



Bill to:  
ZIP LINE LOGISTICS

Invoice Date: 08/02/2024  
Invoice #: 0654752  
Terms: NET 30  
Due Date: 09/02/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
08/01/2024		3784 OPELIKA RD, PHENIX CITY, AL 36870 - 7 Limited Pkwy, Reynoldsburg, OH 43068, 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**



### **RATE CONFIRMATION**

\*\*\*\* No Accessorials will be paid without Zipline's prior written authorization \*\*\*\*

\*\*\* Carrier must call Zipline when empty to acknowledge receipt of dispatch information  
@ (888) 469-4754\*\*\*

\*\*TONU will not be paid unless driver has called in and been dispatched by Zipline directly\*\*

\* Carrier must report any overages, shortages, damaged product and other irregularities  
immediately to Zipline\*

Delivery and pick up dates and times will not require Carrier to violate any safety regulations, including hours of service. At all times Carrier must ensure safe and legal operations.

Carrier shall notify Shipper or Receiver through Zipline of any anticipated delays in meeting the scheduled date or times indicated for this shipment. Any directions given by ZIPLINE or its Customers to Carrier, whether orally or in writing, are solely for informational purposes. Carrier is solely responsible for making all decisions relating to delivering every load. Carrier must operate their vehicle lawfully and safely over all roads, highways, bridges or routes. Carrier is solely responsible for all fines, penalties, and citations that may be assessed as a result of their delivering this load, including but not limited to any violation of any regulation, law or ordinance in operating their vehicle or regarding their trailer and its contents.

This Rate Confirmation is subject to the terms of Zipline's Broker-Carrier Agreement, constitutes an addendum to it, and is intended to emphasize, rather than limit it. This Rate Confirmation is inclusive of all charges. Carrier agrees that it reflects the entire amount due and that no other amount will be invoiced to Zipline. Carrier agrees to all terms in this Rate Confirmation through its electronic signature. Carrier's invoice must include all original paperwork, including an original Bill of Lading, delivery receipt, and this signed rate confirmation. All invoices must reference the Zipline's PRO # referenced above.

Carrier hereby restates all obligations under Zipline's Broker-Carrier Agreement and reaffirms its intent to be bound thereby.

**Zipline Logistics, LLC**

(888) 469-4754

[www.ziplinelogistics.com](http://www.ziplinelogistics.com)

1600 Dublin Road

Suite 1200

Columbus, OH 43215

FOR BILLING: PLEASE SEND PAPERWORK TO [INVOICES@ZIPLINELOGISTICS.COM](mailto:INVOICES@ZIPLINELOGISTICS.COM)

If there are any questions, please contact us at [accounting@ziplinelogistics.com](mailto:accounting@ziplinelogistics.com)

Order ID:  
0654752



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Zipline Logistics, LLC  
1600 Dublin Road South Suite 1200  
Columbus, OH 43215  
Direct: (614) 884-0736  
General: (614) 458-1145

Carrier: ROYAL3 INC  
CHICAGO IL 60638  
Date: 07/31/24

Contact: Marisa  
Phone: (630) 485-7370 x103  
Fax:

Driver:  
Phone:  
Email:

**\*\*FULL TRUCKLOAD SHIPMENT - REQUIRES EXCLUSIVE USE OF TRAILER, CANNOT MOVE WITH OTHER FREIGHT\*\***

Order:	0654752	Miles:	638.0	Commodity:	Non Store Ready Freight
UN #:		Skid Count:	26	Temp:	-
Pick Up No.:	CS00996077	Pieces:	1200	Weight:	23580.0
Delivery No.:	3900038255	Trailer:	Van (DAT)	Value:	100000.00

PU 1	Name:	MCP AL	Date:	08/01/24 0800	-	08/01/24 1400
	Address:	3784 OPELIKA RD				
	Address 2:		Phone:	(334) 448-1568		
	City/St/Zip:	PHENIX CITY AL 36870	Driver Load:	No Driver Touch		
	Cust Ref #:	BM CS00996077				
	Cust Ref #:	PO 3900038255				

SO 2	Name:	DC 7 LDS	Date:	08/02/24 1100	-	08/02/24 1100
	Address:	7 Limited Parkway				
	Address 2:	Door 80 USE GATE 3 Via TAYLOR RD	Phone:	(614) 856-7158 x6715		
	City/St/Zip:	REYNOLDSBURG OH 43068	Driver Load:	No Driver Touch		
	Cust Ref #:	PO 3900038255				

Payment	Carrier Freight Pay:	\$1,000.00
	Timely Communication of Issues	200.00
	Total Carrier Pay:	\$1,200.00

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## Instructions

MCP AL - Contact: Ron S - TE - 334-448-1568

MCP AL - MASTCOOH: Comments for Loads - MACRO PT

**\*\*Macro Point Monitoring** - This load requires the driver to accept the Macro Point Monitoring service and for the monitoring connection to be active and uninterrupted for the duration of the load - from the driver being dispatched until the driver is empty. DRIVER CELL PHONE NUMBER MUST BE PROVIDED TO ZIPLINE AT TIME OF DISPATCH\*\*

DC 7 LDS - Contact: Desk Desk - TE - 614-856-6503

**\*\*All Invoices and supporting documentation are processed through HubTran. Please send documents to [Invoices@ziplinelogistics.com](mailto:Invoices@ziplinelogistics.com) for processing and payment.**

**Zipline leverages Trucker Tools and Macropoint for track and trace visibility. If you do not already utilize, please consider doing so to allivlate the need for manual callins, and access the many other resources that these services provide for drivers.**

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**Please Sign:**    *Marisa S.*

**(X) Accept**

**( ) Decline**

**Driver Name:** Apolonio

**Driver Cell:** 3059752540

**Driver Email:**

**Tractor #:** 714

**Trailer #:** PTL2242130

Date: 7/31/24 08:49

## BILL OF LANDING

Page 1

SHIP FROM

Name: 36014711 - MCP AL, LLC  
Address: 3784 OPELIKA RD  
City/State/Zip: PHENIX CITY AL 36870  
SID# CS00996077 FOB ☐

Bill of Lading Number:

CS00996077

SHIP TO

Name: DC7 Location #:   
Address: 7 LIMITED PARKWAY DR80  
City/State/Zip: Reynoldsburg OH 43068  
CID# 1357 FOB ☐

CARRIER NAME: Zipline Logistics

Trailer number:

x 242130

Seal number(s):

2022264

417

SCAC:

ZIPL

Pro number:

0654752



(9012K)ZIPL0654752

## THIRD PARTY FREIGHT CHARGES BILL TO

Name:  
Address:  
City/State/Zip:

SPECIAL INSTRUCTIONS:

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

Prepaid ☐Collect ☒3rdParty ☐

☐ Master Bill of Lading: with attached underlying Bills of Lading  
(check box)

## Customer Order Info

CUSTOMER ORDER NUMBER	#PKGS	WEIGHT	PALLET/SLI	ADDITIONAL SHIPPER INFO
	1,200	23,580	N	
GRAND TOTAL	1200	23580 lbs		

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M.	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC	CLASS
1,200	Cartons	1,200	Case	23,580				70
1,200		1,200		23580		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, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

AS. 8/1/2024

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.


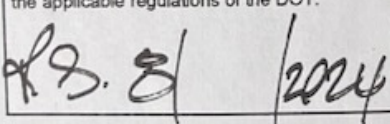
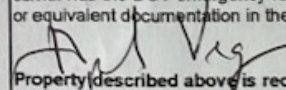
Property described above is received in good order, except as noted.



Date: 7/31/24 08:49

## BILL OF LANDING

Page 1

SHIP FROM				Bill of Lading Number: CS00996077	
Name:	36014711 - MCP AL, LLC				
Address:	3784 OPELIKA RD				
City/State/Zip:	PHENIX CITY	AL	36870		
SID#	CS00996077	FOB	<input type="checkbox"/>		
SHIP TO				CARRIER NAME: Zipline Logistics	
Name:	DC7	Location #:		Trailer number:	x 242130
Address:	7 LIMITED PARKWAY DR80			Seal number(s):	2022264 417
City/State/Zip:	Reynoldsburg	OH	43068	SCAC:	ZIPL
CID#	1357	FOB	<input type="checkbox"/>	Pro number:	0654752
THIRD PARTY FREIGHT CHARGES BILL TO				 (9012K)ZIPL0654752	
Name:				Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:				Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rdParty <input type="checkbox"/>	
City/State/Zip:				<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS:					
Customer Order Info					
CUSTOMER ORDER NUMBER		#PKGS	WEIGHT	PALLET/SLI	ADDITIONAL SHIPPER INFO
		1,200	23,580	N	
GRAND TOTAL		1200	23580 lbs		
CARRIER INFORMATION					
HANDLING UNIT		PACKAGE		WEIGHT	H.M.
QTY	TYPE	QTY	TYPE		
1,200	Cartons	1,200	Case	23,580	
1,200		1,200		23580	
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:				COD Amount: \$	
The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.				Fee Terms: Collect <input type="checkbox"/> Prepaid: <input type="checkbox"/>	
				Customer check acceptable: <input type="checkbox"/>	
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 / DATE				SHIPPER SIGNATURE	
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 DOT.					
					
Trailer Loaded		Freight Counted:		CARRIER SIGNATURE / PICKUP DATE	
<input type="checkbox"/> By Shipper		<input type="checkbox"/> By Shipper		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.	
<input type="checkbox"/> By Driver		<input type="checkbox"/> By Driver/pallets said to contain			
		<input type="checkbox"/> By Driver/Pieces		Property described above is received in good order, except as noted.	

J. Esheleman  
9:54  
8-2-24  
#242130