

Tranzit Express Inc. 242 W Main St. PMB 230 Hendersonville, TN 37075 USA Tel: (615) 551-0099 Fax: (615) 551-0200

Carrier: Zigi Freight DBA Royal 3 Inc_MC944686 USDOT 2828543 Attention: Jack Jarakovic Equip. Req.: Van 53 Phone: (630) 485-7370

Shipment 1

Shipment 1				PRO-7462
Pickup Date:	Oct 15, 2024 02:00 PM	Delivery Date:	Oct 16, 2024	
Commodity:	Busway; 34 pallets; 22,032.00 lbs; 53.00 (L) x 8.00	(W) x 8.00 (H)		
Shipper:	Vertiv Corp Piedmont WH 1810 1810 Easley HWY Piedmont, SC 29673	Consignee:	SLB Cameron IntL Corp 7600 Antoine BLVD Shreveport, LA 71129 Paige Shelton, (318) 617-7252	
Ship Ref #:	572657695	Consignee Ref #:	572657695	
Pickup Note:	First Come/First Served on Pickup and delivery. Rates are all Inclusive. Weight and Length is an estimate and could vary. Freight Carrier could be subject to penalty for no show/or late show. Truck will not receive a TONU unless they are on Premises or Checked In. Must have a Class A CDL. Mandatory photos after loaded. Required photo of Truck Door information. NO REEFERS ACCEPTED UNLESS SPECIFIED. If a Closed Van is Specified and a Reefer shows up, TEI will charge the contracted company a Penalty of \$100.00 and will be rejected. A Penalty of NO INVOICE PAYMENT will be enforced if Seals are broken or Removed on Closed Trucks. No exceptions will be allowed on the removal unless authorized by Tranzit Express personnel.			

In case of delays or problems, please call Jeremy Fentress at (423) 464-6996



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Charge Descripti	on	Amount
Freight Expense		\$1,400.00
USD Total	(All Inclusive Rate - INCL FUEL SURCHARGES)	<u>\$1,400.00</u>
Signature:	Date:	
Carrier Pro#:	Driver's Cell:	
ETA for Pickup: _	Truck & Trailer #:	
Driver Name:	Driver Phone:	

PLEASE SIGN and fax back to (615) 551-0200 or email to jeremy@tranzitexpress.com

PLEASE SEND ALL SIGNED DOCUMENTS: ACCOUNTING@TRANZITEXPRESS.COM OR FAX TO: (615) 551-0200

1. Carrier represents and warrants that the driver assigned by Carrier to transport this shipment has sufficient hours of service available to pick up and deliver this shipment in accordance with any delivery requirement without violating the FMCS Regulations.

2. Tranzit Express, Inc. MUST be notified of any changes in shipment size, prior to the driver leaving the pickup point.

3. This shipment is moving pursuant to terms of the Transportation Contact entered into between Carrier and Tranzit Express, Inc., their affiliates, and Tranzit Express, Inc. Carrier Terms and Conditions. Authorized personnel must read, sign, and return this document immediately. This will serve as an acknowledgment of your company's agreement to perform the transportation service pursuant to the instructions set forth above. Failure to comply with the terms of service may result in the chargeback of any cost incurred by Tranzit Express, Inc. or its affiliates as a result of failure to your company.

4. Deviation from these rates must be approved in writing and signed by both carrier and Tranzit Express, Inc. A copy of signed approval must accompany freight billing presented to Tranzit Express, Inc.

5. Carrier agrees to call Tranzit Express, Inc. when the load has been picked up and again when it is delivered or in the event of a delay for whatever reason.

6. This rate agreement & current insurance must be on file PLUS ORIGINAL BILL OF LADING & PROOF OF DELIVERY with freight bill before payment will be made.

7. Your signature indicated you have read, approved the rate, and terms listed above. Please sign and email to dispatch@tranzitexpress.com or your sales representative.





BILL TO: TRANZIT EXPRESS INC 242 W MAIN ST 230 HENDERSONVLLE, TN 37075 INVOICE DATE: 10/16/2024 INVOICE #: R61474 TERMS: NET 30 DUE DATE: 11/16/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
10/15/2024		Vertiv Corp Piedmont WH 1810, 1810 Easley HWY, Piedmont, SC 29673 - 7600 Antoine Blvd, Shreveport, LA 71129, USA			
		Freight Income	1	\$1,400.00	\$1,400.00

TOTAL

\$1,400.00

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

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e		an one formation approximation approximation and approximately and approximately approximately approximately approximately approximately high presentation with 1810 approximately high presentation approximately high presentation approximately approximate	Phone: 843065315 Shipper Reference (Clent Primary ID): Pickup Date Pickup Date Pickup Date Pickup Date SHIP TO SHIP TO		Luient Secondary LUE Delivery Date 19-16-2024 07:30 A BILL TO VERTIV (LIEBERT) CORPORATION VERU JASH WEEN, FL 29315 UNITE STATES	PACKAGE Oty Type 34 PALET WONSTACKABLE 34 PALLET WONSTACKABLE 34	Carrier's liability is for actual to SHIPP This is to certify that the above name pask-agent marked and thebed, and to the applicable regulations of the L Shipper Signature:	CARRIERS 3 Came actionologian moult of paid emergency reports aphotocal on emergency reports aphotocal on emergency reports aphotocal on Anoptal on the and condi- Exceptions. Carrier Signatures. Larke with "X" to designate Via material: Use of the southern all paid athors. Also, which adding and the of the olding, ut material on the bit of biology, ut	