

**Bill to:**

AIT TRUCKLOAD SOLUTIONS INC

,
,
,

Invoice Date: 07/30/2024

Invoice #: 0471800

Terms: NET 30

Due Date: 08/30/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
07/29/2024		4290 E RAINES RD, MEMPHIS, TN 38118 - 4500 Directors Road, JACKSONVILLE, FL 32220			
			1	\$2,000.00	\$2,000.00

TOTAL
\$2,000.00

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

Page 1

AIT Truckload Solutions
Chicago, IL 60677-5379
PO Box 775379
(877) 633-1560 Fax

Pro# 0471800
Date: 07/29/2024

Carrier:	ROYAL3 INC CHICAGO IL 60638	Contact:	Bonnie
Tractor:	425313	Trailer:	W94939
		Phone:	
		Fax:	

Order	Order:	0471800	Commodity:	Freight All Kinds
	Miles:	667.0	Weight:	30000.0
	Temp:	MIN: MAX:	Pieces:	Van (DAT)
	BOL:	BJWC00736190	Trailer:	
			Reference:	

PU 1	Name:	WM BARR & CO INC	Date:	07/29/2024 1300
	Address:	4290 E RAINES RD		
		MEMPHIS TN 38118	Contact:	Drvr Ld/Unld: No driver loading or unload
	Phone:			
	Reference Number:	4B BJs Wholesale Club,Inc.		
	Reference Number:	AO 302803		
	Reference Number:	EMM 645.2		
	Reference Number:	OQ 115135853		
	Reference Number:	PH Dry		
	Reference Number:	PO 115135853_00809451		
	Reference Number:	QN 01		
	Reference Number:	SI BJWC00736190		

SO 2	Name:	BJs Wholesale Club DC 0840	Date:	07/30/2024 1100
	Address:	4500 Directors Road		
		JACKSONVILLE FL 32220	Contact:	Drvr Ld/Unld: No driver loading or unload
	Phone:			
	Reference Number:	AO 100484561		
	Reference Number:	OQ 115135853		
	Reference Number:	PO 115135853_00809451		
	Reference Number:	QN 02		
	Reference Number:	SI BJWC00736190		

Payment	Carrier Freight Pay:	\$1,850.00
	Tracking	150.00
	Total Carrier Pay:	\$2,000.00

Instructions

WM BARR & CO INC - BJSWWEMA: FOR ANY WATER DELIVERIES GOING TO NORTH BERGEN BEVERAGE
2111 8RD ST - YOU MUST CALL ERIC @ 973-865-0839 BEFORE CHECKING INTO DELIVERY

Signature _____

Date _____

Agreement

The execution and delivery of this document by an authorized carrier rep, or carrier's act of picking up the shipment referenced herein (whichever occurs first), creates a contract between carrier and AIT Truckload Solutions and represents the carrier's acknowledgement and agreement to be bound by the terms and conditions of this load confirmation. The terms and conditions of this load confirmation are intended to be supplemental to those contained within the Broker/Carrier Agreement executed by carrier and AIT Truckload Solutions. Signed load confirmations are to be returned to the AIT Truckload Solutions booking rep.

Exclusive use: Services are being procured for exclusive use of the trailer for the shipment attached to this confirmation. Supplier may not add additional freight to this shipment or transfer freight from the original trailer. Any unpermitted violation of this requirement will result in a 50% reduction of the agreed upon transportation rate.

The truck that arrives for pickup must have the same MC number as was booked with AIT Truckload Solutions. The carrier must operate under and permanently display the approved MC number only, otherwise the truck will NOT be loaded. If truck is loaded, 50% rate reduction for double brokering.

Accessorials, Delays and OS&D: Carrier must provide immediate notification of any issues or OS&D situations to AIT Truckload Solutions via phone 877-633-1560. Failure to immediately report delays, accessorials, or OS&D situations may result in carrier liability. Detention paid is \$40/hour with a max layover of \$200 per day. Detention will not be paid if waiting time incurred as a result of carrier arriving late to appointment. Cargo/Sprinter Van TONU max \$75.00. Straight Truck/Dry Van – Max TONU fee \$150.00.

Any late pickups and/or deliveries that are determined to be carriers' fault will result in a minimum \$250.00 per day deduction to carrier. A higher rate may be assessed for team/priority loads.

Team Loads: If team drivers are procured for a load, both drivers MUST be physically present at the time of pickup and delivery. Any unpermitted violation of this requirement at the time of pickup will result in non-loading of the truck, and any unpermitted violation of this requirement at the time of delivery will result in a 50% deduction of the agreed upon transportation rate.

Priority Shipments: driver must arrive to shipper with a seal. All seals must be applied and removed by the shipper and consignee only. Drivers are NEVER allowed to apply or remove a seal. Trailer must be sealed for the duration of the shipment. Consignee will confirm seal is intact. No loaded trailers are approved to sit at third party locations or yards other and pre-approved yards that include complete fencing and gates. AIT Truckload Solutions must be notified immediately of any circumstance which occurs that requires a truck to be left unattended, but not limited to, mechanical failure, driver emergency or accidents. Drivers are not permitted to take priority loads home or leave unattended at any time. The failure to adhere to the foregoing requirements may result in Carrier liability for any resulting OS&D.

Proof of Delivery: Carrier agrees to provide a verbal POD before departing from delivery and hard copy within 2 hours. (load#, stop location, date, time, and name signed by receiver) If illegible, carrier must request printed name. In and Out times required in addition to the name signed for by. Send POD to paperwork@aitworldwide.com or call 877-633-1560.

Invoices: Invoices due for payment should be sent to ftl.ap@aitworldwide.com.

Please sign, date and e-mail back to

jruano@aitworldwide.com

Signature _____

Date _____

DRIVER

Load ID: 000302803

Date: 7/19/2024

BILL OF LADING

Page 1 OF 2 PAGES

SHIP FROM

Name: W.M. Barr & Company, Inc.
Address: PO Box 1879
Memphis, TN 38101

SHIP TO

Name: BJS DC # 840
Address: BJ S WHOLESALE CLUB 0840
4500 DIRECTORS RD
JACKSONVILLE, FL 32220
US

Bill of lading number: 01840202



(402)00000000018402025

Carrier name: AIT Worldwide

Trailer number: 94939

Seal numbers: 6348960

BILL THIRD-PARTY FREIGHT CHARGES TO:

Name:
Address:

SCAC: AIWL

Pro Number:

000000036



(9012K)AIWL000000036

Special instructions:

FREIGHT CHARGE TERMS: Pickup Collect

EMERGENCY CONTACT DAY OR NIGHT
PHONE CHEMTREC TOLL FREE 800-424-9300 CCN23980

Freight charge terms:

Prepaid _____ Collect ☒ Third party _____

☐
(check box)

CUSTOMER ORDER INFORMATION

Customer order number	# PKGS	Weight (LBS)	Cube	Pallet/Slip (Vehicle only)	Additional shipper info
115135853	S1927140	28	24,018	1,244	Y (N)
					Y N
					Y N
					Y N
					Y N
					Y N
Grand Total		28	24,018	1,244	

CARRIER INFORMATION

Handling unit		Package		Weight (LBS)	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.</small> See Section 2(e) of NMFC Item 360	LTL ONLY	
Qty.	Type	Qty.	Type				NMFC#	CLASS
						SEE ATTACHED SUPPLEMENT PAGE		
28		28		24,018				

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. The shipper hereby certifies that he/she is familiar with all terms and conditions of the NMFC Uniform Freight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby, agreed to by the shipper and accepted for by himself and his/her assigns.

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, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

L. Atkinson

7/19/24

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.

DRIVER

Load Id: 000302803

Date: 7/19/2024

SUPPLEMENT TO THE BILL OF LADING

Page: 2

Bill of lading number 01840202

CARRIER INFORMATION						COMMODITY DESCRIPTION		LT ONLY	
HANDLING UNIT		PACKAGES		WEIGHT (LBS)	H.M. (X)	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	NMFC#	CLASS	
QTY.	TYPE	QTY.	TYPE						
		28	BOX	24,018		Delivery Appt. Req'd. Must make appt 48 hours prior to delivery. All truckload shipments must be sealed and the seal # notated on BOL. PO# & Case Qty notate on BOL and POD. Call for appt: Uxbridge, MA 508-779-3034 fax appt: 508-779-3034; Burling, NJ: 609-239-6030 fax appt: 609-239-7060; Jacksonville, FL 904-378-4333 fax appt: 904-378-4334. We will be fined on late arrivals of delivery appt. VENDOR# 10022503 DAMPRID MOISTURE ABSORBER CALCIUM CHLORIDE	43730	70.00	
I CERTIFY THAT I HAVE A COPY OF THE CURRENT EMERGENCY RESPONSE GUIDEBOOK IN MY TRUCK						SIGNATURE _____			
DO NOT BREAK SHRINK WRAP									
						APPT TIME: _____ DATE: _____ ARRIVAL TIME: _____ DATE: _____ DEPARTURE TIME: _____ DATE: _____ DRIVER SIGNATURE: _____			
28		28		24,018		GRAND TOTAL			