



Carrier Load Tender

Carrier Name: ZIGI FREIGHT INC
dba ROYAL3 INC
Phone: 630-485-7370 x 140
Fax:

Load#: EXP7284964
Date: 08/14/2024 08:45
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****Below routing is listed in the order it is to occur****

pickup 1		Location	Contact
Date:	08/14/2024	Grammer - Shannon	Taylor Phone: 662-566-1657
Time:	08:00 AM -03:30 PM	177 Bryan Rd	
		Shannon, MS 38868	
Po#	5350, 5246, 7282, 5847, 33896467		
Pickup #:			
Delivery #:			

Location Comments:

Quantity	UOM	Description	Dimensions	Weight	HM (x)
30.0	PALLETS	Driver Seats		9940.0	

30 PALLETS, 9,940 lb

drop 2		Location	Contact
Date:	08/15/2024	Hy-Capacity	shipping/receiving Phone: 515-332-2125
Time:	08:00 AM -03:00 PM	1404 13th Street S	
		Humboldt, IA 50548	
Po#	5350, 5246, 7282, 5847, 33896467		
Pickup #:			
Delivery #:			

Location Comments:

Quantity	UOM	Description	Dimensions	Weight	HM (x)
30.0	PALLETS	Driver Seats		9940.0	

30 PALLETS, 9,940 lb

Special Instructions

DEDICATED TRUCK ONLY

1. All load confirmation agreements must be returned with signature prior to pick up of any Express Logistics shipments; failure to comply will result in cancellation of shipment to carrier.
2. Any re-brokering will void our obligation to pay your freight bill.
3. Carrier agrees to 2 free hours of loading and unloading. All drivers are responsible to immediately notify Express Logistics of any delays or will not be eligible to receive reimbursement charges. Express Logistics detention rate is \$35/hr after 2 hours.
4. In the event of possible claims, DO NOT LEAVE CLAIM SITE. Notify Express Logistics IMMEDIATELY.
5. Express Logistics, Inc. invoice terms are net 30 days from receipt of invoice, must include the load number and be sent to the address listed below. Carrier must send the invoice, signed rate confirmation, POD, and any receipts for pre-authorized reimbursement expenses to be paid.
6. All shipments require exclusive use of equipment. Combining freight is prohibited unless Express Logistics agrees to a partial use of equipment. Carrier accepting and hauling load constitutes agreement of terms and rates.

Freight Terms

PAYMENT DETAILS

Description	Rate	Rate Qualifier	Quantity	Charge
Total Line Haul	1480.0	Flat Rate		\$1480.00
			Total:	\$1480.00

Equipment

Van (V)

Signature of Carrier Representative

Date

Driver Name

Cell Phone Number

Tractor Trailer #

For Standard payment Terms Send Invoice to:
invoices@exp-logistics.com

For Quick Pay: Invoices & POD must be sent to:
quickpay@exp-logistics.com



INVOICE

BILL TO:
EXPRESS LOGISTICS INC
116 S PRAIRIE STREET
BETHALTO, IL 62010

INVOICE DATE: 08/15/2024
INVOICE #: EXP7284964
TERMS: NET 30
DUE DATE: 09/15/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
08/14/2024		177 Bryan Rd, Shannon, MS 38868 - 1404 13th Street S, Humboldt, IA 50548			
		Freight Income	1	\$1,480.00	\$1,480.00

TOTAL
\$1,480.00

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

BILL OF LADING

BOL NO: EXP7284964

Carrier: ZIGI FREIGHT INC dba ROYAL3 INC

Pickup Date: 08/14/2024

Ship From

Grammer - Shannon
177 Bryan Rd
Shannon, MS 38868
Taylor 662-566-1657

Origin Terminal

P: F:

Destination Terminal

P: F:

Ship To

Hy-Capacity
1404 13th Street S
Humboldt, IA 50548
shipping/receiving 515-332-2125

References:

PO Number: 5350, 5246, 7282, 5847, 3389
PO Number: 6467
PRO: EXP7284964

3rd Party Freight Charges Bill To

Corviva / Express Logistics, Inc. - 3rd Party
4651 121st St.
URBANDALE, IA 50323
Customer Care 866-470-2776

Special Instructions: DEDICATED TRUCK ONLY

Freight Terms:

Prepaid: _____

Collect: _____

3rd Party: X

Accessorials:

Qty	Type	Weight	HM (X)	NMFC	Item Description	LTL Class
24	PALLETS	9940			Driver Seats Dimensions:	0.0
		9940			Grand Totals:	

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 _____."

Remit COD to:

Collect _____ **Prepaid** _____ **Customer check acceptable** _____ **COD Amount:** _____

Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 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 shipper, on request, and to all applicable state and federal regulations.

Trailer Loaded:
____ by Shipper
____ by Driver

Freight Counted:
____ by Shipper
____ by Driver

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper: _____

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.

Shipper: D. Al

Carrier Signature/Pickup Date:

Carrier acknowledges receipt of packages and required placards. Carrier Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in vehicle. Property described above is received in good order, except as noted

Carrier: _____

Jeffrey Culbert