

Carrier Rate and Load Confirmation



National Consolidation Services
465 West Crossroads Parkway
Bolingbrook, IL 60440
Carlos Rapalino
+1 6303894538 (phone)
c.rapalino@uc.group

Load Number: 1094739
Date: 09/10/2024
Equipment Type: Not Specified
PRO Number:

Carrier: ZIGI FREIGHT INC
Contact: RIKI KOVACEVIC, (p) 16304857370 (f)
Bill of Lading Number: 1094739

Shipper Pickup (Stop 1)	
L'Oreal-WALT KY 60 Logistics Boulevard Walton, KY US 41094 Expected Date: 09/10/2024 Shipping/Receiving Hours: 04:00-20:00 Appointment Required: Yes Appointment Time: 13:00	Pickup Instructions: Shipper References: Pickup/Delivery Number: APT-20240831001

Consignee Delivery (Stop 2)	
NCS-BOLI IL 465 Crossroads Parkway Bolingbrook, IL US 60440 Expected Date: 09/11/2024 Shipping/Receiving Hours: Appointment Required: No Appointment Time: 09:00	Delivery Instructions: Consignee References: Pickup/Delivery Number:

Shipment Information

Handling Unit		Package					
Qty	Type	Qty	Type	Weight	Commodity Description	Item Number	PO #
13	Pallets	1356	Pallet Position	12144 lbs	Freight Of All Kind	Item 1 (70)	
8	Pallets	786	Pallet Position	7107 lbs	Freight Of All Kind	Item 1 (70)	
8	Pallets	879	Pallet Position	7729 lbs	Freight Of All Kind	Item 1 (70)	
7	Pallets	697	Pallet Position	5877 lbs	Freight Of All Kind	Item 1 (70)	

Carrier Fees

Description	Cost
Net Freight Charges	USD 650.00
Total Cost	USD 650.00

Requirements

1. Carrier is required to update the link on this rate confirmation with arrival and departure times to/from pickup and delivery as well as provide a minimum of 1 location update per day. Carrier can also notify Carrier Rep with arrival/departure times to/from pickup/delivery but the link is **PREFERRED**. Report any delays/detention ASAP. **Main line is 630-389-4401 and the email is CSM@UC.GROUP** If a carrier needs assistance after hours, please contact [AFTERHOURS](#) and CSM@UC.GROUP.

2. Detention, other accessorial requests and POD must be submitted within 24 hours of delivery to CSM@UC.GROUP

- **NCS reserves the right to refuse any accessories not reported within 24 hours of occurrence**

3. Carrier engaged in double-broker activity shall forfeit any compensation due under this Rate Confirmation, no exceptions. Will refer any instance of double-broker activities to federally regulated authorities.

4. Carrier Invoice and supporting paperwork such as proof of delivery, lump sum receipts (if applicable) and any other pertinent documents have to be submitted to CarrierAP@uc.group in order to be processed.

Detention / Layover Policy

- Detention: \$50 per hour
 - 2 hours free if on-time for appt, \$50/hour thereafter, chargeable in 30 minute increments with a max of \$250, after that we pay layover.
 - Driver or carrier dispatcher must notify NCS carrier team (CSM@UC.GROUP) of potential detention at 1 hour and 45 minutes **after** arrival at either shipper or receiver. **IF THIS IS NOT DONE, NCS RESERVES THE RIGHT TO REFUSE ANY DETENTION REQUEST**
 - Detention is NOT added to the layover fee once it hits 8 hours
- Driver Assisted Load/Unload: \$50 flat fee
 - Driver or Dispatcher from the carrier must reach out to their carrier sales representative for approval BEFORE performing the service. If the service is performed PRIOR to NCS approval, **NCS reserves the right to deny any carrier charges associated with Driver Assist Load/Unload**
- TONU (Truck Order Not Used) - \$250 Flat Fee
- Layover: \$250 Flat Fee (per 24 hours)
 - Layover applies after 8 total hours at a shipper or receiver which includes the first 2 free hours.
- Stops In-Transit: \$50 (per extra stop)

Penalties and Fines

- Missed Pickup / Delivery: \$50 Per Occurrence
 - PICKUPS: Carrier must inform CSM@UC.GROUP within 4 hours of pickup appointment or pickup date that they cannot make the agreed upon pickup time and provide the reason.
 - DELIVERIES: Carrier must inform CSM@UC.GROUP within 24 hours of a delivery appointment or date that they cannot make the agreed upon delivery time and provide the reason
- BOL and POD Not Submitted in 24 hours: \$50



INVOICE

BILL TO:

NATIONAL CONSOLIDATION SERVICES LLC
465 WEST CROSSROADS PARKWAY
BOLINGBROOK, IL 60440

INVOICE DATE: 09/11/2024**INVOICE #:** 1094739**TERMS:** NET 30**DUE DATE:** 10/11/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
09/10/2024		60 Logistics Boulevard, Walton, KY US 41094 - 465 Grossroads Parkway, Bolingbrook, IL US 60440			
		Freight Income	1	\$650.00	\$650.00

TOTAL

\$650.00

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: 09/10/2024

BILL OF LADING

Page: 1

SHIP FROM

Name: L'Oreal USA - Walton

Address: 60 Logistics Blvd

City/State/Zip: Walton KY 41094

SID#: 889862400

FOB: ☐

Bill of Lading Number: 00960181000131871



(402)00960181000131871

SHIP TO

Name: WALGREENS DC 18 - ANDERSON, SC

Address: 101 ALLIANCE PARKWAY DR

City/State/Zip: WILLIAMSTON SC 29697

CID#: ☐

CARRIER NAME: NCS - LESS THAN TRUCKLOAD

Trailer number: H03256

Seal Number: ul4256403

SCAC: NCSS

Pro number: 2768283



(9012K)NCSS2768283

THIRD PARTY FREIGHT CHARGES BILL TO

Name: SYNCADAC/O L'OREAL CPD -LOREALUSA

Address: PO BOX 3001

City/State/Zip: NAPERVILLE IL 60566

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid ☒ Collect ☐ 3rd Party ☐

SPECIAL INSTRUCTIONS:

Master Bill Of Lading Number:

☐ Master Bill of Lading: with attached underlying Bills of Lading (check box)

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	Additional Shipper Info
4548503560	295 ctns	2472 lb	
4548503625	1028 ctns	9159 lb	
GRAND TOTAL	1323	11631 lb	

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	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(a) of NMFC Item 500.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		1323	ctns	11631 lb		TOILET PREPARATIONS, NOI	59420	70
13	PALL	1323	ctns	11631 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 _____.

COD Amount: \$

Fee Terms: Collect ☐ Prepaid: ☐Customer check acceptable: ☐

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.

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

Shipper Signature

SHIPPER SIGNATURE/DATE

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

Freight Counted:



☒ By Shipper☒ By Shipper☐ By Driver☐ By Driver/pallets said to contain☐ By Driver/Pieces

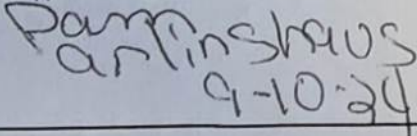
CARRIER SIGNATURE/PICKUP DATE

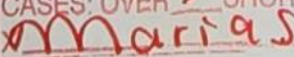
Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Property described above is received in good order, except as noted.

NATIONAL CONSOLIDATION SERVICES, LLC
DATE 9-11-24 SEAL # INT? Y OR N
CARRIER Royal 3 TRAILER# H03256
P MANF# 1094739 WRAP INT? Y OR N
CASES REC'D. 87 PLTS REC'D. 13
CASES OVER- SHORT- DAMAGED
x Maria A.

Date: 09/10/2024		BILL OF LADING		Page: 1	
SHIP FROM				Bill of Lading Number: 00960181000131901  (402)00960181000131901	
Name: L'Oreal USA - Walton Address: 60 Logistics Blvd City/State/Zip: Walton KY 41094 SID#: 889862396 FOB: <input type="checkbox"/>					
SHIP TO					
Name: WALGREENS DC 8 MT VERNON Address: 5100 LAKE TERRACE N.E. City/State/Zip: MOUNT VERNON IL 62864 CID#: FOB: <input type="checkbox"/>					
THIRD PARTY FREIGHT CHARGES BILL TO				CARRIER NAME: NCS - LESS THAN TRUCKLOAD Trailer number: H03256 Seal Number: ul4256403 SCAC: NCSS Pro number: 2768281  (9012K)NCSS2768281	
Name: SYNCADAC/O L'OREAL CPD -LOREALUSA Address: PO BOX 3001 City/State/Zip: NAPERVILLE IL 60566				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 type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: Master Bill Of Lading Number:					

CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	Additional Shipper Info					
4548503555		250 ctns	2181 lb						
4548503597		629 ctns	5905 lb						
GRAND TOTAL		879 ctns	8087 lb						
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE			NMFC #	CLASS		
		879	ctns	8087 lb		TOILET PREPARATIONS, NOI		59420	70
8	PALL	879	ctns	8087 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 _____.						COD Amount: \$ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
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.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>			
SHIPPER SIGNATURE/DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. 				Trailer Loaded: Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE/PICKUP 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.			

NATIONAL CONSOLIDATION SERVICES, LLC			
DATE 9-11	SEAL #	INT? 0	OR N
CARRIER Royal 3	TRAILER# H03256		
P MANF# 1094739	WRAP INT? Y	OR N	
CASES REC'D. SK	PLTS REC'D. 8		
CASES: OVER <input checked="" type="checkbox"/> SHORT <input checked="" type="checkbox"/> DAMAGED <input checked="" type="checkbox"/>			
			

BILL OF LADING

Page: 1

Date: 09/10/2024

SHIP FROM

Name: L'Oreal USA - Walton
Address: 60 Logistics Blvd
City/State/Zip: Walton KY 41094
SID#: 889862397 FOB: ☐

Bill of Lading Number: 00960181000131925



(402)00960181000131925

SHIP TO

Name: WALGREENS DC 3 - WINDSOR WI
Address: 4400 STATE RD
HWY 19
City/State/Zip: WINDSOR WI 53598
CID#: FOB: ☐

CARRIER NAME: NCS - LESS THAN TRUCKLOAD

Trailer number: H03256
Seal Number: ul4256403

SCAC: NCSS
Pro number: 2768282



(9012K)NCSS2768282

THIRD PARTY FREIGHT CHARGES BILL TO

Name: SYNCADAC/O L'OREAL CPD -LOREALUSA
Address: PO BOX 3001
City/State/Zip: NAPERVILLE IL 60566

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid ☒ Collect ☐ 3rd Party ☐

SPECIAL INSTRUCTIONS:
Master Bill Of Lading Number:

☐ Master Bill of Lading: with attached underlying Bills of Lading
(check box)

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	Additional Shipper Info
4548503599	581 ctns	5450 lb	
4548503601	205 ctns	1977 lb	
GRAND TOTAL	786 ctns	7427 lb	

CARRIER INFORMATION

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged so as to insure safe transportation with ordinary care. See Section 204 of NMFC Book 900.</small>	LTL ONLY	
							NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
		786	ctns	7427 lb		TOILET PREPARATIONS, NOI	59420	70
8	PALL	786	ctns	7427 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 _____.

COD Amount: \$

Fee Terms: Collect ☐ Prepaid ☐

Customer check acceptable: ☐

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.

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

Shipper Signature

SHIPPER SIGNATURE/DATE

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Parag Mehta
9-10-24

Trailer Loaded: Freight Counted:

☒ By Shipper ☒ By Shipper
☐ By Driver ☐ By Driver/pallets
said to contain
☐ By Driver/Pieces

CARRIER SIGNATURE/PICKUP 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.

NATIONAL CONSOLIDATION SERVICES, LLC
DATE 9-11 SEAL# INT? OR N
CARRIER 1094739 TRAILER# H03256
P MANF# 1094739 TRAP INT? Y OR N
CASES REC'D. 8K PLTS REC'D. 8
CASES: OVER - SHORT - DAMAGED -
X Maria S