

Dispatcher

 Dispatcher:
 Kevin Waltonbaugh

 Phone:
 877-646-4359

 Fax:
 317-399-1810

 Emergency Phone:
 877-646-4359

Load and Rate Confirmation Agreement Load #60618

To accept load please sign and email this sheet back to: kwaltonbaugh@corcoranlogistics.com

Carrier Information

Load Number:60618Carrier Number:7278MC Number:944686DOT Number:2828543Carrier Name:Zigi Freight Inc

Carrier Name: Attention:

Attention.

Confirmation Sent

To:

Driver Name: Truck Number:

Trailer Number:

Carrier Phone:

630-485-7370

Carrier Fax:

630-485-6980

Load Information

Bill Of Lading: 889322447
Commodity: FAK
Commodity Desc: Rack Returns
Load Size: Truckload

Miles: Piece Count: 549.00 900

Trailer Req: Van Weight: 25,000

#1 Shipper

Company: Linesets
Address: 10 Hershey Dr

City/St/Zip:

10 Hershey Dr Ansonia, CT 06401

Kelly@royal3inc.com

Service Level:

Flexible / FCFS

Monday, 08/26/2024 from 06:00 - 13:00

Tuesday, 08/27/2024 from 07:00 - 14:00

#2 Consignee/Final Destination

Company: K-FLEX USA - INBOUND

Address: 100 K Flex Way Address 2: Bldg 1 Dock 8

City/St/Zip: Youngsville, NC 27596

Service Level:

Flexible / FCFS

Additional Information

IMPORTANT: Macropoint Req. or \$250 Fine will be incurred

All invoices must include a signed delivery receipt and be sent to: docs@corcoranlogistics.com For billing questions email billing@corcoranlogistics.com Refer to the Corcoran Load Number on your invoice

- Under no circumstances is the carrier permitted to double/co-broker, reassign or interlink the load. Doing so voids our obligation to pay
 your freight bill.
- Send Invoice, POD, and Rate Conf. within 48 hours of delivery to docs@corcoranlogistics.com.
- · All fees (pallets/lumper/etc) that a carrier wants reimbursed for must be presented at the time of delivery to get reimbursement.
- A fee of \$250 per occurrence may be deducted for late deliveries & late pickups.
- · If driver doesn't accept tracking and track throughout the load, a \$250 fine will be assessed per load.
- · Minimum \$100,000 cargo required, but you must have cargo to cover the value of the load being hauled
- By hauling this load, the carrier hereby agrees to these terms regardless of signature.
- · Detention is not paid on produce or FCFS loads.

| Carrier: | Zigi Freight Inc |
|----------|------------------|
| MC #: | 944686 |
| USDOT #: | 2828543 |
| Ву: | |
| Title: | |

Amount to invoice: \$1,000.00

Invoicing Methods

1. Email (preferred): docs@corcoranlogistics.com

Payment Status Updates?

- 1. Email (preferred): billing@corcoranlogistics.com
- 2. Phone: 406-606-1466

||DOCID: 637001-66c8b880f3545856058295

Load Rate Confirmation #60618

Signed By: Kelly Ivanovic Kelly@royal3inc.com 08/23/2024 11:29:18 AM CT

185.183.34.34



INVOICE

BILL TO: CORCORAN LOGISTICS LLC 221 LOMOND LANE BILLINGS, MT 59101 INVOICE DATE: 08/27/2024 INVOICE #: 60618 TERMS: NET 30 DUE DATE: 09/27/2024

| DATE | CUSTOMER REF# | ORIGIN - DESTINATION | QUANTITY | RATE | AMOUNT |
|------------|---------------|---|----------|------------|------------|
| 08/26/2024 | | 10 Hershey Dr, Ansonia, CT 06401 - 100 K-Flex Way, Youngsville, NC 27596, USA | | | |
| | | Freight Income | 1 | \$1,000.00 | \$1,000.00 |

| TOTAL | |
|------------|--|
| \$1,000.00 | |

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

STRAIGHT BILL OF LADING - Short form - original not negotiable



Shipping From: 10A Hershey Ansonia, CT 06604
Bill To: Linesets, Inc 4480 N 43rd Ave #A3 Phoenix AZ 85031
(623) 215-9000 Phone (623) 215-9003 Fax

www.linesetsinc.com

| Invoice #'s | | Customer # | Purchase Order #'s | | Bill of Lading # | |
|----------------------|------------------|--|----------------------|---------------|------------------|-----------|
| | | | | | | |
| Date Shipp 8/26/2 | | Time Shipped 12:50 PM | | | Time Received | |
| Name: | SHIP T K-FLEX | PTO: | | Special I | | |
| Address: | 100 NOMACO | DR | | | | |
| City: | YOUNGSVILL | E State: NC | 7. 3V. X | | | 1 640 |
| Phone # | TA | Zip Code: 275 | 96 | | | |
| Units | Package Typ | pe Mate | erial Shipped | V | Veight in Ibs | Class |
| Assess and | STACKS | TRA | TRAYS 436 PCS | | | |
| | PALLETS | BOX | BOXES 230 PCS | | | |
| | | | | | | |
| | | | | | | |
| | | The state of the s | | 7 | | |
| | | 2 1 12 | 1/1 10 | .010.40 | J | |
| | | Levend By | THINK LIM | 08/21/0 | 4 | |
| | | U | | | | S. Salara |
| | | TOTALS | S / | | | |
| | | | FREIGHT CHA | RGES | PREPAID | |
| SHIPPER: | | LINESETS INC. | DECLARED V | | | |
| PER: | | | RATE QUOTE/ | QUOTE# | | |
| PER | | | Leave to the second | | | |
| rrier | | | All Material was red | eived in good | condition, acc | urate |
| luip # | | | counts, except as n | oted above, o | n / / | |
| iver: int Name: | | | by: Print Name: Da/ | 14 . 4 44 - 1 | 1. 1. | |