



Flash Forward Freight
13034 S Comanche Ave
Palos Heights, IL 60463
Phone: (708) 995-9950

CONFIRMATION LOAD #4801

Date Sent: 09/26/24

CARRIER:	ROYAL3 INC	Phone: (630) 485-7370
Broker:	Denis Kotyk	Phone: (708) 995-9950

AGREED RATES:

Ref.#	Commodity	Truck	Temp(°F)	Total
-- / --		Van 53'		\$1,600.00
				\$1,600.00

TANKER ENDORS REQUIRED

Origin		Destination	
1	Dispatched via driver Suffolk, VA 23432 Weight: 0lb. Pallets:0. <u>Appoint:</u> 09/26/24 08:00am to 01:00pm	1	MATRIX WAREHOUSE 6969 W. 60th Street Unit A Dock 8-9 Chicago, IL 60638 Weight: 0lb. Pallets:0. <u>Appoint:</u> 09/26/24 08:00am to 09:00pm

SPECIAL BILLING NOTES

- SPECIAL BILLING NOTES
- 1. By signing this agreement or by picking up and taking possession of the shipment the CARRIER agrees to all the terms and conditions as outlined in this rate confirmation and the transportation agreement between FLASH FORWARD FREIGHT INC, hereinafter referred to as BROKER and the CARRIER.
- No oral agreements or conditions exist.
- 2. It is the carrier's sole responsibility to confirm that it may lawfully operate a loaded vehicle of any weight, commodity or dimension over any road, highway, bridge or route. Carrier shall be solely responsible for any fines, penalties or citations occurring as a result of operating any vehicle over the road, highway, bridge or route in violation of any regulation, law or ordinance. TEAM loads only and please do not put a solo our loads.
- 3. No changes or amendments to this rate confirmation will be binding unless BROKER approves such changes in writing prior to the CARRIER taking possession of the shipment. You must have a revised rate sheet! No phone call, cell, text, or email agreements will be valid.
- 4. In accordance with 49 CFR § 392.9 and 49 CF § 393.100 et al, the CARRIER and its drivers are solely responsible for verifying the contents, counts, conditions, loading, weight, proper weight distribution per axle, blocking, bracing, and securement of each load for transportation.
- 5. ORIGINAL BOL/POD MUST BE PROVIDED FOR PAYMENT. WILL NOT ACCEPT CARRIER HAND MADE BILLS OR COMPANY BOLS.
- MUST BE BILLS FROM THE SHIPPER SIGNED
- 6. If there is any type of claim, CARRIER/TRANSPORTER takes full responsibility in accordance to all rules and accordance's that might take effect. Damages become carrier's full responsibility and will be handled through Carrier's provided cargo insurance policy.
- 7. Reaching out to the shipper/consignee this will result in a breach of contract and no payment will be issued on the load.
- 8. Shipments are highly time sensitive. Team loads that are unable to verify both drivers will result in a rate reduction.
- 9. The carrier must provide a valid working driver phone number on all shipments. If carrier cannot, they must provide a link to their truck where we can track it or the drivers must accept macropoint. LACK OF COMMUNICATION (no call/no answer/no email responses) WILL RESULT IN A RATE REDUCTION.
- 10. FLASH FORWARD FREIGHT INC. must be informed immediately of any breakdowns and provided with verifiable repair invoices. If breakdown will be for more than
- 24 hours FLASH FORWARD FREIGHT reserves the right to find a recovery truck and transfer service to a confirmed carrier. Failure to obey these guidelines or holding the freight hostage will result in 100% non payment for the carrier & a FREIGHTGUARD report on 411 will be filed.
- 11. Carrier is required to submit scanned copy of POD within 24 hours of delivery. Charges might be applied in amount \$50/each day POD is missing. THIS IS CRITICAL. LATE FEES WILL APPLY.
- EMAIL paperwork for payment to / EMAIL: accounting@flashff.com

Truck #	Driver Name	Driver Cell
Authorized CARRIER Rep.	Date	Broker

Please sign and send back.



INVOICE

BILL TO:
FLASH FORWARD FREIGHT INC
13034 S COMANCHE DR
PALOS HEIGHTS, IL 60463

INVOICE DATE: 09/27/2024
INVOICE #: 4801
TERMS: NET 30
DUE DATE: 10/27/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
09/26/2024		Dispatched via driver, Suffolk, VA 23432 - Matrixx Warehouse, 6969 W. 60th Street Unit A Dock 8-9, Chicago, IL 60638			
		Freight Income	1	\$1,600.00	\$1,600.00

TOTAL
\$1,600.00

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

Bill of Lading

Ship From: US SUFFOLK WILROY RD PLANT 4040 2301 Wilroy Rd Suffolk, VA 23434		Date: 26-September-2024	
SID#:		Bill of Lading No: 4801	
Ship To: MATRXXX WAREHOUSE 8969 W. 60th Street Chicago, IL 60638		Barcode SPACE	
CID#:		Carrier Name: ROYAL3 INC	
Third Party Freight Charges - Bill To: Flash Forward Freight		Trailer No:	
		Seal Number(s):	
		SCAC:	
		Pro No:	
		Barcode SPACE	
		Freight Charge Terms (prepaid unless marked otherwise)	
		<input type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party	
		<input type="checkbox"/> Master BOL: w/attached underlying BOLs	
Special Instructions:			
Customer Order Information			
Customer Order No.	# Pkgs.	Weight	Additional Shipper Info
VAIL4801	1	29026	Freight of all kinds
Totals			
29026.00			
Carrier Information			
Handling Unit	Package	Weight	Commodity Description
QTY	TYPE	H.M. (X)	LTL Only
1	TRKLD	29026	Freight of all kinds
Totals			
29026.00			
When 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 _____ FOB _____			
NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(e)(1)(A) and (B).			
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, charges, and conditions of the carrier's tariff and any applicable federal regulations.			
Trailer Loaded			
<input type="checkbox"/> By Shipper			
<input type="checkbox"/> By Driver			
Freight Counted			
<input type="checkbox"/> By Shipper			
<input type="checkbox"/> By Driver/Pallets said to contain			
<input type="checkbox"/> By Driver/Pallets			
Shipper Signature _____ Date _____			
Carrier Signature _____ Pickup Date _____			