



BILL TO:
CENTRAL OREGON TRUCK COMPANY - BROKER
PO BOX 889
REDMOND, OR 97756
PHONE: 800-888-0542

RATE CONFIRMATION

TRIP #: 1156191

OUR REFERENCE #: S944895

By agreeing to accept this load for transportation, Carrier agrees to perform the transportation subject to the terms and conditions in the Broker and Carrier agreement and as supplemented herein.

Compensation / Payment

1) The Agreed Rate of compensation is listed below and includes all applicable Add-on and Surcharges. 2) The Agreed Rate of compensation is subject to decrease under the following circumstances; i) **Carrier's failure to tarp the load when "Required Equipment" includes "TARP" will decrease the Agreed Rate by \$100.00;** ii) Carrier's failure to provide Proof of Delivery within 15 days of delivery, **Or as instructed**, will decrease the Agreed Rate by \$50.00; iii) **Carrier's failure to pick-up or deliver a load on time will decrease the Agreed Rate by \$50.00 each;** iv) for any other reason set forth in the Broker and Carrier agreement, and; v) a decrease in Agreed Rate does not substitute for or relieve Carrier from its liability for loss or damage to a load or its indemnity obligations in the Broker and Carrier agreement. 3) **TRUCKS MUST BE ABLE TO HAUL 48,000#; All loads must be scaled promptly upon loading; Overweight loads are Carrier's responsibility upon departure from shipping point absent scale ticket.** 4.) Carrier shall invoice Central Oregon Truck Company (COTC) at the address listed above, upon completion of the transportation services subject to this Rate Confirmation. 5.) Shipper's BOL must be signed by the driver and receiver to evidence the load was received in good condition and tarped, if necessary. Please **do not** write on the BOL other than the required signatures. 6.) Invoices must include trip number, reference number, and shipper's BOL. Send invoice by email to intbilling@cotruck.net or by mail to PO BOX 889 Redmond, OR 97756; questions email: apeft@cotruck.net

Transportation Details

** If the Shipper's Bill of Lading or other information supplied to Carrier does not match the information provided below, Carrier must immediately notify COTC of the discrepancy. Where the discrepancy involves the destination, Carrier is not to deliver the load until the correct destination has been confirmed. COTC is not responsible for loads delivered to the wrong destination. If a load is delivered to the wrong destination, Carrier is solely responsible for all costs incurred to redeliver the load to the correct destination. **COTC requires that Carrier have intimate knowledge of its drivers' hours available and safety record prior to issuing this load to a driver. This load is not to be issued to any driver that does not have the available hours to transport this load within the required time frame nor is it to be issued to any driver that cannot safely perform the transportation services. Carrier must call receiver at least 24 hours prior to delivery. All transportation services provided by Carrier hereunder shall be subject to COTC standard terms and conditions located at: <http://www.centraloregontruck.com/terms-and-conditions>

DRIVER MUST **SIGN** AND TURN IN TO CENTRAL OREGON TRUCK **ALL SHIPPER BILL OF LADINGS** IN ORDER TO RECEIVE PAYMENT

Carrier ZIGI FREIGHT INC

Phone 630-566-1697

Contact ROBERT

Fax

6850 W 63RD ST

Alt. Phone

Email DISPATCH@ROYAL3INC.COM

******CHECK IN AS LOADING FOR CENTRAL OREGON TRUCK******

Requested Equipment FB - FLATBED

Required Equipment: 53' VAN

Commodity TUBING

Weight 39,000

Miles 1,091.8

LOAD MAY CONTAIN LIQUID IF OVER 1000 GALLONS CALL THE OFFICE. DRIVER MUST CALL 24 HRS BEFORE DELIVERY TO CONFIRM OFF LOAD

STOP	TYPE	DATE	SHIPPER/CONSIGNEE	ADDRESS	CITY/STATE/ZIP	PHONE
0	PICK UP	10/01/24 8:30AM	EVERKEM	120 REGENT DR	WINSTON-SALEM, NC 27103	541-548-0567
	to	10/01/24 4:00PM				
1	DELIVERY	10/02/24 8:00AM	FOUNDATION	11850 VALLEY RIDGE	PAPILLION, NE 68046	402-763-1442
	to	10/02/24 4:00PM	SUPPORT WORKS / THR	DR		

Carrier Name: ZIGI FREIGHT INC

COTC Representative: MANDY FRANKS

Carrier Contact

Phone: 800-888-0542 x3958

Signature

Mack Petkovic

Date Time: 10/1/2024 5:51:10AM

Driver Name Julio Cesar

Truck# 723

Cell Phone# (941) 250-7606

Trailer# W94947

Agreed Rate of Carrier Compensation	BASE	\$2,000.00
	TOTAL PAY:	\$2,000.00



INVOICE

BILL TO:

CENTRAL OREGON TRUCK COMPANY LLC
394 NE HEMLOCK AVE
REDMOND, OR 97756

INVOICE DATE: 10/02/2024**INVOICE #:** 1156191**TERMS:** NET 30**DUE DATE:** 11/02/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
10/01/2024		120 Regent Dr, Winston-Salem, NC 27103 - 11850 Valley Ridge Dr, Papillion, NE 68046			
		Freight Income	1	\$2,000.00	\$2,000.00

TOTAL

\$2,000.00

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

Pro #:



Supportworks

10/01/2024

Bill of Lading

BOL#:

Central Oregon

Truckload

Service: TRUCKLOAD

Payment Terms ☒ Prepaid ☐ Collect ☐ 3rd Party

Shipper		Consignee Stop # 1 of 1	
Everkem 120 Regent Dr Winston Salem, NC, 27103, US		SUPPORTWORKS INC 11850 VALLEY RIDGE DR PAPILLION, NE, NE, 68046, US 4027631442	
Order Number :		PO Number :	
Pickup Instructions		Delivery Instructions	
Carrier Provided Quote Number: S944895			
Billing Party		International Broker	Hazmat Info
SUPPORTWORKS INC 11850 VALLEY RIDGE DR PAPILLION, NE, NE, 68046, US 4027631442			
Shipment Information			
Qty	HU	TYPE	DESCRIPTION
			Nexus Sausage tubes 24 ^{PIECES} boxes 39, ^{WEIGHT} 122 NMFC 149610
COD Amount			
S <input type="checkbox"/> US <input type="checkbox"/> CANADA Fee Terms: <input checked="" type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> Customer Check Acceptable			
NOTE: Liability Limitation for loss or damage in this shipment may be applicable.			
<small>Received by the carrier from the shipper in apparent good order and condition (unless otherwise noted herein) the total number of quantity of containers or other packages or units indicated in the box opposite entitled "Total No. of Containers/Packages received by the Carrier" for Carriage subject to all the terms and conditions hereof (INCLUDING THE TERMS AND CONDITIONS ON THE REVERSE HEREOF AND THE TERMS AND CONDITIONS OF THE CARRIER'S APPLICABLE TARIFF) from the place of receipt or the port of loading, whichever is applicable, to the port of discharge or the place of the delivery, whichever is applicable. One Original Bill of Lading, duly endorsed, must be surrendered by the Merchant to the Carrier in exchange for the Goods or a delivery order. In Accepting this Bill of Lading the Merchant expressly accepts and agrees to all its terms and conditions whether printed, stamped, or written, or otherwise incorporated, notwithstanding the non-signing of the Bill of Lading by the Merchant. IN WITNESS WHEREOF the number of Original Bills of Lading Stated below all of the this tenor and date has been signed, one of which being accomplished the others to stand void.</small>			
SPECIAL AGREEMENT: Declared Value: US \$ _____ Shipper's Initials _____			
SHIPPER SIGNATURE/DATE		CARRIER SIGNATURE/PICK UP DATE	
 10/1/24 <small>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.</small>		<small>Carrier Acknowledges receipt of Packages and required Hazards. Carrier certifies emergency response information was made available and/or Carrier has the Department of Transportation emergency response guidebook or equivalent documentation in the vehicle. Properly described above is received in good order, except as noted</small>	
Receiving and Carrier Signature/Date			
DRIVER TIME IN / OUT	TRAILER NUMBER	SEAL NUMBER	

10-2-24

B. Prague

24 Full pallets

ATTENTION!!!

DEAR CUSTOMER:
PLEASE CHECK CASE
QUANTITY BEFORE SIGNING