



CARRIER RATE
CONFIRMATION

Load Number: 29783069



GENERAL CONTACT

GTZ CONTACT: (480) 339-5673 lwalden@globaltranz.com
GTZ FAX:

CARRIER PAYMENTS:

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

PO#: ICE100924/4538-C
REF#: sous14-2324/sous14-2353
PRO#:
CARRIER QUOTE:

SERVICE:	ACCESSORIAL(S):	COMMODITY:
SERVICE TYPE: Full TRAILER TYPE: Van SIZE: 53	<ul style="list-style-type: none">E TrackStraps	DESCRIPTION:1147 cs bottled wa ter po ICE100924,140 cs bottled w ater po ICE100924 WEIGHT: 43838 lbs PALLETs:16 PIECES:1287

CARRIER INFORMATION:		
CARRIER NAME: BRZ LEGAL NAME:RIKI TRANSPORTATION INC. MC#:086875 [CA458]	DISPATCHER: Smith PHONE: (708) 852-5556 FAX: EMAIL: smith@rtbrz.com	DRIVER: (Required)_____ DRIVER PHONE: (Required)_____ TRAILER NUMBER:

IMPORTANT LOAD NOTES:

ORIGIN:		
FACILITY: ICELAND GLACIAL C/O EIMSKIP STREET: 92 CASSIDY POINT, N-eiwh002621/T- eiwh002654 CITY/STATE/ZIP: Portland, ME 04102 FAX:	PICKUP DATE: 10-09-2024 REF #: HOURS: 08:00 - 16:00 CONTACT: NOEL M PICKUP #: APPOINTMENT REQUIRED: Yes APPOINTMENT MADE: Yes	
PICKUP NOTES: Driver must have 3 straps and request NOSE LOAD sous14-2324/eiwh002621 & TAIL LOAD sous14-2353/eiwh002654any issues contact Deion dero@eimskip.com or Noel and noma@eimskip.com	PHONE:	

STOP # 2 : PICKUP		
FACILITY: Dora's Natural's Inc STREET: 21 Empire Blvd, S, PO ICE100924 CITY/STATE/ZIP: South Hackensack, NJ 07606 FAX:	PICKUP DATE: 10-10-2024 REF #: HOURS:06:00 - 06:00 CONTACT: brent or steve PICKUP #: APPOINTMENT REQUIRED: Yes APPOINTMENT MADE: Yes	
PICKUP NOTES: Driver must have 3 straps and request NOSE LOAD sous14-2324/eiwh002621 & TAIL LOAD sous14-2353/eiwh002654any issues contact Deion dero@eimskip.com or Noel and noma@eimskip.com	PHONE: NaN	

DESTINATION:		
FACILITY: BURROWS LIGHTBOURN - MODE WAREHOUSE STREET: 103 TILBURY ROAD, PO 4538-C CITY/STATE/ZIP: Salem, NJ 08079 FAX:	DELIVERY DATE: 10-10- 2024 HOURS: 08:30 - 08:30 CONTACT: VIKKI HOLIDAY DELIVERY#: APPOINTMENT REQUIRED: Yes APPOINTMENT MADE: Yes	REF #:
DELIVERY NOTES: for delivery apptsBrent: brentb@dorasnaturals.comSteve: SteveG@dorasnaturals.com	PHONE:	



RATE INFORMATION:



BASE RATE:\$1,200.00
TOTAL RATE: \$1,200.00

GTZ SIGNATURE : PHX - Logan Walden (480) 339-5673

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, the Agreement shall govern and then any terms as set forth in this Carrier Rate Confirmation shall apply. Carrier must immediately notify Broker if shipper's instructions do NOT match the 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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GLOBALTRANZ

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Load Number: 29783069



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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 aptrrequests@globaltranz.com or by calling 866-275-1407 ext. 72597



INVOICE

BILL TO:

GLOBALTRANZ ENTERPRISES LLC
2700 COMMERCE ST STE 1500
DALLAS, TX 75226

INVOICE DATE: 10/10/2024**INVOICE #:** 29783069**TERMS:** NET 30**DUE DATE:** 11/10/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
10/09/2024		92 Cassidy Point, Portland, ME 04102 - 103 Tilbury Road, Salem, NJ 08079			
		Freight Income	1	\$1,200.00	\$1,200.00

TOTAL

\$1,200.00

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**

TRIP SHEET

Address: 8225 Leclair Ave., Burbank, IL 60457
 Phone: 708-303-5150 Email: bol@rtbrz.com

Straight Bill of Lading - Short Form - Original - Not Negotiable

GTZ BOL NO : 29783069

NOSE LOAD sous14-2353/eiwb00265

GLOBALTRANZ

Shipper Address	ICELAND GLACIAL CO EIMSKIP 92 CASSIDY POINT -eiwb002654 Portland, ME 04102	Carrier : VIA EGNATIA LOGISTICS LLC Shipment Date: 10/09/24 Carrier Prof : Ref # : sous14-2353 Carrier Quote # : P/O # : 4538-C Customer BOL NO:
Country	USA	
Contact Name	NOEL M	
Phone Number	(207) 232-3200	
Contact Email		
Fax Number		
Consignee Address	BURROWS LIGHTBOURN -MODE 1403 TILBURY RD	Third Party Billing Information: All charges are prepaid to: GlobalTranz PO Box 6348 Scottsdale AZ 85261 Direct billing inquiries to : (866) 275-1407 GTZ BOL NO : 29783069
Country	PO 4538-C	
Contact Name	SALEM, NJ 08079	
Phone Number		
Contact Email		
Fax Number		

Stop # 1: Drop

Name:
Street:
City/State/Zip:

Comments/Special Instructions:

Pickup Remarks :

Delivery Remarks :

Driver must have 3 straps and request NOSE LOAD sous14-2324/eiwb002621 & TAIL LOAD sous14-2353/eiwb002654 any
 contact Deion dero@eimskip.com or Noel and soma@eimskip.com
 for delivery appts Brent: brentb@doranatural.com Steve: SteveG@doranatural.com

Pallets	Pieces	Is Hazmat	Description	Weight	Freight Class	Length	Width	Height	NMFC	Stackable
2	140		140 ea bottled water po 1 CE100924	5964	0	40	48	70		file

The authorized signatories signing this document on behalf of its company consents and bind its company to the terms and conditions found on
 www.carrierrate.com.

Shipper Certification : I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified,
 packaged, marked and labeled and in proper condition for carriage by land/air according to applicable national governmental regulations.

Shipper's Signature:

Andrew David

Date: 10-9-24

Trailer#: 244737

Driver's Signature:

X

Date:

Trailer#:

Drivers Certification : Carrier acknowledges receipt of packages in good order, condition and quantity unless otherwise stated hereon. Carrier certifies emergency
 response information and required placards were made available and/or carrier has the D.O.T. emergency response guidebook or equivalent in the vehicle.

Subject to Section 7 of conditions of applicable bill of lading. If this 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's Signature:

Print Name:

Consignee Signature:

Date:

Company Name:

Permanent post-office address of the Shipper:

* Mark with "X" to designate material as defined in Title 49 CFR



TRIP SHEET

Address: 8225 Leclair Ave., Burbank, IL 60459

Phone: 708-303-5150 Email: bol@rtbrz.com

Straight Bill Of Lading



Page 1 of 1

Picking Completed:

Client IWH
Order eIWH002654
Ref.Order
Reference

Bill to

Customer
Address
City

Ship from

Ship to

Customer IWH c/o Elmskip Logistics
Address 92 Cassidy Point Drive
City 04102 Portland, ME

Customer Burrows Mode Whse
Address 103 Tillbury Rd
city 08079 Salem

Comments
4538-C

Product	Description	Lot	Production Date	Qty	Weight	BBD	Carrier
IG150FP12U	12x1500 spring water	L24205		70	2,982.0 lbs		12346468
IG150FP12U	12x1500 spring water	L24205		70	2,982.0 lbs		12346467

Total

Product	Lot	Qty	Weight
IG150FP12U	L24205	140	
Pallets 2		140	5,964.0 lbs

MASS
5122plh140pc
Paulonprois
10/10/24

Signature Driver ✓

Trailer number 244737

Signature Recipient

Seal number 44880202

Straight Bill Of Lading



VÖRUHÓTELID

Page 1 of 1

Picking Completed: 09/10/24
17:36:07

Client IWH
Order eIWH002621
Ref.Order
Reference

Bill to

Customer
Address
City

Ship from

Ship to

Customer IWH c/o Eimskip Logistics
Address 92 Cassidy Point Drive
City 04102 Portland, ME

Customer Dora's Naturals Inc
Address 21 Empire Blvd
city 07606 S.Hackensack

Comments

ICE100924- MUST INCLUDE PACKING SLIP

Product	Description	Lot	Production Date	Qty	Weight	BBD	Carrier
IG100FP12U	12x1000 spring water	L24227		90	2,652.0 lbs		12359420
IG100FP12U	12x1000 spring water	L24227		90	2,652.0 lbs		12359430
IG100FP12U	12x1000 spring water	L24227		90	2,652.0 lbs		12359424
IG100FP12U	12x1000 spring water	L24227		90	2,652.0 lbs		12359423
IG100FP12U	12x1000 spring water	L24227		90	2,652.0 lbs		12359422
IG100FP12U	12x1000 spring water	L24227		90	2,652.0 lbs		12359421
IG150FP12U	12x1500 spring water	L24205		70	2,982.0 lbs		12346452
IG150FP12U	12x1500 spring water	L24205		70	2,982.0 lbs		12346469
IG150FP12U	12x1500 spring water	L24205		70	2,982.0 lbs		12346450
IG150FP12U	12x1500 spring water	L24205		70	2,982.0 lbs		12346451
IG075SPARKGLASS12	12x750 ml sparkling glass	L24211		75	2,550.0 lbs		12347669
IG050FP24U	24x500 spring water	L24254		84	2,478.0 lbs		12393213
IG050FP24U	24x500 spring water	L24254		84	2,478.0 lbs		12393215
IG050FP24U	24x500 spring water	L24254		84	2,478.0 lbs		12393214

Total

Product	Lot	Qty	Weight
IG100FP12U	L24227	540	
IG150FP12U	L24205	280	
IG075SPARKGLASS12	L24211	75	
IG050FP24U	L24254	252	

Pallets 14 1147 37,825.8 lbs

Receipt Subject to Count
& Use by Date Verification

Signed

Date

Signature Driver

Trailer number 244737

Signature Recipient

Seal number 44880201

GLOBALTRANZ

GTZ BOL NO : 29783069

19.1
NOSE LOAD sous14-2324/ciwh002621

Shipper Address ICELAND GLACIAL CO EIMSKIP 92 CASSIDY POINT eiwh002621 Portland, ME 04102 Country USA Contact Name NOEL M Phone Number (207) 232-3200 Contact Email Fax Number	Carrier : VIA EGNATIA LOGISTICS LLC Shipment Date : 10/09/24 Carrier Prod : Ref # : sous14-2324 Carrier Quote # : P/O # : ICE100924 Customer BOL NO : 
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Consignee Address Dora's Natural's Inc 21 Empire Blvd, S PO ICE100924 South Hackensack, NJ 07606 Country USA Contact Name Brent or Steve Phone Number (555) 555-5555 Contact Email SteveG@dorasnatural.com Fax Number	Third Party Billing Information: All charges are prepaid to: GlobalTranz PO Box 6348 Scottsdale AZ 85261 Direct billing inquiries to : (866) 275-1407 GTZ BOL NO : 29783069
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Stop # 1: Drop Name: Street: City/State/Zip:

Comments/Special Instructions: Pickup Remarks : Driver must have 3 straps and request NOSE LOAD sous14-2324/ciwh002621 & TAIL LOAD sous14-2353/ciwh002654any contact Deion dero@eimskip.com or Noel and noma@eimskip.com Delivery Remarks : for delivery apptsBrent: brentb@dorasnatural.comSteve: SteveG@dorasnatural.com
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Pallets	Pieces	IsHazard	Description	Weight	FreightClass	Length	Width	Height	NMFC	Stackable
14	1147		1147 cs bottled water po ICE100924	37874	0	40	48	70		false

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Trailer#: 244737

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Trailer#: _____

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Consignor's Signature: _____

Consignee Signature: _____

Print Name: _____

Company Name: _____

Date: _____

Permanent post-office address of the Shipper:

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