

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:

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

5830 Saltzgaber Rd, Groveport
OH 43125

DELIVERY INSTRUCTIONS:

Door#2

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#: _____ FOB: _____							
SHIP TO				CARRIER NAME: _____ Trailer number: _____ Seal number(s): _____ SCAC: _____ Pro number: _____			
Name: GoDirect America Location #: _____ Address: 5830 Saltzgaber Rd City/State/Zip: Groveport, OH 43125 CID#: _____ FOB: _____							
THIRD PARTY FREIGHT CHARGES BILL TO:				BAR CODE SPACE 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			
Name: _____ Address: _____ City/State/Zip: _____							
SPECIAL INSTRUCTIONS:							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO	
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		
				Y <input type="checkbox"/> N	Y <input type="checkbox"/> N		
GRAND TOTAL							
CARRIER INFORMATION						RECEIVING STAMP SPACE	
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION			LTL ONLY
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	NMFC #	CLASS
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: \$ _____ Fee Terms: Collect: _____ Prepaid: _____ Personal/company check NOT acceptable: <input type="checkbox"/>	
The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.							
NOTE - Liability Limitation applies. See OD Rules 100, Items 574 and 594.							
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 _____	
SHIPPER SIGNATURE / DATE 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.							
Trailer Loaded: _____ Freight Counted: _____ 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.	

Sheketa Amington

9/20/24