Rate & Load Confirmation



Dispatcher:	Ricardo V	LOAD #	17111		
Phone #:	844-390-5272	Ship Date:	2024-09-16		
Fax #:		Today's Date:	2024-09-16		
Email:	ricardo@primelogisticsloads.com				
W/O:					

Carrier	Phone #	Fax	Fax #		oment	Agreed Amount		Load Status	
ROYAL 3	630-485-7370		53' Var		n \$3,300.00 L		JSD	Open	
Shipper 1 FLEX TRACY/FO 1150 ARBOR AV STE 103 Tracy, CA, 95376	E	Date: Time: Type: Quantity: Weight: Notes:	2024-09 9:00 AN TL PAL 25 21000 I	Л LETS	Major Ir Shippin Appoin Descrip		PU#251067 No PALLETIZE HAZ	262 Ed Fak Non	
Consignee 1 MERCATALYST 4717 PLANO PKV 130 Carrollton, TX, 75		Date: Time: Type: Quantity: Weight:	2024-09 8:00 AN TL PAL 25 21000 I	9-18 A LETS	Purchas Major Ir		Yes PALLETIZE HAZ	ed fak non	

Dispatch Notes:

Detention starts after 3 hours for dry van and refrigerated loads. Dispatcher or driver must call the office or email broker check in time & check out times. Detention will be paid only if Prime Logistics Inc. is notified during the occurrence and times are clearly marked on the BOL. Late pick up or delivery appointments will result in no detention pay. Unauthorized re-brokering of freight is prohibited and may result in forfeiture of any Prime Logistics Inc. freight payment responsibility. Driver or dispatcher must call or email broker at the time of loading, unloading and daily check calls or emails, not doing so may result in fines up to \$300. Truck Order Not Used is a flat rate of \$100. Lumpers must be reported at time of pick up or drop off, failure to report a lumper may cause forfeiture of reimbursement. Each fuel advance and/or express code is subject to \$5 express code fee for every \$500. Fuel advances are subjected to a 3% charge in addition to the express code fee.

BILLING INFO

Freight payment requirements: - Certificates of insurance- Carrier authority, signed Broker/Carrier agreement and W-9 information. Failure to send paperwork on time will delay freight payment. All POD's must be submitted with invoice and rate confirmation within 48 hours to avoid 10% charge.



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W/O:				

For any accounting inquiries or payment status please call our accounting department at (844) 390 5272 Ext 100

Email invoices to: Acct@primelogisticsloads.com -Payment day starts from when we receive Invoice and Bill of Lading through email. -For standard pay, we do not require originals unless requested

STANDARD INVOICING REQUIREMENTS

Signed Prime Logistics Rate Confirmation Legible/ Signed Bill of Lading Carrier Invoice Load # in Subject

Quick pay

. 3% - 5 days (WE ARE CLOSED ON WEEKENDS) *PAPERWORK MUST BE SENT THROUGH EMAIL TO <u>ACCT@PRIMELOGISTICSLOADS.COM</u> *ACH PAYMENT WILL BE SENT OUT ON THE 5TH DAY . ORIGINALS ARE NOT NEEDED UNLESS CUSTOMER REQUESTS IT

**BILL OF LADING MUST BE CLEAN TO RECEIVE QUICK PAY (NO DAMAGES) **

Carrier Pay: Line Haul: \$3300.00, TOTAL: \$3300.00 USD

Accepted By:	Zigi freight Inc dba Royal3inc Da	te: 9/16/2024	Signature:	Bill Carson
Driver Name:	Cell #	:т	ruck #:	Trailer #:







BILL TO: PRIME LOGISTIC SOLUTIONS INC 8898 TRANSIT RD E AMHERST, NY 14051 INVOICE DATE: 09/18/2024 INVOICE #: 17111 TERMS: NET 30 DUE DATE: 10/18/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
09/16/2024		1150 Arbor Ave, Tracy, CA 95304, USA - MERCATALYST, 4717 PLANO PKWY, 130, Carrollton, TX, 75010			
		Freight Income	1	\$3,300.00	\$3,300.00

TOTAL

\$3,300.00

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:9/16. PO-14960 TR1 **BILL OF LADING** Page 1 of SHIP FROM Name: Flexe/Forum Bill of Lading Number:_ Address: 1150 Arbor Avenue ste 103 City/State/Zip:Tracy, CA 95376 BAR CODE SPACE SID#: FOB: SHIP TO CARRIER NAME: Ava James Name:Mercatalyst Location #: Trailer number: Address:4717 Plano Parkway ste 130 door # 5 Seal number(s): City/State/Zip: Carrollton, TX 75010 SCAC: CID#: Pro number:TCI#14928 FOB: THIRD PARTY FREIGHT CHARGES BILL TO: Name: Address: City/State/Zip: Freight Charge Terms: SPECIAL INSTRUCTIONS: 3rd Party Prepaid _ Collect _ Master Bill of Lading: with attached underlying Bills of Lading DRIVER REF# 25106762 @ PICK UP CUSTOMER ORDER INFORMATION WEIGHT PALLET/SLIP Y or N CUSTOMER ORDER NUMBER # PKGS ADDITIONAL SHIPPER INFO GRAND TOTAL CARRIER INFORMATION COMMODITY DESCRIPTION HANDLING UNIT PACKAGE LTL ONLY QTY TYPE QTY TYPE н.м. WEIGHT CLASS odities requiring special or additional care or attention in handling or stowing r so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360 NMFC # (X) 25PLT 814BOX 21000 846 **GRAND TOTAL** here the rate is dependent on value, sh clared value of the property as follows 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 apped upon in writing between the carrier and anyoes, registrate, otherwise to ther advection to the shipper, on regist, and to all applicable been and all other lawful charges. SHIPPER SIGNATURE / DATE Trailer Loaded: By Shipper Shipper Sig Freight Counted By Shipper CARRIER SIGNATURE / PICKUP DATE they want By Driver By Driver/pallets said to c By Driver/Pieces