



Load Confirmation and Rate Agreement

09/12/24 11:35 AM

Contact: Shesh Christopher
Phone: 320-299-7500
Email: sheshch@ats-inc.com
Fax: 320-342-7770
Emergency cell: 612-554-2600

highway maritime projects logistics

Carrier: ZIGI FREIGHT INC ZIGLOIL
ROYAL3 INC
CHICAGO, IL 60638

Contact: ROBERT
Phone: 630-566-1697
Fax:

Order # 9024612

Pieces: 17

Trailer: 53' Van

Commodity: FDD - WATER BOTTLS

BOL: 108221

Dimensions:

Weight 42500.0 LB

Length: 52 ft

Width: 8 ft

Height: 4 ft

Reference:

Minimum Cargo Insurance: 100000.00

Food Safety Rules Apply (FSMA): N

Stop Number	Type	Location / Notes	Pickup Time
1	Pickup	CG ROXANE 3346 HWY 8 WEST NORMAN, AR 71960 Pickup#:09112024-491	09/12/24 8:00 AM 09/12/24 5:00 PM
Contact: JOHN LONG 870-334-2300			
TO AVOID SHIFTING IN TRANSIT HERE ARE SOME GUIDELINES TO AVOID CHARGES FOR REFUSED PRODUCT. "AVOID HARD BREAKS/TURNS" "DRIVERS SHOULD USE LOAD BARS/LOCKS TO FURTHER SECURE LOAD"			
ALL TRAILERS NEED TO BE CLEAN AND ODOR FREE.			
All trucks loaded with CG Roxane products MUST be sealed before leaving the premises and it's the driver's responsibility to apply the seal before leaving the premises.			
BEFORE LOADING DRIVER MUST HAVE PO# & DESTINATION, TRAILER PLATE #, BROKERAGE NAME (ATS LOGISTICS).			
DRIVER MUST BE WEARING REFLECTIVE SAFETY VEST AT ALL TIMES ON-SITE.			
LATE TO APPOINTMENT COULD CAUSE A LATE FEE THAT WILL BE THE CARRIERS RESPONSIBILITY			
PO: 09112024-491			
2	Delivery	CG ROXANNE 1105 WHITEWATER FALLS RD SALEM, SC 29676	09/13/24 7:00 AM 09/13/24 7:30 PM
Contact: receiving 864-482-0167			
PO: 09112024-491			

Carrier Pay Information:

Carrier Freight Pay: \$1,600.00

Total Pay: \$1,600.00

Charges may apply for late pick-ups or deliveries. It is the driver's responsibility to make sure the load is safe, secure, and legal for



Order #9024612

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FOR YOUR NEXT LOAD PLEASE VISIT www.brokeredloads.com OR CLICK THE LINK TO REQUEST AN INVITE TO OUR MOBILE APP, ATS FREIGHTMATCH <https://www.atsinc.com/carriers/ats-freightmatch>



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Fax:

transport. Driver is required to accept MacroPoint tracking when requested by broker. The above rate is for exclusive use of truck unless otherwise noted above and Double Brokering is strictly prohibited.

Carrier shall issue a uniform bill of lading (BOL) and perform all transportation services in accordance with the BOL to the extent such terms are not inconsistent with the Broker / Carrier Agreement. The BOL should contain shipper, consignee, shipment dates, description of the commodity and your company as the Motor Carrier.

How to get paid:

All paperwork should include Carrier Invoice, Rate Confirmation, all pages of signed BOL's with backup paperwork such as lumpers, scale tickets.

Submit your paperwork via one of the following options:

1. Transflo Velocity, Mobile+ or Express via smartphone or app. Visit <https://www.transflo.com/broker-list/> or smartphone store to download the app. Use Broker ID: AGVSV (receive confirmation of delivery)
 2. Email: workflow60@atsinc.com
 3. Fax: 320-258-2565
 4. ATS FreightMatch App: Upload all your documents in the app by selecting the *Upload Documents* button under your load
- Carriers paid in 3-5 business days from processing date when paperwork is received within 10 days from delivery. All others NET 30 days.

The undersigned hereby acknowledges (this Load Confirmation) as correct and accepts the referenced shipment on behalf of the broker. It is agreed that the charges indicated above include all costs fees in connection with the shipment as described. A minimum of \$100,000.00 cargo insurance is required unless otherwise noted above, and in no way represents Carriers limit of Cargo Liability. This Load Confirmation and Rate Agreement is subject to the terms of the Broker/Carrier Agreement and creates a contract carriage shipment.

1099 Tax Information

Beginning with the 2018 tax year, ATS Logistics Services, Inc. dba Sureway Transportation Company will no longer issue an annual form 1099-MISC to carriers per IRC Code section 1.6041-3(C). ATS Logistics Services, Inc. dba Sureway Transportation Company payment summaries do include YTD Earnings. It is suggested that you retain these for your tax records. There will be a minimal charge for copies of annual payment information.

ATS Logistics Services, Inc.

Shesh Christopher

Fax: 320-342-7770
Phone: 320-299-7500

ZIGI FREIGHT INC
ROBERT

E-Signed by: Robert Jovanovic
IP: 77.111.247.44
Timestamp: 09/12/2024 1135

Fax:
Phone: 630-566-1697

Drivers Name: SERGIO

Cell Phone #: 754-707-3239

Truck/Trailer #: 755 / PTLZ244746



Order #9024612

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INVOICE

BILL TO:

ATS LOGISTICS INC
2733 S AIRPORT WAY
STOCKTON, CA 95206

INVOICE DATE: 09/13/2024**INVOICE #:** 9024612**TERMS:** NET 30**DUE DATE:** 10/13/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
09/12/2024		3346 HWY 8 WEST, NORMAN, AR 71960 - 1105 WHITEWATER FALLS RD, SALEM, SC 29676			
		Freight Income	1	\$1,600.00	\$1,600.00

TOTAL

\$1,600.00

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

BILL OF LADING

#30 108221 CARRIER COPY | Page 1/1

SHIP FROM				SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name: CG ROXANE - NORMAN, AR Address: 3346 HIGHWAY 8 WEST, PO BOX 458 City/State/Zip: NORMAN, AR 71960 SID#:				Phone: (870)334-2300 FOB: <input type="checkbox"/>		Bill of Lading Number: 00000000030108221 CC# 03431	
Name: CG ROXANE - SALEM, SC Address: 1105 WHITEWATER FALLS ROAD, PO BOX 458 City/State/Zip: SALEM, SC 29676 CID#:				Location#: 864 482 0167 FOB: <input type="checkbox"/>		Carrier Name: ATS LOGISTICS Carrier Address: LBX 7130 BOX 1450 Carrier City/State/Zip: MINNEAPOLIS, MN 55482 Carrier Phone#: 320-258-8754 Delivering Carrier (Trucker) Name: ZIGI FREIG SCAC: AGVS	
Name: Address: City/State/Zip:				Trailer licence#: 450409TTN Container number: 244746 Seal number(s): 1004184 Driver Sealed: Y/N Pro number:		BOTTLED AT THE SOURCE CRYSTAL GEYSER NATURAL ALPINE SPRING WATER BY CG ROXANE	
SPECIAL INSTRUCTIONS:				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			
CUSTOMER ORDER INFORMATION							
PURCHASE ORDER NUMBER		CUSTOMER REFERENCE		# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
09112024-491				17	42,500	Y N	
						Y N	
						Y N	
GRAND TOTAL		17 PAL		42,500 lbs			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT	HEIGHT	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			LTL ONLY	
17	PAL	816	CASE	42,500	52.25"	ASW 6/3.78L CGR/GALLON/BOX UPC#0 75140 12514 2 Lot# 1 09/03/2024 09/03/2026 Line#2 Lot# 16 09/09/2024 09/09/2026 Line#2	
17		816		42,500 lbs		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 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). By signing hereunder, the Carrier acknowledges that the contents of the shipment were open for inspection at the time of loading. Additionally, the Carrier acknowledges, warrants and certifies that the quantity of the contents for the shipment are accurately reflected on this Bill of Lading and that the contents were received in proper condition. Carrier covenants that they will be liable for any discrepancy upon delivery between the contents of the shipment and/or their condition and what is indicated on this Bill of Lading							
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, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. [Signature] 9/12/24				Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input checked="" type="checkbox"/> By Shipper <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. [Signature] 9/12/24			

Chad [Signature]

9/13/24