



AM TRANS EXPEDITE, LLC
FUSION TRANSPORT P.O BOX 24498
INVOICES@AMTRANSEXPEDITE.COM
NEW YORK NY 10087-4498

PRO # 613778

Rate Confirmation

10/10/24 08:53:33 (EST)

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R

GRANT HARRIS
X 429 (p)
(843) 974-1205 (c) (843) 974-1205 (c)
gharris@amtransexpedite.com

BRZ
(708) 303-5150 (p)
(708) 303-5150 (f)
MC # 86875 Truck # 900
DOT 3119062 Trailer # W97038
Driver ARMANDO PESTANA Cell #

Size & Type: 53' VAN
Pieces: 5

Description: ROADRUNNER
Weight: 9000

Miles: 905

CHARGES		DISPATCH NOTES
LINE HAUL RATE	1200.00	Carrier must accept macro point or \$200 DEDUCTION WILL OCCUR. CARRIER MUST SEND POD IN BEFORE THE DRIVER LEAVES THE RECEIVER OR A \$100 DEDUCTION WILL OCCUR. ALL UPDATES MUST BE SENT TO GHARRIS@AMTRANSEXPEDITE.COM. DOUBLE BROKERING THE LOAD WILL RESULT IN \$0 IN PAYMENT
LATE DELIVERY CHARGE	200.00	
MACRO POINT	200.00	
TOTAL RATE	1600.00	

PICK 1

ANALOGIC CORP
8 CENTENNIAL DRIVE
DOCK C
PEABODY MA 01960
Phone/Contact: (617) 957-7440 RICHARD LANDRY

Appointment 10/10/24 @ ASAP

STOP 1

SKF PLANT B
925 CORPORATE CIRCLE
SUMTER SC 29154

Appointment 10/11/24 @ ASAP

STOP 2

SKF PLANT A
840 CORPORATE CIR
SUMTER SC 29154
Phone/Contact: (803) 236-0439 JENETTE ELLSWORTH

Appointment 10/11/24 @ ASAP

EMAIL INVOICE AND POD TO INVOICES@AMTRANSEXPEDITE.COM FOR STANDARD PAY TERM
DRIVER IS RESPONSIBLE FOR COUNTING PIECES AND SIGNING FOR NUMBER OF PIECES
RECEIVED. IF FOR ANY REASON THERE IS A PROBLEM WITH THE COUNT, DRIVER MUST
CONTACT BROKER FOR ASSISTANCE. The rate quoted by the BROKER, AM Trans
Expedite, Inc. to the CARRIER addressed on this agreement, herein and is hereby
confirmed and agreed to as the rate assessed for the shipment. Further more,
by accepting this shipment at the rate quoted, the CARRIER agrees to hold
harmless the SHIPPER, CONSIGNEE, and BROKER for any billing in excess of the
rate and charges as quoted in the agreement. Carrier agrees to be responsible
for cargo insurance on a full value basis for all shipments in their care,
custody, and control. Carrier assumes the liability of a common carrier
(i.e. Carmack Amendment liability) for loss, delay, damage to or destruction o
any and all of Customer's goods or property while under Carrier's care, custod
or control. Carrier shall pay Broker, or allow Broker to deduct from the amount
Broker owes Carrier, Customer's full actual loss for the kind and quantity of
commodities so lost, delayed, damaged or destroyed. Carrier shall be liable to
Broker for all economic loss, including consequential damages that are incurred

(Rate Confirmation Details on Next Page)

Carrier Signature _____

Date ____/____/____
M D

Send Carrier Bills to the Address Above

PRO # 613778

must appear on all Invoices



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MC # 86875 Truck # 900
DOT 3119062 Trailer # W97038
Driver ARMANDO PESTANA Cell #

by Broker or the Customer for any freight loss, damage or delay claim. Carrier assumes the liability of a common carrier (i.e. Carmack Amendment liability) for loss, lets fees, damage to or destruction of any and all of Customer's goods or property while under Carrier's care, custody or control. Carrier shall pay Broker, or allow Broker to deduct from the amount Broker owes Carrier, Customer's full actual loss for the kind and quantity of commodities so lost, delayed, damaged or destroyed. Carrier shall be liable to Broker for all economic loss, including consequential damages that are incurred by Broker or the Customer for any freight loss, damage or delay claim. Carrier could be held responsible for late fees provided from the customer.

Carrier Signature _____

Date _____ / _____ / _____
M D

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INVOICE

BILL TO:

AM TRANSPORTATION SERVICES LLC
8 HOLLIS STREET
GROTON, MA 01450

INVOICE DATE: 10/11/2024**INVOICE #:** 613778**TERMS:** NET 30**DUE DATE:** 11/11/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
10/10/2024		8 Centennial Drive, Peabody, MA 01960 - 840 Corporate Circle, Sumter, SC 29154			
		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**

SCAN GLOBAL LOGISTICS

Delivery Receipt
(800) 727-7873



WAYBILL NUMBER

68C428666



Date 10/10/2024	Acct # AN361	Billing OTHER	Service Level Full Truckload	Origin City BOS	Dest City CAE	Req Del Date 10/11/2024
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Shipper's Ref #/ PO #

Shipper Name
ANALOGIC
8 CENTENNIAL DRIVE
DOCK C
PEABODY, MA 01960

Consignee Name
SKF
840 CORPORATE CIR
PLANT 12A
SUMTER, SC 29154

Attn
RICHARD LANDRY

Phone Number
617-957-7440

Attn
JENETTE ELLSWORTH

Phone Number
803-236-0439

Pieces	Weight	Description
1	1,824 lb	ROADRUNNER
1	1824	Total Pieces/Weight

Special Instructions
PLEASE PICKUP ON THURSDAY 10/10 AND DELIVER
NEXT DAY FRIDAY 10/11
53 TRAILER

Pcs	Len	Width	Height	Factor	Weight
1	72	72	24 in	194	642.0
					642.0

FCCOD Amount	COD Amount	Insurance	Declared Value
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CONSIGNEE Rec'd By

Signature Craig Spann Date 10-11-24 Time 8:25am

Print Name Craig Spann

Delivery Agent

Terms and Conditions available at <https://www.scangl.com/about/north-america/termsconditions/>

Driver's Name

Michael Rumm 10/10/24

SCAN GLOBAL LOGISTICS

Delivery Receipt
(800) 727-7873

WAYBILL NUMBER

68C428665



Date 10/10/2024	Acct # AN361	Billing OTHER	Service Level Full Truckload	Origin City BOS	Dest City CAE	Req Del Date 10/11/2024
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Shipper's Ref #/ PO #

Shipper Name
ANALOGIC
8 CENTENNIAL DRIVE
DOCK C
PEABODY, MA 01960

Consignee Name
SKF
925 CORPORATE CIR
PLANT B
SUMTER, SC 29154

Attn
RICHARD LANDRY

Phone Number
617-957-7440

Attn
JENETTE ELLSWORTH

Phone Number
803-236-0439

Pieces	Weight	Description
4	7,296 lb	ROADRUNNER
4	7296	Total Pieces/Weight

Special Instructions
PLEASE PICKUP ON THURSDAY 10/10 AND DELIVER
NEXT DAY FRIDAY 10/11
53 TRAILER

Pcs	Len	Width	Height	Factor	Weight
4	72	72	24 in	194	2,566.0
					2,566.0

FCCOD Amount

COD Amount

Insurance

Declared Value

CONSIGNEE Rec'd By

Signature

Date

Time

Print Name

Delivery Agent

Terms and Conditions available at <https://www.scangl.com/about/north-america/termsconditions/>

Driver's Name

John Cain
John Cain

Michael Rasmussen 10/10/24