



Load Confirmation and Rate Agreement

09/20/24 11:18 AM

Contact: Ben Mayer
Phone: 320-299-7547
Email: benma@ats-inc.com
Fax: 320-258-2543
Emergency cell: 320-472-1491

highway maritime projects logistics

Carrier: ZIGI FREIGHT INC ZIGLOIL
ROYAL3 INC
CHICAGO, IL 60638

Contact: BONNIE
Phone: 630-485-7370
Fax:

Order # 9041408

Pieces: 22

Trailer: 53' Van

Commodity: BM - BUILDING MATERIALS
BOL: ARC0030485

Hazmat: N **Reference:**
Minimum Cargo Insurance: 100000.00

Dimensions:

Weight 42000.0

Stop Number	Type	Location / Notes	Pickup Time
1	Pickup	COMPASS LOGISTICS INT'L. 265 W COMMERCIAL AVE MOONACHIE, NJ 07074	09/20/24 9:00 AM 09/20/24 4:00 PM
POD REQUIRED WITHIN 24HRS UPON DELIVERY.			
2	Delivery	KAWNEER COMPANY 600 KAWNEER DR SPRINGDALE, AR 72764	09/23/24 8:00 AM 09/23/24 1:00 PM
Contact: Contact 479-756-2740			

Carrier Pay Information:

Carrier Freight Pay: \$2,100.00

Total Pay: \$2,100.00

Charges may apply for late pick-ups or deliveries. It is the driver's responsibility to make sure the load is safe, secure, and legal for transport. Driver is required to accept MacroPoint tracking when requested by broker. The above rate is for exclusive use of truck unless otherwise noted above and Double Brokering is strictly prohibited.

Carrier shall issue a uniform bill of lading (BOL) and perform all transportation services in accordance with the BOL to the extent such terms are not inconsistent with the Broker / Carrier Agreement. The BOL should contain shipper, consignee, shipment dates, description of the commodity and your company as the Motor Carrier.

How to get paid:

All paperwork should include Carrier Invoice, Rate Confirmation, all pages of signed BOL's with backup paperwork such as lumpers, scale tickets.

Submit your paperwork via one of the following options:

1. Transflo Velocity, Mobile+ or Express via smartphone or app. Visit <https://www.transflo.com/broker-list/> or smartphone store to download the app. Use Broker ID: AGVSV (receive confirmation of delivery)

2. Email: workflow60@atsinc.com

3. Fax: 320-258-2565

4. ATS FreightMatch App: Upload all your documents in the app by selecting the *Upload Documents* button under your load

Carriers paid in 3-5 business days from processing date when paperwork is received within 10 days from delivery. All others NET 30 days.



Order #9041408

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FOR YOUR NEXT LOAD PLEASE VISIT www.brokeredloads.com OR CLICK THE LINK TO REQUEST AN INVITE TO OUR MOBILE APP, ATS FREIGHTMATCH <https://www.atsinc.com/carriers/ats-freightmatch>



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ROYAL3 INC
CHICAGO, IL 60638

Contact: BONNIE
Phone: 630-485-7370
Fax:

The undersigned hereby acknowledges (this Load Confirmation) as correct and accepts the referenced shipment on behalf of the broker. It is agreed that the charges indicated above include all costs fees in connection with the shipment as described. A minimum of \$100,000.00 cargo insurance is required unless otherwise noted above, and in no way represents Carriers limit of Cargo Liability. This Load Confirmation and Rate Agreement is subject to the terms of the Broker/Carrier Agreement and creates a contract carriage shipment.

1099 Tax Information

Beginning with the 2018 tax year, ATS Logistics Services, Inc. dba Sureway Transportation Company will no longer issue an annual form 1099-MISC to carriers per IRC Code section 1.6041-3(C). ATS Logistics Services, Inc. dba Sureway Transportation Company payment summaries do include YTD Earnings. It is suggested that you retain these for your tax records. There will be a minimal charge for copies of annual payment information.

ATS Logistics Services, Inc.

Ben Mayer

Fax: 320-258-2543
Phone: 320-299-7547

ZIGI FREIGHT INC
BONNIE

E-Signed by: Bonnie R
IP: 50.76.79.115
Timestamp: 09/20/2024 1118

Fax:
Phone: 630-485-7370

Drivers Name: ERNESTO **Cell Phone #:** 7722582557 **Truck/Trailer #:** 753 / 289473



Order #9041408

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FOR YOUR NEXT LOAD PLEASE VISIT www.brokeredloads.com OR CLICK THE LINK TO REQUEST AN INVITE TO OUR MOBILE APP, ATS FREIGHTMATCH <https://www.atsinc.com/carriers/ats-freightmatch>



INVOICE

BILL TO:

ATS LOGISTICS INC
2733 S AIRPORT WAY
STOCKTON, CA 95206

INVOICE DATE: 09/23/2024**INVOICE #:** 9041408**TERMS:** NET 30**DUE DATE:** 10/23/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
09/20/2024		265 W Commercial Ave, Moonachie, NJ 07074 - 600 Kawneer Dr, Springdale, AR 72764			
		Freight Income	1	\$2,100.00	\$2,100.00

TOTAL

\$2,100.00

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

NOTE TO SHIPPER FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

PAGE 1 of 1

STRAIGHT BILL OF LADING

ORIGINAL - NOT NEGOTIABLE

ATS INC

AFTER PRINTING,
PLACE PRO LABEL HERE
SHIPPER RETAINS THIS COPY

ATS INC

Shipper's Bill of Lading No.

Consignee's Reference / PO No.

09-20-2024

Bill of Lading Date

SHIP FROM

Shipper Name
Compass Logistics Intl Inc

Origin Street Address
265 W. Commercial Avenue

Origin City
MOONACHIE State NJ Zip Code 07074

Phone Number(s)
201-896-6300

BILL CHARGES TO

Name
COMPASS LOGISTICS INTL INC

Street Address
265 W COMMERCIAL AVE

City
MOONACHIE State NJ Zip Code 07074

Phone Number(s)
201-896-6300

Special Instructions

SEAL NUMBER 21262045

Freight charges are PREPAID
unless marked collect
CHECK BOX IF COLLECT ☒

FOR FREIGHT COLLECT SHIPMENTS - If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement:
The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges:

SHIP TO

For Collect On Delivery shipments, the letters "C.O.D." must appear before consignee's name or as otherwise provided in item 430, Sec. 1.

Consignee Name
Kawneer - Springdale

Destination Street Address
600 Kawneer Drive

Destination City
SPRINGDALE State AR Zip Code 72764

☐ Check box, if delivery appointment required. Consignee telephone ▶

C.O.D.

☐ Collect On Delivery \$ ☐ To be paid by —
Remit to Shipper ☐ Consignee ☐

Street Address

City State Zip Code

Signed Carrier must collect cash, money order, bank cashier's check, or bank-certified check unless shipper signs here to accept company check.

HOLDG UNITS NO./TYPE	PACKAGES NO./TYPE	* HM	Kind of Package, Description or Articles, Special Marks and Exceptions (subject to correction)	WEIGHT/ LBS (Subj. to Correction)	CLASS/RATE REF. (For Info. Only)	CUBE FT (Optional)
19 PLT			RUBBER GASKETS Bill of Lading Numbers: ATS INC K345-K363 23.856 Lbs. Seal Number 9/23/24	24000		
TOTAL HANDLING PIECES: 19			INDIVIDUAL PIECES:	WEIGHT: 24000 LBS	CUBE:	

* Mark "X" to designate Hazardous Materials as defined in DOT regulations.

Notify if problem en route or delivery (for informational purposes only):

COMPASS LOGISTICS INTL INC

Name
2018966300 1509

Tel No. Fax No.

NOTE (1) 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 _____"

NOTE (2) Liability Limitation for loss or damage on this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A)(B).

NOTE (3) 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 Sec. (2) of NMFC item 360.

SHIPPER
Compass Logistics Intl Inc

AUTHORIZED
SIGNATURE
(REQUIRED)

**ADDITIONAL
SERVICES
REQUESTED**

- ☐ SECURED SHIPMENT DIVIDERS
☐ CURBSIDE ☐ THRESHOLD ☐ ROOM OF CHOICE
☐ WHITE GLOVE ☐ ASSEMBLY/INSTALL

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, on request. Every service to be performed hereunder shall be subject to all terms and conditions of the uniform bill of lading set forth in the National Motor Freight Classification. The shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns. See item 780-1 ABB 111 rules for general liability limitations and for additional coverage available at additional expense.

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 Department of Transportation. Additionally, by signature on this bill of lading, shipper authorizes consent to the Transportation Security Administration (TSA) to screen the shipment when transportation of the shipment requires movement via an air carrier.

TRAILER NUMBER

CARRIER
ATS INC

PER

SHIPPER
LOAD &
COUNT (SLC)

DATE

Driver signature only acknowledges receipt of freight.