

## TRUCKLOAD RATE CONFIRMATION

DTI, Inc.  
1619 Headland Dr.  
St Louis, MO 63026



Carrier Name: ROYAL3 INC  
Ready Date: 9/16/2024  
Date Needed: 9/17/2024  
Service Level: Normal

Load #: 120302358  
Customer PO: SGXD23261650 SGXD23261650-- MHK381499 ---0449516  
Shipper Ref: UGD188193 AHD188214  
Trailer Type/Size: Van / Full

Shipper Information:

Name: Mohawk  
Address: 450 Clarence King Pkwy  
CALHOUN, GA 30701

Contact:  
Phone:  
Ready Date: 9/16/2024  
Ready Time: 12:00 PM - 12:00 PM

Additional Stop Information:

Stop Type: Pick  
Name: Mohawk Home  
Address: 320 HWY 286  
CHATSWORTH, GA 30705  
Scheduled: 9/16/2024 2:00 PM - 2:00 PM

Contact:  
Phone:  
Email:  
Appointment: 9/16/2024 2:00 PM - 2:00 PM

Consignee Information:

Name: Menards  
Address: 1808 Veterans Memorial Pkwy  
SAGINAW, MI 48601

Contact:  
Phone:  
Date Needed: 9/17/2024  
Close Time: 7:00 AM - 7:00 PM

Handling Units	Package Type	Pieces	HAZMAT	List of Items	Total Weight
1	Truckload	1		FAK 0x0x0in	4,297
1	Truckload	1		FAK 0x0x0in	461

## PICKUP INSTRUCTIONS:

## DELIVERY INSTRUCTIONS:

3 free hours unloading

Rate: USD \$1,500.00  
TOTAL: USD \$1,500.00

- DTI, Inc. shall at all time be actin in the capacity of an independent contractor to the carrier, and does not hire, or in anyway exerceise control over the carrier's drivers or other employees or agent or the carrier.
- Carrier will bill DTI, Inc. directly for all services provided unless otherwise agreed to in writing.
- Freight charges will be submitted to DTI, Inc. with a bill of lading and will be paid within 30 days of receipt of freight bill.
- Carrier will be responsible for verifying piece counts at the time of pick up. Discrepancies will be reported within 48 hours of pick up. Notations such as STC (said to contain) and SWP (shrink wrap pallet) will not insulate carrier from liability in the even of a cargo claim.
- Carrier agrees to provide cargo insurance in the amount of \$100,000.00 to compensate owner of property in the event of loss or damage. Carrier also agrees to provide a current certificate of cargo insurance with DTI, Inc. named as the certificate holder. In the event of a cargo claimcarrier will be liable for the full invoice value of the loss.
- Transportation services requested herein will be provided by the carrier named above. This shipment may not be tendered to another carrier, brokered out, or sub hauled, etc. without written consent by DTI, Inc. Carrier specifically agrees that all freight tendered to it under this agreement shall be transported on equipment operated only under the authority of the Carrier and shall not in any manner sub contract, broker, or in any other form arrange for the freight to be transportedby a third party.
- Shipment will be delivered on a non revenue bill and in no case will freight charges be accessible to anyone other than DTI, Inc.
- Rate is subject to change if there are any service failure and/or missed deliveries
- Carriers consent to pick up shipment acknowledges and constitutes carriers acceptance of the terms and conditions outlined herein.
- All cargo claims will be presented to carrier within nine (9) months of delivery, expected delivery or loss or damage. Concealed damage claims will be reported to the carrier within 15 days of delivery. Carrier agrees to acknowledge and respond to claims presented in a timely manner in accordance with guidelines established in NMF 100.
- Carrier agrees to deliver freight and adhere to transit times requested herein. In the event of delay carrier will notify DTI, Inc. in writing of any anticipated service failures 24 hours in advance of the originally expected delivery date.
- The venue and jurisdiction for any dispute arising from this agreement and/or relationship between DTI, Inc. and other parties to this agreement, including but not limited to disputes over individual shipments, shall be brought in the courts in the local jurisdiction of DTI, Inc.'s location

\*\*\*\*\*Please Send Invoices and POD's to\*\*\*\*\*

[Billing@dinoslogistics.com](mailto:Billing@dinoslogistics.com)

Phone: (800)771-7805 | Fax: (877)347-7718

Please sign and return via fax (877)347-7718 or email to [dispatch@dinoslogistics.com](mailto:dispatch@dinoslogistics.com)

Carrier Signature:  
MC#:

Milo Morrison  
944686

Driver Name:  
Driver Phone#:

Please call (800)771-7805 immediately with any questions, concerns, or problems!  
Send Invoicing to: DTI, Inc. | 1619 Headland Dr. | St Louis, MO 63026



## INVOICE

**BILL TO:**

DTI INTERNATIONAL TRANSPORTATION INC  
4021 AVENIDA DE LA PLATA #502  
OCEANSIDE, CA 92056

**INVOICE DATE:** 09/17/2024**INVOICE #:** 120302358**TERMS:** NET 30**DUE DATE:** 10/17/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
09/16/2024		450 Clarence King Pkwy, Calhoun, GA 30701 - 1808 Veterans Memorial Pkwy, Saginaw, MI 48601			
		Freight Income	1	\$1,500.00	\$1,500.00

**TOTAL**

\$1,500.00

**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**

## BILL OF LADING

Date: 9/16/24

SHIP FROM

Name: MOHAWK HOME UNION GROVE DIST.  
Address: 450 CLARENCE KING DR

City/State/Zip: CALHOUN, GA 30701-3687  
SID: CAUGD57629 Appt: 100188193

FOB: ☐

SHIP TO

Phone: 989 9217830  
Name: MENARDS 9029 SGDC  
Address: 1808 VETERANS MEMORIAL PK

Location #: 9029

City/State/Zip: SAGINAW, MI 48601-0000  
CID: SGXD23261650

FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO

Name: Subject to count  
Address: Seal Intact: Yes

City/State/Zip: Hauler: Royal  
Trailer: W97031  
Date: 9/14/24

SPECIAL INSTRUCTIONS

DETENTION DENIED. LOADED ON TIME. Driver arrived at appt time and was loaded within 2 hours.  
\*\*\*\*\* PACKING LIST IS INCLUDED \*\*\*\*\*

Trailer #W97031 - Schd 9/16/24 @ 12:00:00 - Arrv 9/16/24 @ 9:17:00 - Dprt 9/16/24 @ 9:48:00. 1/2 DINO S  
4/10/18 MENARDS REQUIRES A STAMP AND SIGNATURE UPON DELIVERY  
SHIPMENT MUST BE DELIVERED COMPLETE/ON TIME AND WITH PACKING LIST OR

Bill of Lading Number: 00860930014510629



(402) 00860930014510629

CARRIER NAME: DINO TRUCKING  
Trailer Number: W97031 Seal Number: 5508542

SCAC: DTIC Pro Number: SGXD23261650

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)  
Prepaid: ☒ Collect: ☐ 3rd Party: ☐

☐ Master Bill of Lading with attached underlying Bills Of Lading

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	CUBE	PLT Y/N		
SGXD23221725 SGXD23261650	31	2115.31	82.69	Y	*** Must Arrive By 9/17/24	
	51	2511.97	102.33	Y	*** Must Arrive By 9/23/24	
GRAND TOTAL	82	4627.28	185.02			

HANDLING UNIT		PACKAGE		WEIGHT	HM (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(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
9	PLTS	82	PKGS	4627.28		SEE ATTACHED SUPPLEMENT PAGE(S)		
9		82		4627.28		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, upon request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.

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

MOHAWK HOME - DIVISION OF MOHAWK CARPET DISTRIBUTION, INC. 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.

Trailer Loaded:

☒ By Shipper  
☐ By Driver

Freight Counted:

☒ By Shipper  
☐ By Driver/Pallets Said To Contain  
☐ By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and requires placards. Carrier certifies emergency response information is available and/or carrier has the DOT emergency response guidebook on board and documentation in the vehicle.

Property described above is received in good order, except as noted.  
9/16/24



## BILL OF LADING

Date: 9/16/24

SHIP FROM

Name: MOHAWK HOME UNION GROVE DIST.  
Address: 450 CLARENCE KING DR

City/State/Zip: CALHOUN, GA 30701-3687  
SID: CAUGD57629 Appt: 100188193

FOB: ☐

SHIP TO

Phone: 989 9217830  
Name: MENARDS 9029 SGDC  
Address: 1808 VETERANS MEMORIAL PK

Location #: 9029

City/State/Zip: SAGINAW, MI 48601-0000  
CID: SGXD23261650

FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO

Name: Subject to count  
Address: Seal Intact: Yes

City/State/Zip: Hauler: Royal  
Trailer: W97031  
Date: 9/14/24

SPECIAL INSTRUCTIONS

DETENTION DENIED. LOADED ON TIME. Driver arrived at appt time and was loaded within 2 hours.  
\*\*\*\*\* PACKING LIST IS INCLUDED \*\*\*\*\*

Trailer #W97031 - Schd 9/16/24 @ 12:00:00 - Arrv 9/16/24 @ 9:17:00 - Dprt 9/16/24 @ 9:48:00. 1/2 DINO S  
4/10/18 MENARDS REQUIRES A STAMP AND SIGNATURE UPON DELIVERY  
SHIPMENT MUST BE DELIVERED COMPLETE/ON TIME AND WITH PACKING LIST OR

Bill of Lading Number: 00860930014510629



(402) 00860930014510629

CARRIER NAME: DINO TRUCKING  
Trailer Number: W97031 Seal Number: 5508542

SCAC: DTIC Pro Number: SGXD23261650

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)  
Prepaid: ☒ Collect: ☐ 3rd Party: ☐

☐ Master Bill of Lading with attached underlying Bills Of Lading

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	CUBE	PLT Y/N		
SGXD23221725 SGXD23261650	31	2115.31	82.69	Y	*** Must Arrive By 9/17/24	
	51	2511.97	102.33	Y	*** Must Arrive By 9/23/24	
GRAND TOTAL	82	4627.28	185.02			

HANDLING UNIT		PACKAGE		WEIGHT	HM (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(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
9	PLTS	82	PKGS	4627.28		SEE ATTACHED SUPPLEMENT PAGE(S)		
9		82		4627.28		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, upon request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.

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

MOHAWK HOME - DIVISION OF MOHAWK CARPET DISTRIBUTION, INC. 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.

Trailer Loaded:

☒ By Shipper☐ By Driver

Freight Counted:

☒ By Shipper☐ By Driver/Pallets Said To Contain☐ By Driver/Pieces


CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and requires placards. Carrier certifies emergency response information is available and/or carrier has the DOT emergency response guidebook. Shipper must document in the bill of lading.


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

9/16/2024



Date: 9/16/24		BILL OF LADING		Page 1		
<b>SHIP FROM</b> Name: MOHAWK HOME ASSOC.SAMPLE DIST Address: 320 HWY 286 City/State/Zip: CHATSWORTH, GA 30705-6502 SID: CAAHD57647 Appt: 100188214 FOB: <input type="checkbox"/>			Bill of Lading Number: 00860930014511404  (402) 00860930014511404			
<b>SHIP TO</b> Phone: 989 9217830 Location #: 9029 Name: MENARDS 9029 SGDC Address: 1808 VETERANS MEMORIAL PK City/State/Zip: OASINAW, MI 48601-0000 CID: SGXD23261650 Dropped at FOB: <input type="checkbox"/>			<b>CARRIER NAME: DINO TRUCKING</b> Trailer Number: W970131 Seal Number: 4770415 <b>SCAC: DTIC Pro Number: SGXD23261650</b>			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b> Name: <b>DISTRIBUTION CENTER</b> Address: <b>Subject to count</b> City/State/Zip: Seal Intact: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Hauler: Royale Date: 9/17/24 Signature: [Signature]			<b>Freight Charge Terms:</b> (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			
<b>SPECIAL INSTRUCTIONS</b> DETENTION DENIED DRIVER EARLY ***** PACKING LIST IS INCLUDED ***** Trailer #W970131 - Schd 9/16/24 @ 14:00:00 - Arrv 9/16/24 @ 10:47:00 - Dprt 9/16/24 @ 11:23:00. 2/2 DINO 4/10/18 MENARDS REQUIRES A STAMP AND SIGNATURE UPON DELIVERY SHIPMENT MUST BE DELIVERED COMPLETE/ON TIME AND WITH PACKING LIST OR						
CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	CUBE	PLT Y/N	ADDITIONAL SHIPPER INFO
SGXD23261650		15	4297.00	500.00	Y	*** Must Arrive By 9/23/24
GRAND TOTAL		15	4297.00	500.00		
CARRIER INFORMATION						
HANDLING UNIT		PACKAGE		WEIGHT	HM (X)	COMMODITY DESCRIPTION
QTY	TYPE	QTY	TYPE			LTL ONLY
15	PLTS	15	PKGS	4297.00		RDGS, BATH
15		15		4297.00		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 _____."						<b>COD Amount: \$</b> 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, upon request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his/her assigns.				The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. MOHAWK HOME - DIVISION OF MOHAWK CARPET DISTRIBUTION, INC. Shipper Signature: [Signature]		
<b>SHIPPER SIGNATURE / DATE</b> 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 regulations of the DOT.		<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/Pallets Said To Contain <input type="checkbox"/> By Driver/Pieces		<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available to the carrier and the DOT emergency response guidebook or equivalent information is available.
Property described above is received in good condition as noted. 9/16/2024						



Date: 9/16/24		BILL OF LADING		Page 1		
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<b>SHIP TO</b> Phone: 989 9217830 Location #: 9029 Name: MENARDS 9029 SGDC Address: 1808 VETERANS MEMORIAL PK City/State/Zip: OASINAW, MI 48601-0000 CID: SGXD23261650 Dropped at FOB: <input type="checkbox"/>			<b>CARRIER NAME: DINO TRUCKING</b> Trailer Number: W970131 Seal Number: 4770415 SCAC: DTIC Pro Number: SGXD23261650			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b> Name: DISTRIBUTION CENTER Address: Subject to count City/State/Zip: Seal Intact: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Hauler: Royale Date: 9/17/24 Signature: [Signature]			<b>Freight Charge Terms:</b> (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			
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CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	CUBE	PLT Y/N	ADDITIONAL SHIPPER INFO
SGXD23261650		15	4297.00	500.00	Y	*** Must Arrive By 9/23/24
GRAND TOTAL		15	4297.00	500.00		
CARRIER INFORMATION						
HANDLING UNIT		PACKAGE		WEIGHT	HM (X)	COMMODITY DESCRIPTION
QTY	TYPE	QTY	TYPE			LTL ONLY
15	PLTS	15	PKGS	4297.00		RDGS, BATH
15		15		4297.00		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, upon request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. MOHAWK HOME - DIVISION OF MOHAWK CARPET DISTRIBUTION, INC. Shipper Signature: [Signature]
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Property described above is received in good order and condition as noted. 9/16/2024						