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GLOBALTRANZ CARRIER RATE CONFIRMATION Load Number: 29762183



GENERAL CONTACT

GTZ CONTACT: (866) 275-1407 xavier.jones@globaltranz.com GTZ FAX:

CARRIER PAYMENTS: INVOICE/POD/RATE CON submit to: TLINVOICES@globaltranz.com NOA and PAYMENT INQUIRIES: APTLREQUESTS@globaltranz.com

PO#: 42101 REF#: PRO#: CARRIER QUOTE:

ACCESSORIAL(S):

SERVICE TYPE: Full TRAILER TYPE: Van SIZE: 53

SERVICE:

CARRIER INFORMATION:

CARRIER NAME: ROYAL3 INC LEGAL NAME:ZIGI FREIGHT INC MC#:944686 [AV595] DISPATCHER: Devorah PHONE: (630) 485-7370 FAX: (630) 485-6980 EMAIL: Devorah@royal3inc.com DRIVER: Earnest DRIVER PHONE: (954) 376-1022

PIECES:0

COMMODITY: DESCRIPTION:misc

PALLETS:20

WEIGHT: 44000 lbs

DRIVER PHONE: (954) 376-1022 TRAILER NUMBER:ptlz244742

IMPORTANT LOAD NOTES:

ORIGIN:

FACILITY: DiMax Corporation STREET: 1109 Industrial Lane CITY/STATE/ZIP: Winsted, MN 55395 FAX:	PICKUP DATE: 10-02-2024 HOURS: 09:00 - 16:00 CONTACT: Jim	PICKUP #: APPOINTMENT REQUIRED: No
PICKUP NOTES:	PHONE:	APPOINTMENT MADE: No
STOP # 2 : PICKUP FACILITY: Crystal Welding STREET: 17601 113th Ave N CITY/STATE/ZIP: Maple Grove, MN 55369 FAX:	PICKUP DATE: 10-02-2024 HOURS:09:00 - 16:00 CONTACT: Steve	REF #: PICKUP #: APPOINTMENT REQUIRED: No APPOINTMENT MADE: No
PICKUP NOTES:	PHONE: NaN	
DESTINATION: FACILITY: Path of Enoch Ministries c/o Peter Belau STREET: 82 Foxwood Lane CITY/STATE/ZIP: Salem, AR 72576 FAX:	DELIVERY DATE: 10-03- 2024 HOURS: 09:00 - 16:00 CONTACT: Peter	REF #: DELIVERY#: APPOINTMENT REQUIRED: Yes APPOINTMENT MADE: No
DELIVERY NOTES:	PHONE:	
	RATE INFORMATION: BASE RATE:\$2,100.00 TOTAL RATE: \$2,100.00	

GTZ SIGNATURE : PHX - Xavier Jones (866) 275-1407

CARRIER SIGNATURE :

Carrier understands and acknowledges that any instruction or information given to Carrier by Broker are merely for the Carrier's convenience and not to be construed as Brokers attempt to control the manner, method, or means by which Carrier or its employees performs the work hereunder. The Rate Confirmation Sheet is a legally binding agreement between Broker and Carrier. No signature is required to enforce provision of this agreement, rather both parties accept the terms and conditions contained herein upon Carrier's partial or full performance of the shipment. In the event of any conflict between the Agreement or the Carrier's Carrier Rate Confirmation. Broker does not authorize hand written or verbal changes to the rate confirmation. If this rate confirmation does not accurately reflect the load terms, carrier must obtain a revised rate confirmation from Broker. Carrier's failure to provide equipment and/or services as agreed upon may result in additional line haul deductions.

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To be eligible for Accessorials / Incidentals, Carrier must:

- Be checked in to shipper OR receiver by the appointment time.
- Submit all proof of detention, accessorial, incidentals within 24-48 hours of delivery.

Detention:

- Carrier must be on time for pickup/delivery.
- Detention accrual begins 2 hours after appointment time at shipper/receiver IF:
 Carrier must notify Broker after 60 minutes of waiting.
 - Provide time stamped BOL within 48 hours of delivery.
- Detention Rate \$40/hr after 2 hours. Max \$200 detention per stop.

Layover, Truck Order Not Used (TONU):

- Carrier must contact Broker to request
- · Delays or cancellations must be confirmed by Broker
- Layovers: \$200 Dry Van or \$250 Running Reefers.
- TONU: \$200

Submitting Payments:

- Email Invoice, Rate Confirmation, Proof of Delivery & Receipts to TLinvoices@globaltranz.com
- 3% / 3-Day Quick Pay available upon request
- For Payments question contact aptirequests@globaltranz.com or by calling 866-275-1407 ext. 72597





BILL TO: GLOBALTRANZ ENTERPRISES LLC 2700 COMMERCE ST STE 1500 DALLAS, TX 75226 INVOICE DATE: 10/04/2024 INVOICE #: 29762183 TERMS: NET 30 DUE DATE: 11/04/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
10/02/2024		1109 Industrial Lane, Winsted, MN 55395 - 82 Foxwood Lane, Salem, AR 72576			
		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

L	ogistic	Straig	th Bill of Lading	- Short Form - Origina regotiable	il - Not				
	ogisti	-3		NO : 29762183	5				
Shipper Address Country Contact Name Phone Number Contact Email Fax Number	DiMax Corpora 1109 Industrial I Winsted, MN 5: USA Jim (320) 485-3232	Lane 5395	Carrier :RO Shipment D Carrier Pro Ref # : Carrier Qu P/O # :4210 Customer E	ate:10/02/24 #: ote #:		(
Consignee Address Country Contact Name Phone Number Contact Email Fax Number	Path of Enoch N 82 Foxwood La Salem, AR 725 USA Peter (415) 730-419	76	All charges GlobalTran PO Box 63 Scottsdale Direct billi	48					
Stop # 1: Pickup Name: Street: City/State/Zip:	Crystal We 17601 113							and and a	
Comments/Special Instructions: Pickup Remarks : Delivery Remarks		driver call Consignee v	with estimated	I time of arrival.		4			
Pallets Pieces	IsHazmat	Description misc	Weight 44000	FreightClass 0	Length 0	Width 0	Heigh 0	t NMFC	Stackable false
www.carrierrate.com Shipper Certificatio ackaged, marked an Shipper's Signature Driver's Signature Drivers Certificatio esponse information	n. n : I hereby certi d labeled and in p e: n : Carrier ackno and required place	this document on behal ify that the contents of the proper condition for carr will with the contents of the proper condition for carr will be the content of the content will be the content of the content cards were made available applicable bill of lading- carrier shall not make del	is consignment iage by land/ai	t are fully and accura r according to applic 	taly described able national g Date: Date: quantity unless nergency responses	d above by p overnmental	Trail Trail Trail	er#: er#: n. Carrier certifi alent in the vehic o the consignor,	es emergen- cle.
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Consignee Signatur Company Name: Permanent post-office									