



CARRIER RATE
CONFIRMATION

Load Number: 29799556



GENERAL CONTACT

GTZ CONTACT: (480) 339-5382 cwrap@globaltranz.com
GTZ FAX:

CARRIER PAYMENTS:

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

PO#: PUQF092010
REF#: Seal # 21697296
PRO#:
CARRIER QUOTE:

SERVICE:	ACCESSORIAL(S):	COMMODITY:
SERVICE TYPE: Full TRAILER TYPE: Van SIZE: 48 or 53		DESCRIPTION: WEIGHT: 15000 lbs PALLETs:15 PIECES:15

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: Yadir DRIVER PHONE: (786) 832-6380 TRAILER NUMBER:H03256

IMPORTANT LOAD NOTES:
ATTENTION If you have any questions call 480-339-5382 or text me at (602)810-0559. Cameron Wray email at CWRAY@GLOBALTRANZ.COM. All FTL drivers must accept & maintain Trucker Tool tracking, if driver does not accept and maintain a 10% rate reduction per day. If you break the seal, you will be subject to partial rate after investigation. Proof of break down is required if a breakdown occurs. 10% late fee redcuton if your are late with out proof of break down or reasonable explantion for delay. *AFTERHOURS CONTACT: 480-291-6500 ext:6500 - afterhours@globaltranz.com Thank you!

ORIGIN:		
FACILITY: PPC FLEX (Shannon) STREET: 6777 New Calhoun Hwy NE CITY/STATE/ZIP: Rome, GA 30161 FAX:	PICKUP DATE: 10-09-2024 REF #: HOURS: 10:00 - 16:00 CONTACT: Shipping docks 1-12	PICKUP #: APPOINTMENT REQUIRED: No APPOINTMENT MADE: No
PICKUP NOTES: ***TRAILER MUST BE 100% CLEAN, DRY, ODOR FREE & FOOD GRADE OR THE TRUCK WILL BE REJECTED***	PHONE:	

DESTINATION:		
FACILITY: UTZ Quality Foods -Kindig Lane STREET: 101 Kindig Lane, FCFS CITY/STATE/ZIP: Hanover, PA 17331 FAX:	DELIVERY DATE: 10-10-2024 HOURS: 06:00 - 14:00 CONTACT: Receiving	REF #: DELIVERY#: APPOINTMENT REQUIRED: No APPOINTMENT MADE: No
DELIVERY NOTES: Seal must remain intact and only the consignee may break seal. Driver is absolutely forbidden to break the seal as that may cause for refusal of load by consignee. If Seal is broken prior to Delivery a 20% rate reduction will be applied. MUST BE CLEAN FOOD GRADE TRAILER.	PHONE:	



RATE INFORMATION:
BASE RATE:\$1,225.00
TOTAL RATE: \$1,225.00

GTZ SIGNATURE : PHX - Cameron Wray (480) 339-5382

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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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 aptlrequests@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 #:** 29799556**TERMS:** NET 30**DUE DATE:** 11/10/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
10/09/2024		6777 New Calhoun Hwy NE, Rome, GA 30161 - 101 Kindig Lane, FCFS, Hanover, PA 17331			
		Freight Income	1	\$1,225.00	\$1,225.00

TOTAL

\$1,225.00

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**



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

GTZ BOL NO : 29799556

Shipper	PPC FLEX (Shannon)	Carrier :BRZ
Address	6777 New Calhoun Hwy NE	Shipment Date :10/09/24
	Rome, GA 30161	Carrier Pro# :
Country	USA	Ref # :Seal # 21697296 *Y.F
Contact Name	Shipping docks 1-12	Carrier Quote # :
Phone Number	(706) 343-3316	P/O # :PUQF092010
Contact Email		Customer BOL NO :
Fax Number		

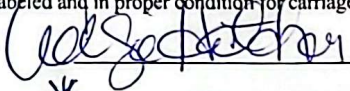

Consignee	UTZ Quality Foods -Kindig Lane	Third Party Billing Information:
Address	101 Kindig Lane	All charges are prepaid to:
	FCFS	GlobalTranz
	Hanover, PA 17331	PO Box 6348
Country	USA	Scottsdale AZ 85261
Contact Name	Receiving	Direct billing inquiries to : (866) 275-1407
Phone Number	(717) 637-6644	GTZ BOL NO : 29799556
Contact Email		
Fax Number		

Comments/Special Instructions:
Pickup Remarks : ***TRAILER MUST BE 100% CLEAN, DRY, ODOR FREE & FOOD GRADE OR THE TRUCK WILL BE REJECTED***
Delivery Remarks : Seal must remain intact and only the consignee may break seal. Driver is absolutely forbidden to break the seal as that may cause for refusal of load by consignee. If Seal is broken prior to Delivery a 20% rate reduction will be applied. MUST BE CLEAN FOOD GRADE TRAILER.

Pallets	Pieces	IsHazmat	Description	Weight	FreightClass	Length	Width	Height	NMFC	Stackable
17	17		Packaging Materials	17000	0	0	0	0		false


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:  **Date:** 10/9/24 **Trailer#:** _____
Driver's Signature: *  **Date:** 10/9/24 **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: 

Consignee Signature: _____ **Print Name:** _____

Company Name: _____ **Date:** _____

Permanent post-office address of the Shipper:

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


10/10/24

