☐ DTP ☐ Residential ☐ Inside ☐ Lift Gate ☐ Pallet Jack  
☐ Call Before Delivery (Must Provide Cell Phone)

CHECKER	HM	PIECES	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	WEIGHT (lbs to 1000)	FOR GES USE ONLY
			Crate (wooden) Exhibition Material KD		
			Cartons (Cardboard)		
			Fiber Cases/Trunks		
			Skids/Pallets		
			Carpet/Color		
			Padded Display		
			Miscellaneous (need description)		
			Miscellaneous		
			TOTAL		

**BILL FREIGHT CHARGES TO:** Company Name \_\_\_\_\_ Attention \_\_\_\_\_  
Permanent Address of Company: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. ( ) \_\_\_\_\_ Email \_\_\_\_\_ HazMat No. ( ) \_\_\_\_\_

**IN THE EVENT SHIPMENT HAS NOT BEEN PICKED UP BY THE SHOW DEADLINE, GES IS AUTHORIZED TO:**  
☐ 1) Use GES Logistics or carrier of GES choice to provide transportation and charge credit card, or invoice according to GES payment policy.  
☐ 2) Return shipment to warehouse (where available), assess all associated charges per GES Material Handling schedule and charge credit card.  
**(FAILURE TO SELECT ONE OF THE ABOVE OPTIONS WILL RESULT IN ROUTING AT GES DISCRETION. FREIGHT WILL MOVE AT CLASS 125 UNDER THE NMFC. ALL APPLICABLE TRANSPORTATION CHARGES WILL APPLY.)**  
**NOTE 1: STOP! YOU MUST READ THE BACK OF THIS FORM BEFORE GOING ANY FURTHER....**  
**I HAVE READ THE TERMS AND CONDITIONS SET FORTH ON THE BACK OF THIS FORM AND I UNDERSTAND THE CONTENTS THEREOF. I HAVE THE AUTHORITY TO BIND THE ABOVE-REFERENCED EXHIBITING COMPANY, WHICH HEREBY ACCEPTS THE TERMS AND CONDITIONS SET FORTH ON BOTH SIDES OF THIS FORM.**

**NOTE 2: LIABILITY IS LIMITED TO \$0.50 PER POUND PER PACKAGE, \$100.00 PER PACKAGE, OR \$1,500.00 PER OCCURRENCE, WHICHEVER IS LESS.**  
**NOTE 3: Declared Value** Excess Declared Value available from GES, up to \$20,000.00. Excess Declared Value not available for items listed in the GES Logistics Terms and Conditions. Excess Declared Value cannot be purchased for outbound only shipments.  
**CHECK HERE, IF REQUESTING EXCESS DECLARED VALUE (\$2.00 PER \$100.00 OF EXCESS VALUATION WILL BE ASSESSED \$100.00 MIN CHG.)**  
**DOMESTIC AIR AND INTERNATIONAL TRANSPORTATION, CHARGES WILL BE CALCULATED USING DIM OR ACTUAL WEIGHT WHICH EVER IS GREATER SHALL APPLY. NOTE: EXCESS DECLARED VALUE CANNOT BE PURCHASED FOR OUTBOUND ONLY SHIPMENTS.**  
**CUSTOMER IS RESPONSIBLE FOR THEIR GOODS UNTIL THEY ARE PICKED UP BY THE CARRIER.**  
RECEIVED, subject to periodically determined rates and conditions that have been agreed upon in writing between GES and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by GES and are available to the shipper on request.

**COMPANY NAME:** VPAPALIELLO  
**SIGNATURE:** [Signature]  
**PRINT NAME:** Stacy Beland **DATE:** 7/1/21  
Carrier Name ROPA/3 Date 7-17-24  
Agent/Driver (Signature) [Signature]  
Agent/Driver (Print) \_\_\_\_\_ Phone \_\_\_\_\_

SHIPPING ORDER