

09/16/24 Load Confirmation Agreement
14:17:47 PAM Transport Inc
PO Box 188 Tontitown, AR 72770
Phone: 479-361-5517 Fax: 479-361-4825

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Load #:	0160259	Carrier:	BRZBU	RIKI TRANSPORTATION INC
PAY PLAN:		PAY PACKAGE:	FACTORING	TRUCK:
Scheduled pick up:	9/16/24 1400	-to-	9/16/24 1600	
Scheduled delivery:	9/17/24 0800	-to-	9/17/24 1200	

Shipper:	STANDARD TEXTILE	Consignee:	TEXAS MEDICAL CENTER
Address:	225 SW 14TH ST		9424 FANNIN ST BLDG C
	GRAND PRAIRIE, TX 75051-1453		HOUSTON, TX 77045-4561
PHONE:	999-999-9999	DELIVERY #:	S112560081
COMMODITY:	FABRIC	DELIVERY PHONE #:	999-999-9999

Pickup:00-*NONE*

Stop: 00-*NONE*

MILES	252.00	FLAT RATE	500.00
		NET----->	500.00

Transportation Analyst: EDDIE Carrier Contact: STEVE 708-303-5150
steve@rtbrz.com
Comments: disp#: 708 852 5525

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Fraud ID Prevention: Driver must call PAM Transport @479-361-5517 with PAM load number to obtain required pickup and delivery details and to confirm Truck, Trailer, and VIN information. It is the Driver or Carrier's sole responsibility to confirm all transit times are lawful and any directions or routes are completely safe given their equipment or load.

Check Calls: Driver must call with the arrival and departure times from both shipper and receiver.

In transit Calls: Driver or dispatcher must call by 9:00 each morning with update and ETA; Notify PAM immediately if delayed or detained and unable to make on-time delivery.

MacroPoint Tracking: Telematic or ELD tracking is required on every load. PAM Transport is required by our customer to provide detailed tracking data for every shipment. Prior to every load the driver must be tracking and must continue to provide this information until delivery is final.

Accessorial Charges: All charges (detention, TONU, layover, lumpers, etc.) must be authorized and pre-approved prior to or at time of occurrence. Lumper fees will not be reimbursed without proper paperwork or receipt of lumper and must be submitted within 48 hours of the occurrence. Carrier shall ensure bill of lading is noted with printed and signed name by shipper / receiver personnel and provides and states arrival and departure times to be eligible for detention. Check calls are required to be eligible for detention charges and drivers must call with arrival and departure times. Drivers must check call one hour prior to detention starting so we may be proactive in preventing the occurrence. Without proper documentation, PAM Transport has no proof of the occurrence and cannot bill customer. When PAM Transport receives the proper documentation, a new rate confirmation will be issued. If driver is late for an appointment, they are not eligible for detention charges.

Detention policy is thirty-five dollars (\$35.00) per hour with a maximum of two-hundred dollars (\$200.00) per day. Detention starts two (2) hours after the end of the appointment time.

Comcheck Fee: There will be a 30.00 surcharge deducted from invoice per each ComCheck/advance received on load.

Sub-Contracting (double brokering): Carrier agrees that all freight tendered by PAM Transport shall be transported on equipment operated only under the authority of the carrier assigned to the load. Carrier shall not in any manner sub-contract, broker, or in any other form arrange for the freight to be transported by a third party.

OS&D: Carrier must contact PAM Transport at time of occurrence to report any discrepancies, OS&D, or claims issues.

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- * Shipper & consignee addresses are provided as a courtesy. At no time may they be contacted to change a scheduled pick-up or delivery time.
- * Carrier must supply the original bill of lading, an original signed delivery receipt, and the rate confirmation with the invoice.
- * Agreed rate includes all accessorial charges and surcharges, for example, stop offs & fuel surcharges.
- * Failure to comply with any part of this policy could delay payment.

Carrier signature:_____



INVOICE

BILL TO:
PAM TRANSPORT INC
PO BOX 188
TONTITOWN, AR 72770

INVOICE DATE: 09/17/2024
INVOICE #: 0160259
TERMS: NET 30
DUE DATE: 10/17/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
09/16/2024		225 SW 14th St, Grand Prairie, TX 75051, USA - 9424 Fannin St, Houston, TX 77054, USA			
		Freight Income	1	\$500.00	\$500.00

TOTAL
\$500.00

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

STRAIGHT BILL OF LADING

CIN

SHORT FORM-ORIGINAL NOT NEGOTIABLE

RECEIVED, Subject to individually rates or contracts that have been agreed upon in writing between the carrier and shipper. If applicable, otherwise to the rates, classification and rules that have been established by the carrier and are available to the shipper, on request. The property described below, in apparent good order, marked, consigned, and destined as show below, which said carrier agrees to carry to destination, if on its route, or otherwise to deliver to another carrier on the route to destination.

SHIP FROM:

Standard Textile Company, Inc., 225 SW 14TH STREET, GRAND PRAIRIE TX 75051, , ,

CONSIGNEE TO: TEXAS MEDICAL CTR HOSP LAUNDRY

Destination Address 9424 FANNIN ST BLDG C
HOUSTON TX 77045-4561

Delivery Instructions

City and State HOUSTON TX 77045-4561

CARRIER NAME: PAM TRANSPORT INC

Seal

459584

Trailer

PRO Number 0160259

Place PRO Sticker here

SCAC

Customer P.O.	Order Date	Ship Date	Sales Order No.	Shipment ID
16443	09/16/24	09/16/24	24231904	11266416
Packages	Description	Weight	Class	NMFC #
54	Blankets, NOI, In boxes or wrapped bales or rolls	1,794.960	070	49262-9
32	Blankets, NOI, In boxes or wrapped bales or rolls	1,248.000	125	49262-5
72	Pillowcases or Shams, NOI, In boxes, bales, rolls	1,515.374	070	49262-9
81	Sheets, NOI, In boxes or wrapped bales or rolls	2,462.765	070	49262-9
72	Sheets, NOI, In boxes or wrapped bales or rolls	2,808.000	085	49262-8
36	Sheets, NOI, In boxes or wrapped bales or rolls	663.1875	0925	49262-7
4	Towels, NOI, In boxes or wrapped bales or rolls	162.0000	100	49262-6

Special Instructions:

FREIGHT CHARGES ARE TO BE PREPAID: ☒
COLLECT ☐
THIRD ☐

SEND FREIGHT BILL TO:
Standard Textile Company, Inc
Freight Payment Administrator
One Knollcrest Dr.
Cincinnati, OH 45237

COLLECT CHARGES WILL ONLY APPLY WHEN THIS BLOCK IS CHECKED
SEND COLLECT CHARGES TO CONSIGNEE

Shipper Signature

Carrier Signature

Consignee Signature

Ship Date:

9/16/24

Carrier

Riki Transport

Receipt Date

Sept 17

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 D.O.T. If transportation is arranged through a broker, Carrier designates broker as its agent for the collection of freight charges, when charges are paid to broker, carrier agrees not to hold shipper or consigned responsible for said charge.

Collect on Delivery \$ _____ and remit to: _____	C.O.D. charge Shipper <input type="checkbox"/>
Street _____ City _____	to be paid by Consignee <input type="checkbox"/>

HT BILL OF LADING

CIN

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Destination Address 9424 FANNIN ST BLDG C
HOUSTON TX 77045-4561

Delivery Instructions

City and State HOUSTON TX 77045-4561

CARRIER NAME: PAM TRANSPORT INC

Seal

Trailer

PRO Number 0160259

Place PRO Sticker here

SCAC

Customer P.O.	Order Date	Ship Date	Sales Order No.	Shipment ID
16443	09/16/24	09/16/24	24231904	11266416
Packages	Description	Weight	Class	NMFC #
200	Towels, NOI, In boxes or wrapped bales or rolls	8,599.920	125	49262-5

Pallets: 45 Weight: 2,250 Class: 70 NMFC # 150345

Pallet Positions: _____

Total Weight 21,504.21 LB

Special Instructions: _____

FREIGHT CHARGES ARE TO BE PREPAID:

COLLECT
THIRD

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☐
☐

SEND FREIGHT BILL TO:
Standard Textile Company, Inc
Freight Payment Administrator
One Knollcrest Dr.
Cincinnati, OH 45237

COLLECT CHARGES WILL ONLY APPLY WHEN THIS BLOCK IS CHECKED _____
SEND COLLECT CHARGES TO CONSIGNEE

Shipper Signature

Carrier/Signature

Consignee Signature

Ship Date: 9/16/24

Carrier

R. hi Transport

Receipt Date

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Collect on Delivery \$ _____ and remit to: _____	C.O.D. charge Shipper <input type="checkbox"/>
Street _____ City _____	to be paid by Consignee <input type="checkbox"/>