



09/05/2024

15220047

Contact: Laurie Haney**Hogan Load Number: 15220047**

Email: laurie.haney@hogan1.com

Phone: 314-802-5856 **After-Hours 800-788-2220 x 2081**

CTM15220047CTM

Carrier: ROYAL3 INC**Contact:** Samm Stanojevic**Phone:** 630-485-7370**Fax:** 630-485-6980**Carrier MC:** 944686**Trailer Type:** 53' Van**Commodity:** vinegar cleaner**BOL:** 2938134**Consignee Ref #:****Order Number(s)****15220047****Weight:** 43,861

PU 1 KIK CUSTOM PRODUCTS
115 DOWNIEVILLE RD
MARS PA 16046

Date: 09/06/2024 1300

Reference Number: BM Bill of Lading Number 2938134
Reference Number: P8 Pickup Reference Number 4432917 4339525
Reference Number: P8 Pickup Reference Number a
Reference Number: PO Purchase Order Number 00688290
Reference Number: SO Shipper's Order (Invoice Number) E1-3922010

SO 2 KIK
2910 DUPREE ST
HOUSTON TX 77054

Date: 09/09/2024 0700

CARRIERS MUST REPORT ACCESSORIAL CHARGES WITHIN 24 HRS OF DELIVERY TO THE BROKER WITH DOCUMENTATION. WITHOUT AN UPDATED LOAD CONFIRMATION SHEET FROM THE BROKER APPROVING THE CHARGES CARRIERS WILL NOT BE PAID.

Payment	Carrier Freight Pay:	\$2,150.00
	Total Carrier Pay:	\$2,150.00

Instructions

KIK CUSTOM PRODUCTS - KIKCDAIL: ** FOURKITES TRACKING REQUIRED **



-
- Quick Pay is available upon approval.
 - Seal must be intact, and no product can be added to the trailer or charges will be waived.
 - All detention, lumpers or additional costs must be reported within 24 hours of occurrence along with the backup documentation, otherwise charges will be denied.
 - Drivers must be prepared to pay all unloading fees. Unloading receipts must be included with the invoice.
 - If a comcheck is issued, a \$25 processing fee will be subtracted from the rate.
 - Detention must be reported at the time of the event and legible time stamps must be provided on the BOL.
 - A 3% fee will be subtracted from the rate for fuel advances. Fuel advances will be capped at 50% or less of the total rate. They will only be issued after a signed BOL is provided after loading.
 - Double brokering will void all freight charges.

X _____

Authorized Carrier Representative

X Kyle Hugo

Vice President, Logistics



Carrier Invoicing Procedures

Carriers,

It is our goal to pay our carriers as quickly and effectively as possible. In order to do that, we need to have an efficient process in place to collect paperwork from our network of providers. Effective immediately, Hogan Logistics has implemented the following paperwork requirements for all carriers. These must be adhered to in order to be paid. Failure to comply can result in the carrier not being paid.

- Paperwork must be received within 7 days of delivery
- Mailed or fax invoices will not be accepted

How to Submit Paperwork:

- Option 1:
 - Email paperwork to hgll@e-transflo.com
 - One invoice per email with the Hogan order # in the subject line. File types accepted: pdf or tiff
- Option 2:
 - TRANSFLO Velocity – **FREE OF CHARGE**
 - <http://pegasustranstech.com/velocity-carrier>
 - Use Broker ID **HGLLV**
- Option 3:
 - **ONLY FOR QUICKPAY – QUICK PAY FEES WILL APPLY**
 - Email paperwork to quickpay@hogan1.com



INVOICE

BILL TO:
HOGAN LOGISTICS INC
P.O. BOX 7521
ST. LOUIS, MO 63106

INVOICE DATE: 09/09/2024
INVOICE #: 15220047
TERMS: NET 30
DUE DATE: 10/09/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
09/06/2024		115 Downieville Rd, Mars, PA 16046 - 2910 Dupree St, Houston, TX 77054			
		Freight Income	1	\$2,150.00	\$2,150.00

TOTAL
\$2,150.00

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: 9/6/2024

BILL OF LADING

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SHIP FROM
Name: KIK MARS
Address: 115 DOWNIEVILLE ROAD
City/State/Zip: MARS PA 16046 United States
Order#: 3922010
SID#: 2938134 Use for Billing Purpose

FOB []

Bill of Lading Number: 1961225



(402) 1961225

CARRIER NAME: 58753 HOGAN LOGISTICS, INC
Trailer/Container #: W97033
Seal Number(s): 2550031

SCAC: HGLL
Pro Number:

SPECIAL INSTRUCTION TO CARRIER:
Delivery Date: 09/08/24 - 09/09/24

CONSIGNEE
Name: KIK (Houston) Inc.
Location#: KIKHO60
Address: 2910 Dupree Street Houston TX 77054
City/State/Zip: United States
Phone#: (713) 747-8710
CID#:
Attention:

FOB [X]

DELIVER TO**Freight Charge Terms:** Prepaid

DRIVER COPY

[]
(check box)

Master Bill of Lading: with
attached underlying Bills of
Lading

SPECIAL INSTRUCTIONS

For Hazardous Materials [or Dangerous Goods] Incident
Spill, Leak, Fire, Exposure, or Accident
Call CHEMTREC Day or Night
1-800-424-9300 / 001-703-527-3887

GT
9-9-24

Sign In Time: 9:15

Bump Time:

Load Out Time: 9:55

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	#PKGS (in SO UoM)	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
00688290	1,150	43,861.00 LB	Y	N	24 SEP 9 AM 7:32
			Y	N	
			Y	N	
			Y	N	
			Y	N	
GRAND TOTAL	1,150	43,861.00 LB			**NO ACCESSORIALS CAN BE APPLIED WITHOUT PRIOR AUTHORIZATION

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional care or attention in handling or stowing must be marked and packaged as to ensure safe transportation with ordinary care. See section 2(e) of NMFC Item 360	NMFC#	CLASS
		1150	CA	42,366.00 LB		25473065033 GV VINEGAR CLNR 8X64OZ UPC# 078742276625 Cust Item#	48580	070
23	PL			1,495.00 LB		PALLET COUNT		
23		1150		43,861.00 LB				
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 _____.

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.

COD Amount: \$

Fee Terms:

Collect: []

Prepaid: [X]

Customer check acceptable: []

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

Shipper Signature

SHIPPER SIGNATURE / DATE

I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national regulatory regulations.

Shipper Signature

Date

Trailer

Loaded:

☐ By Shipper☐ By Driver

Freight Counted:

☐ By Shipper☐ By Driver/pallets☐ By Driver/Pieces

CARRIER SIGNATURE / PICK UP 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

Carrier Signature

Date