

Omni Logistics

Rate Confirmation Agreement for Omni Logistics, LLC dba LiVe Logistics

- All Invoices must include a SIGNED DELIVERY RECEIPT, BOL, and RATE AGREEMENT.
- Please send to the following address:

Omni Logistics, LLC dba LiVe Logistics

150 N. Fairway Drive Suite 144

Vernon Hills, IL 60061

- Invoicing, document collection and payment will be done using Epay Manager, an ACH payment system. Please upload paperwork to Epay Manager (epaymanager.com). This is the preferred method of payment for timely payments. A secondary option is to email invoices and supporting documentation to Brokerageap@omnilogistics.com
- The rate on this confirmation is the agreed upon sum between Carrier and Omni Logistics, LLC dba LiVe Logistics Corp
- This load cannot be double brokered. Double brokering of this load will result in nonpayment to the carrier, in addition to any other penalties applicable by contract or law.
- Any additional charges must be approved and added to the rate confirmation prior to invoicing.
- By signing the below, CARRIER agrees to provide a minimum of \$100,000 in Cargo insurance and \$1,000,000 in automotive liability insurance.
- The CARRIER acknowledges that the product listed is covered by their insurance policy and does not fall under any exclusions from their cargo policy.
- For any Team shipment there will be a \$500 rate reduction for using a SoloDriver
- Any Team load a driver does not accept Macropoint or Project 44 Tracking, there will be a \$500 rate reduction
- If a shipment is co-loaded with other freight or put on the rail without LiVe-Omni consent, The linehaul rate will be cut by 50%
- In order for detention to be paid the driver must accept Macropoint or Project 44. If the driver accepts tracking, then detention will be paid upon delivery and POD being received with notated Bol's. If the driver does not accept tracking, then there will be a delay, or no detention paid.
- POD required upon delivery. CARRIER is subject to a \$50 per day rate reduction

if PODs are not submitted within 48 hours.

Omni Logistics, LLC dba LiVe Logistics
150 N. Fairway Drive
Vernon Hills, IL 60061
844-351-3780



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Load Confirmation

0248189

Carrier:	Royal3 Inc LOMBARD IL 60148	Contact:	Asta Mijac x108
Date:	09/24/2024	Phone:	630-485-7370
		Fax:	

Order	Order: 0248189	Commodity: Palletized Water
	Miles: 295.0	Weight: 45000.0
	Temp:	Trailer: Van (DAT)
	BOL: 180744336	Reference:

PU 1	Name: NIAGARA ALBUQUERQUE	Date: 09/24/2024 1600
	Address: 1300-A DESERT WILLOW	09/24/2024 2000
	LOS LUNAS NM 87031	Contact:
	Phone:	Driver Load: No driver loading or unload
	Reference number: PO PO0098909	
	Reference number: PU 36946474	

SO 2	Name: DNOW L.P.	Date: 09/25/2024 1200
	Address: 1702 COMMERCE DR	09/25/2024 1500
	CARLSBAD NM 88220	Contact:
	Phone:	Driver Load: No driver loading or unload
	Reference number: PO 26663769	

Payment	Carrier Freight Pay:	\$650.00
	Total Carrier Pay:	\$650.00

Carrier Instructions and Requirements: This form must be completed and returned before driver can be loaded.
Special instructions:

Please Sign: ASTA MIJAC

(X) Accept

() Decline

From: Roberto Ruiz
Phone:
Email: rruiz@omnilogistics.com

Driver Name:
Driver Cell:
Driver Email: ASTA@ROYAL3INC.COM
Tractor #:
Trailer #:





INVOICE

BILL TO:
OMNI LOGISTICS LLC
3200 OLYMPUS BLVD SUITE 300
COPPELL, TX 75019

INVOICE DATE: 09/25/2024
INVOICE #: 0248189
TERMS: NET 30
DUE DATE: 10/25/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
09/24/2024		1300-A Desert Willow, Los Lunas, NM 87031 - 1702 Commerce Dr, Carlsbad, NM 88220			
		Freight Income	1	\$650.00	\$650.00

TOTAL
\$650.00

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: 09/24/24 05:08 PM MST		BILL OF LADING		Page 1 of 1				
SHIP FROM			SHIP TO					
Name: ABQ Address: 1300-A Desert Willow City/State/Zip: Los Lunas, NM 87031 SID#: 57453272 FOB: <input type="checkbox"/>			Bill of Lading Number: 36946474 Master Bill of Lading Number: 57453272 Customer PO#: PO0098909 Reference #: 26663769 Delivery #: 36946474 Shipment #: 57453272					
SHIP TO			CARRIER DETAILS					
Name: PROLINE PRODUCTS, INC Location #: Address: 1702 COMMERCE DR DNOW-1702COMMERCEDR City/State/Zip: CARLSBAD, NM 88220 CID#: FOB: <input type="checkbox"/> Customer Phone:			Carrier Name: PRO LINE PRODUCTS INC (CPU) Address: 11625 Columbia Center Dr #100 City/State/Zip: Dallas TX 75229 SCAC: PROL Pro number: Trailer number: 251822 Seal Number: 0192556					
Freight Charge Terms: (freight charges are prepaid unless marked otherwise)			Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> Customer Pick Up <input type="checkbox"/>					
POD INSTRUCTIONS: Carrier FAX (909) 494-4456 Or Email To : Orders@niagarawater.com								
Customer Order Information								
Qty Order	Bottles Shipped	Cases Shipped	Pallets Shipped	SKU	Customer Item ID	Item Description	UPC Code	Weight
1596	38304	1596	19	NDW05L24PDRFB N84		05L.DR.NIAGARA NEW FILM. 24P.N.84.PB	027541001235	45007 lbs
Summary Totals								
1596	38304	1596	19					45007 lbs
All overages, under and damage issues/refusals must be populated on this document and communicated via FAX confirmation of POD to (909) 494-4456				Receiving Stamp:				
CARRIER								
CARRIER SIGNATURE/PICKUP DATE				If the shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Consignor Signature _____ Date _____		FACILITY CHECKOUT		
Property described above is received in good Order, except as noted. Print Name: fednel byssainthe 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, and to all applicable state and federal regulations.				COD Amount: \$ _____ LTL ONLY NMFC # 0 CLASS		Appt Time: 09/24/24 04:00 PM MST Check In Time: 09/24/24 04:24 PM MST Check Out: 09/24/24 05:08 PM MST Delivery Time: 09/24/24 09:33 PM MST Driver Name: fednel Driver Initials: <i>fednel byssainthe</i> NBL Initials:		
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.								
CARRIER INSTRUCTIONS								
Driver: Should you encounter any delays preventing the on time delivery of this shipment. Please dial 909-230-4486 for assistance.								

Sebastian
Garcia

9-25-24