



Bill To Information
ROAR LOGISTICS
535 EXCHANGE STREET
BUFFALO, NY 14204
Phone: 7168337878
Fax: 7163320316
Email: accounting@roarlogistics.com

Sent By: Jevon Flippin
Email JFlippin@roarlogistics.com
Phone
Fax
Office ROAR LOGISTICS

Rate/Route Confirmation for ZIGI FREIGHT INC \$1,750.00

Shipment Details					
Shipment #	1300563	BOL #	1310915319	Shipment Miles	693.00
		Pallet Count	0	Temperature	-
Cust Ref/PO #	71143789 / 1310915319	Eq Type	Van - 53'		
Todays Date	9/3/2024 14:55	Eq ID	0		
Description of Merch:	Beverages/ Dry Grocery 23.00 PALLET @ 45158.00 Pounds				

Carrier Details			
Carrier	ZIGI FREIGHT INC	Driver Name	
MC	944686	Dispatch Phone	(630) 485-7370
DOT #	2828543	Fax	
SCAC	ZFIH	Carrier Ref	71143789

Stop Details						
Stop	Type	Pcs/Type/Wt	Address	Appt Date	Appt Time	PU/Delv #
1	Pickup (Live)		GATORADE DC TACOMA WA OVERFLOW 12005 STEELE ST S TACOMA, WA, 98444 PN: 0	Scheduled 9/4/24	13:00	71143789
2	Delivery (Live)		IB ADMIRAL BEVERAGE GREAT FALLS CRE 608 CRESCENT CIR GREAT FALLS, MT, 59404 PN: 0	Scheduled 9/6/24	07:30 - 07:30	1310915319

Shipment Line Items		
Total Pcs: 23 PALLET	Total Pallets:	Total Weight: 45158 lbs

Carrier Rate Agreement						
Item #	Charge Description	Unit Price	Unit Type	Unit Quantity	Rate	Note
1	LINE HAUL FUEL INCLUDED	\$1,750.00	Flat Rate	1	\$1,750.00	
					Total:	\$1,750.00

Shipment Notes	
Customer Note	<ul style="list-style-type: none">- Driver is responsible to count product. Any shortages carrier is responsible for even if seal is in tact. If driver is not allowed on dock to count, must notify ROAR Logistics ASAP and have the BOL marked Shipper Load and Count.- Any load delivering to a PBC/PBG facility will require a PBC/PBG detention form to be approved. It is the drivers responsibility to obtain the detention form from the facilities unloaders and or warehouse manager.

ZIGI FREIGHT INC
6850 W 63RD STREET, CHICAGO, IL (If this is not your information, notify dispatch immediately)

Signature _____ **Date** _____

Terms of Agreement	
1. **By signing this document, Carrier agrees to all terms and conditions listed in this load contract as well as the previously signed Carrier-Broker Agreement. In addition, carrier is acknowledging that they have read and understand all established terms and criteria for hauling this shipment. Should the carrier not submit a signed copy of this agreement back to ROAR, all terms and conditions are implied as accepted once the shipment has been signed for on the BOL by the carrier.**	
2. *Please confirm receipt. Sign and return by E-mail to the "Sent By" E-mail indicated at the top of this document. // Failure to sign and/ or return constitutes acceptance of rate and terms.	
3. *Drivers may NOT break seals without written authorization from ROAR Logistics. Unauthorized removal of seals may result in refusal of the shipment and a claim against your company.	
4. *When applicable, Carrier shall comply with the Federal Food, Drug, and Cosmetic Act ("FFDCA"), the Food Safety Modernization Act ("FSMA"), and the Sanitary Transportation of Human and Animal Food regulations.	
5. *Accessorials and/or rate corrections must be reported at time of occurrence and documented with supporting paperwork to be honored.	
6. *Please provide BOL/POD to ROAR within 48 hours of pick-up/delivery.	
7. *It is agreed that ROAR Logistics Inc has the right of offset against any payment owed to the carrier in the matter of an unresolved claim that has not been settled.	
8. *For Shipments In/Out of CA, carrier/driver must provide validation of CARB Compliance.	
9. *Actual shipment reefer temperatures are NOT confirmed at time of load tender. ALL load/reefer temps must be validated by driver once checked-in at the shipping location, and validated with the BOL. Smart-reefers are required.	
10. *Only smart/downloadable reefer units are to be used. Carrier must be able to produce a downloadable reefer report upon request.	

11. *This document is confidential and not to be shared without permission of ROAR Logistics.
12. *Unless otherwise noted, this is a "Live" Load and/or Unload. ROAR Logistics will not honor additional charges associated with unauthorized drop trailers. Where applicable, carrier may be responsible for missed appointment fees if at fault.
13. *Payment to Lumper at time of delivery between 23:00-07:00 must be made by the driver/carrier. Payment can be reimbursed by request the next business day via Comcheck with a valid receipt.
14. *Any directions given by ROAR Logistics, Inc., or its Customers, whether orally and/or electronically, are for informational purposes only. It is the Carrier's sole responsibility to confirm that it may lawfully and safely operate its vehicle and its contents over any road, highway, bridge and/or route. Carrier shall be solely responsible for any fines, penalties, or citations that may be levied as a result of operating its vehicle equipment and its contents in any way that may be found to be in violation of any regulation, law or ordinance.
15. *For details on any/all Accessorial charges, please refer back to the ROAR Broker-to-Carrier Agreement signed by a representative from your (the carriers) organization.
16. *Driver is responsible to make sure seal is affixed to trailer and matches on the BOL. Failure to do so may result in driver having to return the load to the shipper and/or a claim filed for the entire load.
17. *Shipments of alcohol, in any concentration (%) or form: Carrier acknowledges it has the appropriate Insurance coverages and can provide, if necessary, the insurance policy noting that the type of alcohol being shipped on the rate confirmation sheet is "not an excluded commodity" and is covered by the carriers insurance policy.
18. *If SHIPPER Bill of Lading (BOL) states "PROTECT FROM FREEZING" and that was not implied by ROAR Logistics or is not stated on this document, please contact ROAR Logistics ASAP.
19. *When/where applicable, the carrier will be responsible for any/all early, late, and / or rescheduling fees (which could exceed \$500+) on shipments delivering to a Walmart or Walmart owned facilities.
20. *SEAL MUST BE FULLY INTACT AND ATTACHED TO TRAILER. DRIVER IS TO WAIT FOR RECEIVER TO TAKE OFF. LOAD CANNOT BE TRANSLOADED AT ALL. MUST BE ON THE SAME TRAILER THE ENTIRE TIME. IF SEAL IS BROKEN BY CARRIER/DRIVER, CARRIER WILL BE RESPONSIBLE FOR FULL LOAD. IF SHIPPER DOES NOT AFFIX SEAL AND DENOTE SEAL NUMBER ON THE BOL, CARRIER/DRIVER MUST NOT LEAVE THE SHIPPING FACILITY AND CONTACT ROAR IMMEDIATELY. FAILURE TO DO SO MAY RESULT IN THE LOAD BEING REFUSED AT DELIVERY AND A CLAIM BEING PLACED AGAINST THE CARRIER.



INVOICE

BILL TO:
ROAR LOGISTICS INC
535 EXCHANGE STREET
BUFFALO, NY 14204

INVOICE DATE: 09/05/2024
INVOICE #: 1300563
TERMS: NET 30
DUE DATE: 10/05/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
09/04/2024		12005 Steele St S, Tacoma, WA 98444, USA - 608 Crescent Cir, Great Falls, MT 59404, USA			
		Freight Income	1	\$1,750.00	\$1,750.00

TOTAL
\$1,750.00

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



Date: 09/04/24 13:32		NON NEGOTIABLE BILL OF LADING		PAGE: 1/2	
Appointment Date: 09/04/24 13:00 SHIP FROM Name: <i>Pepsico</i> Address: <i>12005 Steele St.</i> City/State/Zip: <i>Tacoma, WA, 98444</i> Phone: SID#: <i>71143789</i>			Bill of Lading Number: 2024090491008 Reference No.: Load No: 71143789 Po No.:		
SHIP TO Name: <i>IB ADMIRAL BEVERAGE GREAT FALLS CRESENT</i> Location#: <i>Stop: IB</i> Address: <i>608 CRESCENT CIR</i> City/State/Zip: <i>GREAT FALLS, MT, 59404</i> CID#:			CARRIER NAME: <i>ROAR LOGISTICS INC.</i> Trailer Number: <i>W94933</i> Tractor Number: <i>P1075174</i> Seal No.: <i>173142</i>		
THIRD PARTY FREIGHT CHARGES BILL TO: Name: Address: City/State/Zip:			SCAC: <i>ROAR</i> Pro number: BAR CODE SPACE		
SPECIAL INSTRUCTIONS: <i>DN-41960 PO# 1310915319 REFERENCE 8381752335</i>			Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> <input checked="" type="checkbox"/> (check box) Master Bill of Lading with attached underlying Bills of lading		
CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER <i>1310915319</i>		#PKGS <i>2340</i>	WEIGHT <i>43317.0</i>	PALLET/SLIP (CIRCLE ONE) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	ADDITIONAL SHIPPER INFO <i>8381752335</i>
GRAND TOTAL		<i>2340</i>	<i>43317.0</i>		
CARRIER INFORMATION					
HANDLING UNIT QTY TYPE		PACKAGE QTY TYPE		WEIGHT CUFT 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. See Section 2(e) of NMFC item 360</small>
SEE ATTACHED SUPPLEMENT PAGE					
<i>34.0</i> <i>Plis</i>		<i>2340</i> <i>CTNS</i>		<i>43317.0</i> <i>LBS</i>	
GRAND TOTAL					
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. Signature/Print Name: _____ Date: <i>09/04/24 13:06</i>				Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	
Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets <input type="checkbox"/> By Driver/Pieces <input checked="" type="checkbox"/> Shipper Load and Count				CARRIER SIGNATURE/PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available to all carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small> <i>Property described above is received in good order, except as noted.</i> Units: <input type="checkbox"/> Load Bar 0.0 <input type="checkbox"/> Strap 0.0 <input type="checkbox"/> Airbag 0.0 Signature/Print Name: _____ Date: <i>09/04/24 13:06</i>	
INSTRUCTION: ***FREEZE PROTECTION REQUIRED*** NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. §14706(c)(1)(A) and (B).					
COD Amount: \$ Fee Terms: Collect <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer check acceptable: <input checked="" type="checkbox"/>					
Gate In: _____ Window In: <i>09/04/24 13:02</i> Dock In: <i>09/04/24 13:03</i> Dock Close: <i>09/04/24 13:25</i>					



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