

*** Load Confirmation ***

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Majestic Transportation
25025 IH 45 N Suite 210
The Woodlands, TX 77380
281-869-8031 Fax 281-869-8039

Majestic Load # 0440998

Carrier:	BRZ BURBANK IL	Contact:	Steve
Date:	09/16/2024	Phone:	708-852-5525
		Fax:	

Order	Order:	0440998	Commodity:	Non Hazmat Chemical
	Miles:	623.0	Weight:	36048.0
	Linear Ft:	53	Pieces:	15
			Trailer:	Van

PU 1	Name:	Alligare	Date:	09/16/2024 0730
	Address:	411 North 16th Street		09/16/2024 1530
		OPELIKA AL 36801	Contact:	WAREHOUSE
	Phone:	334-705-0580	Appointment Required:	N
	Reference number:	PU MAL19666		

SO 2	Name:	ATS- INGALIS	Date:	09/17/2024 0800
	Address:	9015 WEST INTERPARK DR		09/17/2024 1630
		PENDLETON IN 46064	Contact:	DAVE
	Phone:	224-400-9412	Appointment Required:	N

Payment: All payments made in 30 days unless approved & noted on this confirmation by Majestic employee.

Carrier Freight Pay: \$1,000.00

Total Carrier Pay: \$1,000.00

Instructions

Alligare - ALLOAL: *-*- A MINIMUM OF 2 - 4 LOAD LOCKS / STRAPS ARE REQUIRED. DRIVER IS RESPONSIBLE FOR PROPER LOAD SECUREMENT BEFORE LEAVING SHIPPER. *-*-

Time is of the essence and your performance is required in the above times. If dates and times cannot be met, you must communicate with dispatch before the stated times to avoid a rate reduction consistent with any reductions imposed on us by our customer.

MUST PROVIDE COPY OF SIGNED CUSTOMERS BILL OF LADING FOR PAYMENT --

DO NOT DOUBLE BROKER THIS LOAD!!

Invoices are accepted by mail or email. Emailed invoices are to be submitted to invoices@mjaq.com in .pdf with our load number referenced in the subject line. One attachment per email.

You are responsible for retaining original POD. We reserve the right to request.

Please sign and fax back to Jackie Floriano

CARRIER REPRESENTATIVE

Steve Tatum 09/16/2024





INVOICE

BILL TO:

MAJESTIC TRANSPORTATION
25025 INTERSTATE 45 N, SUITE 210
THE WOODLANDS, TX 77380

INVOICE DATE: 09/17/2024**INVOICE #:** 0440998**TERMS:** NET 30**DUE DATE:** 10/17/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
09/16/2024		411 North 16th Street, Opelika, AL 36801 - 9015 West Interpark Dr, Pendleton, IN 46064			
		Freight Income	1	\$1,000.00	\$1,000.00

TOTAL

\$1,000.00

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 - Short Form - Not Negotiable		BOL Number : MAL19666	
Ship From		Carrier : BRZ	
Alligare Warehouse 411 N 16th Street OPELIKA, ALABAMA 36801		Pro Number : Pick up Date : 9/13/2024 RV	
Ship To		References	
Ken Ison 334-734-0854		SO # 103208	
Bill To		Customer # 10002	
ATS - Ingalls 9015 West Interpark Dr PENDLETON, INDIANA 46064 RV		REFERENCE #1 WC	
RECEIVING 317-220-2402		PO Number 2025AEOP-202694	
ALLIGARE C/O MAJESTIC TRANSPORTATION 25025 IH 45 Suite 210 THE WOODLANDS, TEXAS 77380		Accessorials	
		Seal # 3388709	

Special Instructions: 600 NON STACKABLE	Freight Terms: 3rd Party Prepaid
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Consignee Notes:	Shipper Notes:

Pallet	Pieces	Type	Weight (LB)	HM(X)	NMFC	Item Description	LTL Class
1815	235	Case	10,470.00		155050-11	25806 Triclopyr 4ec (4x1 gal) OL OW OH	60
	450	Case	25,578.00		155050-11	25183 Boulder 6.3 (2x2.5 gal) OL OW OH	60

1815 685 36,048.00 GRAND TOTALS (36,048.00 lbs)

*Mark with an X to designate hazardous materials as defined in title 49 of the code of Federal Regulations.
Hazmat emergency Contact # 1-800-424-9300, CHEMTREC CONTRACT CHN#203962

Where the rate is dependant 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 __, Check Acceptable __
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Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 14706(c)(1)(A) and (B)

For Freight Collect Shipments:		Trailer Loaded:		Freight Counted:	
If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement. The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.		____ By Shipper		____ By Shipper	
Signature of Consignor: _____		____ By Driver		____ By Driver	
Shipper Signature / Date		Carrier 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 Department of Transportation.		Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.			
Signature of Shipper: <i>[Signature]</i> Date: 9/16/24		Carrier: <i>[Signature]</i> Date: 9-17-24			

Jeffrey