



CARRIER RATE  
CONFIRMATION

Load Number: 29644719



GENERAL CONTACT  
GTZ CONTACT: (682) 554-2199 [kjl@globaltranz.com](mailto:kjl@globaltranz.com)  
GTZ FAX:  
CARRIER PAYMENTS:  
INVOICE/POD/RATE CON submit to: [TLINVOICES@globaltranz.com](mailto:TLINVOICES@globaltranz.com)  
NOA and PAYMENT INQUIRIES: [APTLREQUESTS@globaltranz.com](mailto:APTLREQUESTS@globaltranz.com)

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

SERVICE:	ACCESSORIAL(S):	COMMODITY:
SERVICE TYPE: Full TRAILER TYPE: Van SIZE: 53		DESCRIPTION:Medium Coolers WEIGHT: 3320 lbs PALLETs:20 PIECES:2400

CARRIER INFORMATION:		
CARRIER NAME: BRZ LEGAL NAME:RIKI TRANSPORTATION INC. MC#:086875 [CA458]	DISPATCHER: Conor- PHONE: (708) 303-5150x117 FAX: EMAIL: <a href="mailto:conor@rtbrz.com">conor@rtbrz.com</a>	DRIVER: (Required)_____ DRIVER PHONE: (Required)_____ TRAILER NUMBER:

IMPORTANT LOAD NOTES:

ORIGIN:		
FACILITY: CMOP HINES STREET: 5th Ave. & Roosevelt/ Bldg. 37 NW, Dock 18 CITY/STATE/ZIP: Hines, IL 60141 FAX:	PICKUP DATE: 09-10-2024 REF #: HOURS: 10:00 - 14:00 CONTACT: Carlos PHONE:	PICKUP #: APPOINTMENT REQUIRED: No APPOINTMENT MADE: No
PICKUP NOTES:		

DESTINATION:		
FACILITY: CMOP Leavenworth STREET: 5000 S. 13th Street CITY/STATE/ZIP: Leavenworth, KS 66048 FAX:	DELIVERY DATE: 09-11-2024 HOURS: 07:00 - 09:00 CONTACT: Diane Nolting PHONE:	REF #: DELIVERY#: APPOINTMENT REQUIRED: No APPOINTMENT MADE: No
DELIVERY NOTES:		



RATE INFORMATION:  
BASE RATE:\$1,300.00  
TOTAL RATE: \$1,300.00

GTZ SIGNATURE : Kenny Laymance (682) 554-2199

CARRIER SIGNATURE : *Conor Smith*

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](mailto:TLinvoices@globaltranz.com)
- 3% / 3-Day Quick Pay available upon request
- For Payments question contact [aptrrequests@globaltranz.com](mailto: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:** 09/11/2024**INVOICE #:** 29644719**TERMS:** NET 30**DUE DATE:** 10/11/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
09/10/2024		5th Ave & Roosevelt Rd, Maywood, IL 60153, USA - 5000 S 13th St, Leavenworth, KS 66048, USA			
		Freight Income	1	\$1,300.00	\$1,300.00

**TOTAL**

\$1,300.00

**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**

**MORAN****TRANSPORTATION CORP.**2401 ARTHUR AVENUE  
ELK GROVE VILLAGE, IL 60007  
(847) 439-9911 \* FAX # (847) 439-0088ILL C.C. 66371 MC-CR  
MC 214625

PRO. NO. 901779425-00

DATE	INT.	TRAILER NO.
09/09/24	pr	

APPOINTMENT DELIVERY	
APPT. DATE:	APPT. TIME
CONFIRM #:	CONTACT:

CONSIGNEE	CMOP HINES BLDG 37 NW 5TH AVE & ROOSEVELT HINES, IL 60141 817-696-0004	*MANUAL*	SHIPMENT	18	ULINE - IL PRIMARY WHSE - I6 12355 ULINE WAY KENOSHA, WI 53144

TRANSFERRED TO	S.C.A.C.	INTERCHANGE POINT	TRANSFERRED FROM	S.C.A.C.	PRO. NO.	DATE
ORD			ORD			

PIECES	DESCRIPTION	WEIGHT LBS.	RATE	CHARGES
240	CTN INSULATED SHIPPER LIMITED ACCESS. DO NOT BREAKDOWN SKID NMF: 156600-02 PO: 137577 SO: 20685918 ** Total pallets: 20 ** ** Total loose pieces: 0 **	2316		
240		2316		

Extra Services Requested

☐ INSIDE DELIVERY

☐ LIFTGATE DELIVERY

☐ RESIDENTIAL

☐ OTHER \_\_\_\_\_

BILL TO 1178 I.C.C. REGULATIONS REQUIRE PAYMENT IN 15 DAYS  
ULINE CORPORATION - H1 BILLING  
12575 ULINE DRIVE

PLEASANT PRAIRIE, WI 53158

9/11/24

DRIVER	ARRIVAL TIME
9/10/24 CR# 1552	TIME IN
	TIME OUT

MORAN TRANSPORTATION CORP DOES NOT PARTICIPATE IN CONCEALED DAMAGE CLAIMS  
CARRIERS MAXIMUM LIABILITY IS LIMITED TO \$0.30 PER POUND

THE ABOVE SHIPMENT WAS RECEIVED IN GOOD CONDITION	
NAME	DATE DELIVERED
PRINT NAME	9/10/24
SHRINK WRAP INTACT	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N