



CARRIER RATE
CONFIRMATION

Load Number: 29545113



GENERAL CONTACT

GTZ CONTACT: (630) 534-5900 j.matal@globaltranz.com

GTZ FAX:

CARRIER PAYMENTS:

INVOICE/POD/RATE CON submit to: TLINVOICES@globaltranz.com

NOA and PAYMENT INQUIRIES: APTLREQUESTS@globaltranz.com

PO#:
REF#:
PRO#:
CARRIER QUOTE:

SERVICE: SERVICE TYPE: Full TRAILER TYPE: Straight Truck SIZE: 48	ACCESSORIAL(S):	COMMODITY: DESCRIPTION: WEIGHT: 42120 lbs PALLETS:23 PIECES:0
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CARRIER INFORMATION: CARRIER NAME: ROYAL3 INC LEGAL NAME:ZIGI FREIGHT INC MC#:944686 [AV595]	DISPATCHER: robert PHONE: (630) 485-7370 FAX: (630) 485-6980 EMAIL: robert.j@royal3inc.com	DRIVER: (Required)_____ DRIVER PHONE: (Required)_____ TRAILER NUMBER:
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IMPORTANT LOAD NOTES:
Please request POD upon deliveryTrailer must be clean, swept, dry, no holes, safe for entry

ORIGIN: FACILITY: HY-TEK MANUFACTURING INC STREET: 1998 BUCKTAIL LANE CITY/STATE/ZIP: Sugar Grove, IL 60554 FAX:	PICKUP DATE: 08-22-2024 REF #: HOURS: 07:00 - 16:00 CONTACT: Josh Caughran PICKUP #: APPOINTMENT REQUIRED: No APPOINTMENT MADE: No	PICKUP NOTES: PHONE:
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DESTINATION: FACILITY: RHINEHART FINISHING, LLC STREET: 5345 COUNTY ROAD 68 CITY/STATE/ZIP: Spencerville, IN 46788 FAX:	DELIVERY DATE: 08-22-2024 REF #: HOURS: 08:00 - 16:00 CONTACT: Receiving DELIVERY#: APPOINTMENT REQUIRED: No APPOINTMENT MADE: No	DELIVERY NOTES: PHONE:
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RATE INFORMATION:
BASE RATE:\$800.00
TOTAL RATE: \$800.00

GTZ SIGNATURE : Jazmin Matal (630) 534-5900

CARRIER SIGNATURE : *Robert Jovanovic*

Carrier understands and acknowledges that any instruction or information given to Carrier by Broker are merely for the Carrier's convenience and not to be construed as Brokers attempt to control the manner, method, or means by which Carrier or its employees performs the work hereunder. The Rate Confirmation Sheet is a legally binding agreement between Broker and Carrier. No signature is required to enforce provision of this agreement, rather both parties accept the terms and conditions contained herein upon Carrier's partial or full performance of the shipment. In the event of any conflict between the Agreement or the Carrier's Carrier Rate Confirmation, the Agreement shall govern and then any terms as set forth in this Carrier Rate Confirmation shall apply. Carrier must immediately notify Broker if shipper's instructions do NOT match the Rate Confirmation. Broker does not authorize hand written or verbal changes to the rate confirmation. If this rate confirmation does not accurately reflect the load terms, carrier must obtain a revised rate confirmation from Broker. Carrier's failure to provide equipment and/or services as agreed upon may result in additional line haul deductions.



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To be eligible for Accessorials / Incidentals, Carrier must:

- Be checked in to shipper **OR** receiver by the appointment time.
- Submit all proof of detention, accessorial, incidentals within 24-48 hours of delivery.

Detention:

- Carrier must be on time for pickup/delivery.
- Detention accrual begins 2 hours after appointment time at shipper/receiver IF:
 - Carrier must notify Broker after **60** minutes of waiting.
 - Provide time stamped BOL within 48 hours of delivery.
- Detention Rate - **\$40/hr** after **2** hours. Max \$200 detention per stop.

Layover, Truck Order Not Used (TONU):

- Carrier must contact Broker to request
- Delays or cancellations must be confirmed by Broker
- Layovers: \$200 Dry Van or \$250 Running Reefers.
- TONU: \$200

Submitting Payments:

- Email Invoice, Rate Confirmation, Proof of Delivery & Receipts to TLinvoices@globaltranz.com
- 3% / 3-Day Quick Pay available upon request
- For Payments question contact aptrrequests@globaltranz.com or by calling 866-275-1407 ext. 72597



INVOICE

BILL TO:

GLOBALTRANZ ENTERPRISES LLC
2700 COMMERCE ST STE 1500
DALLAS, TX 75226

INVOICE DATE: 08/22/2024**INVOICE #:** 29545113**TERMS:** NET 30**DUE DATE:** 09/22/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
08/22/2024		1999 Bucktail Lane, Sugar Grove, IL 60554 - 5345 COUNTY ROAD 68, Spencerville, IN 46788			
		Freight Income	1	\$800.00	\$800.00

TOTAL

\$800.00

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



Straight Bill of Lading - Short Form - Original - Not
Negotiable

GTZ BOL NO : 29545113

Shipper HY-TEK MANUFACTURING INC
Address 1998 BUCKTAIL LANE
Sugar Grove, IL 60554
Country USA
Contact Name Josh Caughran
Phone Number (847) 754-5080
Contact Email accounting@hytekmfg.com
Fax Number

Carrier :ROYAL3 INC
Shipment Date:08/22/24
Carrier Pro# :
Ref # :
Carrier Quote # :
P/O # :
Customer BOL NO:



Consignee RHINEHART FINISHING, LLC
Address 5345 COUNTY ROAD 68
Spencerville, IN 46788
Country USA
Contact Name Receiving
Phone Number (260) 238-4442
Contact Email
Fax Number

Third Party Billing Information:
All charges are prepaid to:
GlobalTranz
PO Box 6348
Scottsdale AZ 85261
Direct billing inquiries to : (866) 275-1407
GTZ BOL NO : 29545113

Comments/Special Instructions: Please request POD upon delivery/Trailer must be clean, swept, dry, no holes, safe for entry
Pickup Remarks :
Delivery Remarks :

Pallets	Pieces	IsHazmat	Description	Weight	FreightClass	Length	Width	Height	NMFC	Stackable
20	0		Castings	41520	0	45	48	25		false
3	0		Castings	600	0	45	48	25		false

The authorized signatories signing this document on behalf of its company consents and bind its company to the terms and conditions found on www.carrierrate.com.

Shipper Certification : I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled and in proper condition for carriage by land/air according to applicable national governmental regulations.

Shipper's Signature:

Daniel Baker

Date:

8/22/24

Trailer#:

Driver's Signature:

Date:

Trailer#:

Drivers Certification : Carrier acknowledges receipt of packages in good order, condition and quantity unless otherwise stated hereon. Carrier certifies emergency response information and required placards were made available and/or carrier has the D.O.T. emergency response guidebook or equivalent in the vehicle.

Subject to Section 7 of conditions of applicable bill of lading. 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 lawful charges.

Consignor's Signature:

Consignee Signature:

Company Name:

C. Wolfe
RF

Print Name:

Date:

C. Wolfe
8/22/24

Permanent post-office address of the Shipper:

* Mark with "X" to designate material as defined in Title 49 CFR

