

CARRIER RATE CONFIRMATION

LOAD NUMBER ZP-97406 **MUST APPEAR ON YOUR INVOICE!**
BOOKED BY Daniela

CARRIER ZIGI FREIGHT INC
BOOKED WITH Marisa Serano
PHONE 630-485-7370

EQUIPMENT REQUIRED VAN 53 ft
WEIGHT 10,426 lbs **TRAILER #** 289475
CHARGES \$ 730.00 **TOTAL**

PICK UP Sep 19th, ET8:00 AM - 6:00 PM
Fox Group

1100 Schwab Rd, Hatfield
PA 19440

PICK UP INSTRUCCIONTS:

-

PICK UP # Truck 1

SHIPMENT#

DESCRIPTION Palletized goods

DELIVERY Sep 20th, ET7:15 AM - 7:30 AM
GoDirect America

5830 Saltzgaber Rd, Groveport
OH 43125

DELIVERY INSTRUCTIONS:

Door#2

DELIVERY # Truck 1

SHIPMENT

DESCRIPTION Palletized goods

ADITTIONAL NOTES

PICK UP # Truck 1
DELIVERY # Truck 1

Notes for driver-

Driver MUST accept our tracking link (not tracking at least 95% of time during transit period may result in \$250 deduction)

Showing up late to appointments will result in \$150 deduction from the total rate

Please Secure the load with Load Bars. SEAL REQUIRED.

POD MUST be provided within 24 hours after delivery to avoid \$150 charge

Quick pay is 3.5%. Carrier warrants that it is duly and legally qualified to provide the transportation services herein and holds at least \$1,000,000 in auto liability and cargo insurance of at least \$100,000. Accessorial charges must be stated above or agreed to in a subsequent signed rate confirmation between Broker and Carrier. Carrier must submit signed carrier confirmation(s) with Carrier's invoice, a legible copy or original proof of delivery. Unauthorized delayed service shall be charged to Carrier, not to exceed the actual charges assessed against Broker for which Carrier's actions are at fault. A minimum charge of \$100 shall apply to missed appointments. Carrier is prohibited from subcontracting this Load to any other Carrier or broker. Broker reserves the right to pay the delivering carrier directly and Carrier named below shall remain primarily liable as provided herein. Carrier shall defend, indemnify and hold harmless Broker, its shipper customer, and the bill of lading parties from any claims, actions or damages, arising out of Carrier's performance hereunder, including damages of any kind asserted against Broker for negligent hiring of Carrier, cargo loss and damage, theft, delay, damage to property, and personal injury or death. Carrier represents it has adequate coverage for towing and any towing invoice in excess of coverage shall be Carrier's sole responsibility. Broker shall be permitted to offset carrier payables for any loss, delay, shortage or damage. Carrier agrees that any loss or damage to customer's food grade cargo shall be considered a total loss. Carrier forfeits its right to be paid in the event Broker's freight is held hostage. Carrier payment terms are net 30 days from the date Broker receives Carrier's invoice, a legible copy or original proof of delivery, matching confirmation(s), and reimbursable receipts. If Fuel Surcharge is not separately stated, then Flat Rate is all inclusive. The Carrier, and any connecting Carrier, shall not receive for transport any freight that shall be excluded from coverage under its primary cargo policy. Delivery and pick-up dates and hours will not require the driver to violate hours of service regulations. Routing instructions are for informational purposes only. Carrier agrees that Broker's charges to its customers are confidential and need not be disclosed to Carrier. Carrier waives any rights it may have under 49 CFR §371.3 or

BOLs must be sent to load@kondllc.com. Invoices & payment related questions must be forwarded to support@kondllc.com

DRIVER Fernando **CELL** 786-868-7851 **TRUCK** 740 **TRAILER** 289475

SIGNATURE _____ **POSITION** _____ **DATE** _____

CARRIER SIGNATURE Marisa S. **MC #** 944686 **DOT #** _____



INVOICE

BILL TO:
KOND LLC
1071 MISSISSIPPI STREET
SAN FRANCISCO, CA 94107

INVOICE DATE: 09/20/2024
INVOICE #: ZP-97406
TERMS: NET 30
DUE DATE: 10/20/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
09/19/2023		1100 Schwab Rd, Hatfield, PA 19440 - 5830 Saltzgaber Rd, Groveport, OH 43125			
		Freight Income	1	\$730.00	\$730.00

TOTAL
\$730.00

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: 9/19/2024		BILL OF LADING			Page <u>1/1</u>			
SHIP FROM				Bill of Lading Number: <u>ZP-97406</u> BAR CODE SPACE				
Name: Fox Group		Address: 1100 Schwab Rd						
City/State/Zip: Hatfield, PA 19440		SID#: _____		CARRIER NAME: _____ Trailer number: _____ Seal number(s): _____ SCAC: _____ Pro number: _____ BAR CODE SPACE				
SHIP TO								
Name: GoDirect America		Location #: _____		Freight Charge Terms: (freight charges are prepaid unless marked collect) Prepaid <input checked="" type="checkbox"/> Collect _____ 3 rd Party _____ Master Bill of Lading: with attached (check box) underlying Bills of Lading				
Address: 5830 Saltzgaber Rd		City/State/Zip: Groveport, OH 43125						
CID#: _____		FOB: _____		Name: _____ Address: _____ City/State/Zip: _____				
THIRD PARTY FREIGHT CHARGES BILL TO:								
SPECIAL INSTRUCTIONS:				CUSTOMER ORDER INFORMATION				
				CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)
Truck 1		20 Pallets	10,426 lbs	Y <input checked="" type="checkbox"/> N	Y <input type="checkbox"/> N			
				Y <input type="checkbox"/> N	Y <input type="checkbox"/> N			
				Y <input type="checkbox"/> N	Y <input type="checkbox"/> N			
				Y <input type="checkbox"/> N	Y <input type="checkbox"/> N			
GRAND TOTAL				Y <input type="checkbox"/> N	Y <input type="checkbox"/> N			
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE			NMFC #	CLASS	
						<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 350.</small>		
							RECEIVING STAMP SPACE	
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: Noting a value is not a request for Additional Cargo Liability under OD Rules 100, Item 574.					COD Amount: \$ _____			
*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.					Fee Terms: Collect: Prepaid:			
NOTE - Liability Limitation applies. See OD Rules 100, Items 574 and 594.					Personal/company check NOT acceptable: <input type="checkbox"/>			
RECEIVED, subject to the rates, classifications and rules that have been established by the Carrier and are available on request to the Shipper (Shipper defined in 49 U.S.C.A. § 13102(13)(c)), and to all applicable state and federal regulations. Shipper 1) warrants it has read all applicable contract(s) or Carrier's applicable tariff(s) and the limitation of liability provisions set forth therein; and 2) has actual knowledge of and accepts the applicable contract or tariff terms, including the limits on carrier liability. Carrier's tariff(s), including OD Rules 100, take precedence in the event of any terms or conditions conflicts.					The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.			
SHIPPER SIGNATURE / DATE				Trailer Loaded: _____		Freight Counted: _____		
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 U.S. DOT.				By Shipper		By Shipper		
				By Driver		By Driver/pallets said to contain		
						By Driver/Pieces		
				CARRIER SIGNATURE / PICKUP DATE				
				Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.				
				Property described above is received in good order, except as noted.				

Shekita Amington

9/20/24