

**Bill to:**

PARAMOUNT TRANSPORTATION LOGISTICS SERVICES, LLC
315 NE 14th Street,,
Ocala,
FL,
34470

Invoice Date: 07/25/2024

Invoice #: 1939537

Terms: NET 30

Due Date: 08/25/2024

| Date | Customer Ref # | Origin - Destination | Quantity | Rate | Amount |
|------------|----------------|---|----------|------------|------------|
| 07/24/2024 | | 3576 U.S. 41, ADAIRSVILLE, GA 30103 - 17320 Washington Highway, DOSWELL, VA 23047 | | | |
| | | | 1 | \$1,600.00 | \$1,600.00 |
| | | detention | 1 | \$30.00 | \$30.00 |

| TOTAL |
|------------|
| \$1,630.00 |

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

Paramount Transportation Logistics Svcs
315 NE 14th Street
Ocala, FL 34470-4112
800-510-9304 239-267-1910

Page 1

Load Confirmation

1939537

Carrier: ZIGI FREIGHT INC
CHICAGO IL 60638
Date: 07/24/2024

Contact: Asta
Phone: 630-566-1312
Fax:

Order
Order: 1939537
Miles: 587.0
Temp:
BOL: PO 1316273
Customs Broker Info:

Commodity: Flooring Material
Weight: 42690.0 LB
Trailer: 53' Van (DAT)
Reference:

PU 1 Name: CFL Date: **07/24/2024 1030**
Address: 3576 U.S. 41 **07/24/2024 1030**

ADAIRSVILLE GA 30103 Driver Load: No driver loading or unload

SO 2 Name: MOSAIC TILE Date: **07/25/2024 0800**
Address: 17320 Washington Highway **07/25/2024 0800**

DOSWELL VA 23047 Driver Load: No driver loading or unload

Payment
Carrier Freight Pay: \$1,600.00
Total Carrier Pay: \$1,600.00

Carrier Instructions and Requirements: This form must be completed and returned before driver can be loaded.

This load confirmation is subject to the terms and conditions of the Broker/Carrier Agreement (Agreement) previously executed between our companies and this constitutes as an addendum to the terms of that agreement. We agree to pay the rates and charges shown above and no different tariff rate or schedule of rates apply.

This document is prohibited from use as a Bill of Lading or Proof of Delivery. This Rate Confirmation is confidential and for the sole use of you, The Carrier, and Paramount Transportation Logistics Services, LLC. It is not to be disseminated to any other party.

- * Your signature constitutes a contractual agreement between your company and Paramount Transportation Logistics Services, LLC. (PTLS). We understand that this agreement has been approved by a person authorized to do so. If any information is incorrect, please contact us by email or telephone before executing the above agreement.
- * **This load is subject to electronic tracking by utilizing Trucker Tools application. Failure to utilize Trucker Tools will result in \$100.00 deduction from this rate confirmation. No detention will be paid unless on tracking and tracking must be maintained for the duration of the trip.**
- * Approval of payment of detention is contingent upon the following eligibility requirements: Carrier must give 1-hour notice of detention starting, proof of arrival time noted on BOL and must utilize Trucker Tools tracking for the entire trip.
- * Shipments are exclusive use unless otherwise noted.
- * **This load shall not be double brokered. Double brokering will result in forfeiture of payment by PTLS as well as deactivation as an approved Carrier for future loads.**
- * This rate includes all stop-off charges, fuel surcharges, loading, unloading, etc. This rate cannot be changed, modified, or supplemented by reference to any other rates, rules, classification, schedule, or tariff. Carrier shall be liable for full loss resulting from loss, damage, injury, or delay. Full loss is the invoice price of freight tendered to the Carrier for transport. All loading and unloading, detention or other accessorial fees must be PRE-APPROVED IN WRITING by an authorized PTLS associate.
- * Driver assist charges must be approved by PTLS prior to driver assisting.
- * Driver is responsible for checking and counting the freight at pickup unless SLC notation on Bill of Lading (BOL) is obtained. Driver must report any overages, shortages, or damaged product immediately and have noted on signed BOL.
- * For sealed loads, seal numbers and seal, intact notation must appear on BOL.
- * Reefers must be pre-chilled to temperature in load requirements.
- * All trailers must be less than 10 years old and free of all debris of any kind or will be turned away and refused loading. Reasons to reject trailer at loading include, but are not limited to the following: foul odor, broken glass, metal shavings, infestation and mold.
- * **All Lumper receipts must be received within 24 hours or payment may be denied.**

The signed BOL and a complete set of documents including load # must be received in 48 hours.

- * A complete set of documents includes, but is not limited to; carrier invoice, BOL (signed by shipper, carrier and consignee), signed Rate Confirmation, and any other necessary billing documents.

Carrier documents can be uploaded to our carrier portal at: <https://rlglobal.com/carrier-tools>

Carrier documents can be emailed to: carrierinvdocs@goptls.com

Carrier inquires should be directed to: payables@goptls.com

By signing this document, the carrier and/or its driver(s) (Carrier or You or Your) agree that they may legally receive SMS and/or electronic messages (Message(s)) originating from PTLS or its contracted entity. Responding to or reading any Message while driving a truck or motor vehicle can cause serious injury, death or property damage to You or others. You agree that You will not read or reply to a message unless Your vehicle is stationary and parked. Carrier and any employee and/or agent of Carrier assume all responsibility for abiding by these instructions and agree that they will comply with all applicable federal, state and local laws including, but not limited to; receiving, reading and/or sending Messages, phone calls and/or any other information to or from PTLS. Carrier agrees to release, indemnify, defend and hold PTLS harmless to the fullest extent permitted by law for any and all claims of any nature arising out of or relating to the Messages, the hauling of this load, any violation of the terms of the broker-carrier agreement or this rate confirmation. The safe, legal and proper operation of the Carrier supersedes any request, demand, preference, instruction or information provided by PTLS or its customers with respect to any shipment. If any employee of PTLS or its customer requests, demands, or instructs Carrier to take any action that violates any laws, Carrier shall refuse to transport a load and immediately contact PTLS before taking any further action. Carrier agrees that when it chooses to transport a load it does so on its own volition, exercising its own discretion and decision-making without coercion or undue influence by any individual or entity.

Signature:

ASTA MIJAC

Driver Name: **ALEJANDRO**

Driver Cell: **786-543-5951**

(X) Accept

Tractor #: **706**

() Decline

Trailer #: **97037**

STRAIGHT BILL OF LADING ORIGINAL - NOT NEGOTIABLE



PO Box 271
Wilmington, OH 45177-0271
800 543 5589
www.gorlc.com



975 Cobb Place Blvd., Suite 101
Kennesaw, GA 30144
866 314 7750
www.rlglobal.com



16520 S Tamiami Trail Suite 180
Fort Myers, FL 33908
877 510 9133
www.rltruckload.com

check
IN 10:30 AM
OUT 1:30 PM
PRO LABEL HERE

| | | | | | |
|---|---------------------|-------------------|---|--|-------------------|
| DATE 7.24.24 | | CONSIGNEE PHONE | | SHIPPER'S PHONE | |
| TO: (PLEASE PRINT) CONSIGNEE Mosaic Tile | | | FROM: (PLEASE PRINT) SHIPPER CFL | | |
| ADDRESS 17320 N Washington Highway | | | ADDRESS 3576 US 41 | | |
| CITY DOSWELL | STATE/COUNTRY VA | ZIP CODE 23047 | CITY ADAIRSVILLE | STATE GA | ZIP CODE 30103 |
| HAZ-MAT EMERGENCY CONTACT NUMBER | | CONTRACT NUMBER | | OFFERER'S NAME/CONTRACT HOLDER'S NAME Canutec | |
| BILL TO: (PLEASE PRINT) THIRD PARTY R+L TRUCKLOAD | | | THIS SECTION FOR FUNDS TO BE COLLECTED FOR PRODUCT ONLY | | |
| ADDRESS 16520 S TAMIA MI TRAIL STE 180 | | | <input checked="" type="checkbox"/> COD TOTAL \$ *NOT APPLICABLE FOR TRUCKLOAD SHIPMENTS | | |
| CITY FORT MYERS | STATE FL | ZIP CODE 33908 | Check Appropriate Box: <input type="checkbox"/> Certified Check <input type="checkbox"/> Company Check | | |
| SHIPPER'S NO. 11682 | | | COD fee to be paid by: <input type="checkbox"/> Shipper <input type="checkbox"/> Consignee On a Collect On Delivery shipment(s), the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec 1 | | |
| PURCHASE ORDER NO. 1316273 | | | REMIT COD TO: | | |
| QUOTE NO. 1939537 | | | ADDRESS | | |
| | | | CITY STATE ZIP CODE | | |

| | | | | | |
|--------------------------------|---|---|--|---|---|
| ADDITIONAL SERVICES | <input type="checkbox"/> LIFTGATE | <input type="checkbox"/> INSIDE PICK UP | <input type="checkbox"/> INSIDE DELIVERY | <input type="checkbox"/> FREEZE PROTECTION | <input type="checkbox"/> RESIDENTIAL/Limited Access |
| | <input type="checkbox"/> DELIVERY NOTIFICATION (These services may require additional charges) | | | | |
| R+L GUARANTEED SERVICE OPTIONS | <input type="checkbox"/> R+L GUARANTEED: Delivers by 5 pm on service date | | | <input type="checkbox"/> R+L GUARANTEED WINDOW: Delivers within a window (minimum 1 hr) during business hours (9 am - 5 pm) on service date. Deliver between the hours of _____ and _____ | |
| | <input type="checkbox"/> R+L GUARANTEED AM: Delivers by Noon on service date (Additional charges apply) | | | | |
| SPECIAL INSTRUCTIONS: | SO# 11682 trailer - w9 7037 / seal - 4278679 | | | | |

Prepaid (shipper is responsible)

Collect (consignee is responsible)

FREIGHT CHARGES ARE PREPAID unless marked collect

CHECK BOX IF COLLECT ☐

| BULK | NO. SHIPPING UNITS | PKG. TYPE | HM* | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS | NMFC ITEM NO | SUB | CLASS | WEIGHT (LB) SUBJ. TO CORR |
|------|--------------------|-----------|-----|--|--------------|-----|-------|---------------------------|
| | 20 | PLT | | LVP | | | 60 | 42,690 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Note 1 - 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 _____

Note 2 - Liability limitation for loss or damage on this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

Note 3 - 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 Sec. 2(e) of NMFC Item 360.

Subject to Section 7 of the conditions, 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 charges.

(Signature of Consignor) _____

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; the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked consigned, and destined as indicated above 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 carry to its usual place of delivery at said destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Bill of Lading set forth in the National Motor Freight Classification 100-X and successive issues. Further, carrier shall not be liable for damage to unprotected or uncrated freight or shipments.

Shipper hereby certifies that he is familiar with all of the terms and conditions in the said bill of lading including those on the back thereof and the said terms and conditions are hereby agreed to by shipper and accepted for himself and his assigns.

The shipper also certifies that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

| | | | | |
|---------|--|------|---------|--|
| SHIPPER | | 7124 | CARRIER | |
| PER | | | PER | |

* Mark with an "X" to designate Hazardous Material as defined in Title 49 of the Code of Federal Regulations, and insert Shipper's Haz-Mat Emergency Phone No.

STRAIGHT BILL OF LADING ORIGINAL - NOT NEGOTIABLE



PO Box 271
Wilmington, OH 45177-0271
800.543.5589
www.gorlc.com



975 Cobb Place Blvd, Suite 101
Kennesaw, GA 30144
866.314.7750
www.rlnloglobal.com



16520 S Tamiami Trail Suite 180
Fort Myers, FL 33908
877.510.9133
www.rltruckload.com

PLEASE PLACE
PRO LABEL HERE

| | | | | | |
|---|----------------------------|--------------------------|---|---|---|
| DATE 7.24.24 | | CONSIGNEE PHONE | | SHIPPER'S PHONE | |
| TO: (PLEASE PRINT) Mosaic Tile | | | FROM: (PLEASE PRINT) CFL | | |
| ADDRESS 17320 N Washington Highway | | | ADDRESS 3576 US 41 | | |
| CITY DOSWELL | STATE/COUNTRY VA | ZIP CODE 23047 | CITY ADAIRSVILLE | STATE GA | ZIP CODE 30103 |
| HAZ-MAT EMERGENCY CONTACT NUMBER | | CONTRACT NUMBER | | OFFERER'S NAME/CONTRACT HOLDER'S NAME Canutec | |
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| CITY FORT MYERS | STATE FL | ZIP CODE 33908 | COD fee to be paid by: Shipper <input type="checkbox"/> Consignee <input type="checkbox"/> On a Collect On Delivery shipment(s), the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec 1 | | |
| SHIPPER'S NO. 11682 | | | REMIT COD TO: | | |
| PURCHASE ORDER NO. 1316273 | | | ADDRESS | | |
| QUOTE NO. 1939537 | | | CITY STATE ZIP CODE | | |
| ADDITIONAL SERVICES <input type="checkbox"/> LIFTGATE <input type="checkbox"/> INSIDE PICK UP <input type="checkbox"/> INSIDE DELIVERY <input type="checkbox"/> FREEZE PROTECTION <input type="checkbox"/> RESIDENTIAL/Limited Access <input type="checkbox"/> DELIVERY NOTIFICATION (These services may require additional charges) | | | | | |
| R+L GUARANTEED SERVICE OPTIONS <input type="checkbox"/> R+L GUARANTEED: Delivers by 5 pm on service date <input type="checkbox"/> R+L GUARANTEED AM: Delivers by Noon on service date <input type="checkbox"/> R+L GUARANTEED WINDOW: Delivers within a window (minimum 1 hr) during business hours (9 am - 5 pm) on service date. Deliver between the hours of _____ and _____ (Additional charges apply) | | | | | |
| SPECIAL INSTRUCTIONS: SO# 11682 | | | | | |
| Prepaid (shipper is responsible) <input checked="" type="checkbox"/> Collect (consignee is responsible) <input type="checkbox"/> FREIGHT CHARGES ARE PREPAID unless marked collect | | | | | |
| BULK | NO. SHIPPING UNITS | PKG. TYPE | HM | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS | NMFC ITEM NO. SUB CLASS WEIGHT (LB) SUBJ. TO CORR |
| | 20 | PLT | | LVP | |
| | | | | | |
| Note 1 - 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 _____ Note 2 - Liability limitation for loss or damage on this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B). Note 3 - 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 Sec. 2(e) of NMFC Item 360. | | | | | |
| Subject to Section 7 of the conditions, 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 charges. (Signature of Consignor) _____ | | | | | |
| 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; the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked consigned, and destined as indicated above 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 carry to its usual place of delivery at said destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Bill of Lading set forth in the National Motor Freight Classification 100-X and successive issues. Further, carrier shall not be liable for damage to unprotected or uncrated freight or shipments. | | | | | |
| Shipper hereby certifies that he is familiar with all of the terms and conditions in the said bill of lading including those on the back thereof and the said terms and conditions are hereby agreed to by shipper and accepted for himself and his assigns. The shipper also certifies that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation. | | | | | |
| SHIPPER | | | CARRIER | | |
| PER | | | PER | | |

* Mark with an "X" to designate Hazardous Material as defined in Title 49 of the Code of Federal Regulations, and insert Shipper's Haz-Mat Emergency Phone No.