

ENERGY Transport USA

415 North LaSalle Drive Suite 700B Chicago, IL 60654 Phone: 312-626-7022 Fax: 312-786-4114

LOAD CONFIRMATION FB#: U3081848

DATE SENT: Monday, September 16, 2024 1:58PM

CARRIER NAME: ROYAL3 INC Jason Corkovic CONTACT: 6304857370 PHONE: CITY: Chicago, IL jason@royal3inc.com EMAIL:

DISPATCH AGENT : Padraic Timmons DISPATCH AGENT PHONE #: 312-626-7022 **DISPATCH AGENT EXTENSION: 3011**

EQUIP. TYPE: 53', 102" WIDE PLATE TRAILER

Attention: It is a condition of carriage that carrier will install and permit tracking and tracing via MacroPoint. carrier.macropointconnect.com/energy-connect

INFO

SHIPPER NOTES:

**EMPTY 53 FT PLATED DRY VAN REQUIRED FOR ALL LOADS - MUST BE CLEAN/DRY/ODOR FREE **NO BENT TRAILER PLATES OR KICKBOARDS. NO HOLES OR LEAKS. NO BROKEN JAGGED METAL **TRAILER MUST BE 102 INCH WIDE AND FOOD GRADE

NO AFTERMARKET ADD -ONS OR WOOD WALLS

LOCATION

HURON PLANT - ARDAGH (CANS) 1608 SAWMIL PKWAY BLDG . C HURON, OH 44839

PICK UP: 09/17/2024 11:00 **DESCRIPTION / INSTRUCTIONS** PCS PLTS EMPTY ALUMINUM CANS 0 25 Shipment Identification Number: 20130098

WGT 7.000.0 LB 0.0

TEMP

Pick Up Type: Live Load

LOCATION	INFO	DESCRIPTION / INSTRUCTIONS	PCS PLTS	<u>WGT</u>	<u>TEMP</u>
HART PRINT					
410 BELLE HILL RD					
ELKTON, MD 21921					
Terms & Conditions:					

This Load Confirmation is subject to the terms and conditions of the signed Energy Contract previously agreed to. Nothing in the below is intended to replace these terms but rather provide a reminder of elements thereof.

Compensation requires the carrier to note our load confirmation number on all correspondence and must include the following elements:

-Signed Bill of Lading, indicating either a satisfactory delivery or an intact seal, and/or,

a signed Delivery Receipt indicating the above.

-Signed Rate Confirmation sheet.

All accessorial charges must be pre-approved in writing by Energy and included with the above. Compensation may be withheld if this shipment is double-brokered, moved by rail, consolidated with any other freight or if the agreed services are not fulfilled.

Trailer seals, where applicable, must be applied with the seal number indicated on the Bill of Lading prior to departure from the shipper. Seals may only be broken upon instruction from a duly authorized law enforcementofficer. Notice of such a lawful order must be provided as soon as possible to Energy. Breaking of a seal for any other reason can only be performed upon written approval from Energy.

Carrier will be responsible for all losses and damages caused to the non-owned trailer while it is in its custody, care and control

Dispatch or Drivers are required to provide the following to Energy:

Before Pick Up Driver contact information

PAPS or PARS number and Border Crossing if applicable Provide both the truck and trailer numbers

During Transit

Drivers must identify themselves as a carrier arranged for by Energy Transportation Group Provide live updates for check-ins and transit status as required by Energy

At all times, never deviate from the instructions contained in this load confirmation, if there is a conflict between this document and a Bill of Lading or other document immediately contact the representatives listed on this document.

WORKERS' COMPENSATION BOARD. CARRIER agrees to be exclusively responsible for the Worker's Compensation insurance of its employees and to warra indemnify and save harmless the BROEKE, PRINCIPALS, DIRECTORS, OFFICERS AND FEIRS against any claims or legal actions or detactions in this regard. If a direct claim for Worker's Compensation benefits or avants or any other claims arising from employment are asserted against the BROEKE have any of said employees or, in the event of death, by their personal representatives, then the CARRIER shall indemnify and hold the BROEKE harmless from and against my such claim[s] to the extent of all benefits and avancef, costs of litigation, discursements and reasonable atomcys' fees the BROEKE may incur in connection therewith. At the BROEKE's option and upon written notice, CARRIER will undertake to defend the BROEKER against such claim[s]. CARRIER shall comply with the Workplace Safety and insurance Board A tor or ther workers compensation legislation and will provide BROEKER with a copy of a Workplace Safety and Insurance Board (or other Board's) Clearance Certificate.

Within 48 hours of delivery, please send the invoice and POD to carrierpayables@shipenergy.com **For any payment status inquiries please visit our portal at <u>https://shipenergy.invoiceinfo.com</u> or email paystatus@shipenergy.com**

Lumper receipts and all accessorial charges along with all detention must be reported within 24 hours upon arrival and departure. Detention is not valid if the in or out are reported after the fact. In and out times must be signed/stamped on the BOL/POD in order to be approved and paid.

DELIVER:	EMPTY ALUMINUM CANS	0	25	7,000.0 LB	0.0	
09/18/2024 8:00	Shipment Identification Number: 20130098					
Delivery Type:						
Live Unload						

AGREED RATES				
Our Reference U3081848	Rate Type BASE	Amount \$1,500.00		
	TOTAL: \$USD	\$1,500.00		

SPECIAL BILLING NOTES

* 'Load Number' and 'Our Reference Number(s)' must be referenced on your invoice.

* A copy of the Original Bills must be provided with your invoice.

* Rates include all Add-on and Surcharges.

* Any Freight Claims will be deducted from the agreed rates.

Please sign and return back.

(SIGNATURE)

(PRINTED NAME)

(DATE)

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BILL TO: ENERGY TRANSPORT USA INC 1100 MARKET ST STE 902 CHATTANOOGA, TN 37402-2937 INVOICE DATE: 09/18/2024 INVOICE #: U3081848 TERMS: NET 30 DUE DATE: 10/18/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
09/17/2024		1000 Sawmill Pkwy, Huron, OH 44839, USA - 410 Belle Hill Rd, Elkton, MD 21921, USA			
		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

Page 1 d					TO: CUSTOMER/ 7425600	CARRIER/PLANT
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