

Carrier Load Confirmation – 7254176

Driver must call prior to heading to shipper Call (800) 497-5863 or (864) 508-7256 and ask for Load 7254176

10/16/24 09:36 (EST)

ATTENTION: CARRIER CONTACT	LOAD REQUIREMENTS	ALLEN LUND BOOKING CONTACT
JIM BRZ*/dba RIKI TRANSPORTATION INC. 8225 LECLAIRE AVE BURBANK, IL (708) 303-5150 Sent To:dispatch@rtbrz.com	Equipment Type: DRY VAN Special Equipment Needs: Equipment Size:53 Temp: Hazmat: NO Estimated Weight: 30,000	Contact: Jonathan Hopkins Allen Lund Company, Greenville Tel: (800) 497-5863 Ofc: (864) 508-7256 Cell: Fax: (855) 734-5863 Email: Jonathan.Hopkins@allenlund.com After Hours:

Customs Broker Contact Contact # P D Email Web	site
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Comments:-

SPECIAL INSTRUCTIONS:

EMERGENCY CONTACT INFO: For any urgent problems or issues, after regular business hours or over weekends, you may reach our After Hours Dispatcher at (800) 497-5863.

PICKUP INFORMATION

Pick UP #1:	FLEXXRAY
Address:	3436 STATEVIEW BLVD. #101
	FORT MILL, SC 29715
Contact:	
Phone:	

Pick Up Date:	10/16/2024 Wednesday
Pick Up Time:	13:00
FCFS Notes:	

Directions :

Notes:

Line#	Commodity/Product	Description		Quantity			Pallets	
1	DIETARY SUPPLEMENTS -			60	PLT			
	VITAMINS NOI >12							
			Total:	60		Total:	0	

	DELIVERY INFORMATION							
Delivery #1: GEODIS/EMERSON Delivery Date: 10/17/2024 Thursday	Delive	very #1:	GEODIS/EMERSON]	Delivery Date:	10/17/2024 Thursday		

ALLEN LUND RATE CONFIRMATION

Address:	1801 INNOVATION BL	VD.				Delivery Time:	09:30
	CLAYTON, IN 46118					FCFS Notes:	
Contact:	SAMANTHA		-		L		
Phone:							
Notes: Comr	nodity/Product	Description		Quanti	-	Palle	ts
Comr	nodity/Product :MENTS - VITAMINS NOI	Description		Quanti 60	ty PLT	Palle	ts

RATE DETAILS								
	Description				- 1			
	Description	UOM	Rate	QTY	Total			
Truck Rate		FLT	\$1,000.00	1	\$1,000.00			
Advance Amount		I			\$0.00			
Advance Fee					\$0.00			
Additional Payments					¢1.000.00			
Total Carrier Payments					\$1,000.00			
Balance Due					\$1,000.0			

INVOICE INFORMATION

FOR STANDARD PAY or ACH, PLEASE EMAIL YOUR FREIGHT BILLS TO: billing@allenlund.com or FAX TO: (800) 375-5109

If you email or fax your required paperwork, please do not submit copies by mail unless otherwise instructed by the Allen Lund Company. QUICK PAY BY COMCHECK CARRIERS ONLY: If you wish to be paid by comcheck, you may email or fax your invoice and required paperwork to: GVBilling@allenlund.com or . Please include the load number and "Quick Pay" in the subject line and ensure your invoice is marked with "Quick Pay by ComCheck."

If you request and receive payment by comcheck, please **do not mail original paperwork** unless otherwise instructed by Allen Lund Company. Carrier shall retain custody of original paperwork and provide it to the Allen Lund Company upon request.

Freight Charges will not be paid without required paperwork. To insure prompt payment, the following paperwork must be included with your invoice: copy of this load confirmation, customer signed Bill of Lading, and lumper receipts (if applicable).

In the event you wish to mail required paperwork for payment , please send all required documents listed above to: Allen Lund Company, PO BOX 339, LA CANADA, CA 91012

Please enter Load Confirmation #7254176-GV on all paperwork before emailing, faxing or mailing.

Please direct payment inquiries to: ap@allenlund.com or by calling .

CONTRACT ADDENDUM AND LOAD CONFIRMATION PROVISIONS

- 1. There will be a charge for all advances and/or advanced settlements as follows:
 - a. Fee for an advance is 2% of the due carrier amount or \$25.00, whichever amount is higher.
 - b. Fee for an advanced settlement upon delivery is 2% of the settlement amount or \$25.00, whichever is higher.
 - c. There is no fee for normal payments.

ALLEN LUND RATE CONFIRMATION

- 2. Any accessorial charges must be approved in advance by **BROKER** and must be supported by an invoice or signed receipt of funds.
- 3. FINAL PAYMENT CANNOT BE MADE WITHOUT A SIGNED COPY OF THE BILL OF LADING AND A SIGNED COPY OF THE RATE CONFIRMATION.
- 4. To facilitate payment, please include a copy of this signed RATE CONFIRMATION with your invoice.
- 5. CARRIER REPRESENTS AND AGREES THAT ONLY TRACTORS AND TRAILERS COVERED BY THE VALID, EXISTING INSURANCE FOR BOTH LIABILITY AND CARGO RISKS WILL BE UTILIZED TO TRANSPORT THIS LOAD.
- 6. CARRIER SHALL NOT CAUSE OR PERMIT ANY SHIPMENT TENDERED HEREUNDER TO BE BROKERED TO OR TRANSPORTED BY ANY OTHER MOTOR CARRIER, OR IN SUBSTITUTED SERVICE BY RAILROAD OR BY OTHER MODES OF TRANSPORTATION.
- 7. Directions supplied by the Allen Lund Company or its customers either orally and/or written form are for informational purposes only. It is the Carrier's sole responsibility to confirm that it may lawfully operate a loaded vehicle of any weight, commodity or dimension over any highway, bridge or route.
- 8. Carrier is responsible for supplying equipment that is compliant with regulations of the California Air Resources Board (CARB) if operating in the state of California. Carrier will indemnify Allen Lund Company for any fines assessed for the carrier's failure to comply with the regulations.
- 9. The carrier agrees that it will not double-broker the load or change the specified mode of transportation. If this agreement is breached and another carrier's MC# or name is on the tractor, trailer, or bill of lading, or if other facts convincingly show that another carrier transported the load, ALC will exercise its contractual right to pay the delivering carrier directly. Additionally, ALC reserves the right to charge the booking carrier up to \$5,000 for the time and resources ALC must spend in investigating the carrier-delivery or mode-of-transportation issue. Any exceptions to this agreement must be in writing, signed by the parties, at the time the load is booked.

This document clarifies, augments and amends the carrier and broker agreement between ALLEN LUND COMPANY, INC. and CARRIER and becomes part of that agreement.

PRINT & SIGN THIS PAGE and then FAX to: (855) 734-5863 or EMAIL to: Jonathan.Hopkins@allenlund.com

Carrier Name

Print Name of Authorized Signature

Date

Authorized Carrier Signature

Thank you to all of the professional truck drivers.

Allen Lund Company appreciates your hard work and dedication to keep freight moving every day!

Load #7254176



INVOICE

BILL TO: ALLEN LUND COMPANY LLC 4529 ANGELES CREST HWY LA CANADA, CA 91011

INVOICE DATE: 10/17/2024 INVOICE #: B61573 TERMS: NET 30 DUE DATE: 11/17/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
10/16/2024		3436 STATEVIEW BLVD. #101, FORT MILL, SC 29715 - 1801 INNOVATION BLVD, CLAYTON, IN 46118			
		Freight Income	1	\$1,000.00	\$1,000.00

TOTAL	
\$1,000.00	

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

VA	167			<u>34 (%</u>	83			Dr 20
	RAY		BILL OF LA	DING				
							STO #	
		BR7					TRAILER NO:	W9494
	(NA	ME OF CARRIER)					DATE:	10/16/202
							FREIGHT TERMS:	Collect
ro:		GEODIS / EMI	ERSON	FROM:	FlexXray			
Consignee				Shipper	-	view Blvd #1	01	
Street		CLAYTON IN		Street	Fort Mill, S			
Destination	T			Origin		0 207 10		
liscellaneous	Seal #1:	0123155	BOL#	10-0	00004177	Note: If Unable to Deli	ver on Delivery Date	
nformation	Seal #2:		DELIVERY#			Call	817-45	3-3539
NMBER	Product Number		KINDS OF PACKAGING, DESC		RTICLES	GROSS WEIGHT	GROSS WEIGHT	TRALER
HIPPING JNITS	Product Number	Lot Number if applicable	SPECIAL MARKS AND EXCEP	TIONS		PER CASE ING. PALLET %%%	(SUBLECT TO CORRECTION)	SETTING
750	LVP-2601P	DR281-24	LIV26CT SUGARFREE	VARIETYP/	CK-SFLL-SFWP0		6.705	/ NA
750	LVP-2601P	DS281-24	LIV26CT SUGARFREE	VARIETYP	CK-SFLL-SFWP0	9	6.705	
					GEODIS			
			D	ate/	0-17-2-			
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					pallets: 60/	On-time 1		
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				me out:	9.50			
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					count & inspec	non		ł
			eal Number: ()(2	315	(1
					Yes No			
		Waiis, o	bors, floors & ceiling god	midity: Vos				
		Free of	odors and excess hu	dition: Voc				
		Load	supports in good cone		VinceNo			
		Free of	pests, pest activity, or e	entry points				
		Trailer :	ct point: <u>MA</u> A	ctual Iraile	Temp: N/H			
			inspector	24				
0		Issues	ound must be immedia	tely commu	nicated to mgmt			
0								
0								
60	N/A	CHEP Pallets				72	4,320	
0		GMA Pallets		C 111 111		50		
1,500	TOTAL CASES TOTAL PACKAGES	1,500	CHEP IN CHEP OUT 60	GMA IN GMA OUT			ESTIMATED G	
	SEAL TO BE BROKEN B	18,000 Y CONSIGNEE!			INDICATED ABOVE!		17,3	
notes:								
6								
	Warehouse Attenda	nt :						Arthal time
Have verified	d and counted the amo	int of product chieve	an hut of					David Service
out of FlexXr		and or product shippi						140
	orklift Driver:							TO ENENS
love verifier	d and neveral the second	unt of another	<u> </u>					-44
	d and counted the amou ally loaded on the traile	•						Revision: 11
Jeing physic	any loaded on the traile							Constraint 6
			the date of the issue of this Bill of L	* * *				
			arrier (the word carrier being undersi e to deliver to another carrier on the					
oute to destination	on and as to each party at anytim	e interested in all or any of :	said property, that every service to be	e performed hereu	nder shall be subject to all	the bill of liking terms and	conditions in the governing	classification at a
f shipment. SHI ssigns.	IPPER hereby certifies that he is	familiar with all the bill of	lading terms and conditions in the go	werning classifica	tion and the said terms are	и ссыпроля та релера жие	ed as by the shapper and acc	tioned for hunself
531510.								
SHIPPER		FlexXrav		CARRIER		BF	27	
HIPPER				LARRIER			N	



BILL OF LADING

Page 1

Mase Order No : TO-00004177/TO-00004176 apper's No : 913126 LOAD # : 7254176 (Needed for invoicing)				on-Negotiable B/L No : TO-00004177/ TO-00004176 Carrier MC# :			177/ TO-00004176			
A						Date: 16-	OCT-24			
RECEIVED, so in apparent good classification w	ubject to the Co od order, excep whether individ	OMMON CARRIER RATE AGREEMENT of t as noted(contents and condition of packages ually determined or filled with any federal or s	r the CONTI unknown),m state regulato	RACT betw narked, con ory agency,	een the Shipper	and Carrier i	n effect on the	date of shipment ,the property described below. ill of Lading is not subject to any tariffs or y the Shipper and the Carrier.		
Shippe		xray			Consignee : Geodis/Emerson					
	343	6 Stateview Blvd. #101		1801 Innovation Blvd.						
	Fort	Mill,Sc,29715		Clayton, In, 46118						
					Samantha					
					Phone Num	ber, if provided	, for carriers conv	renience only		
Bill To	Bill To : Allen Lund Company					cert in provided				
	POI	BOX 339,								
	LA	CANADA, CA 91012				(Put	Pro La	bel Here)		
	(800) 497-5863				(* **				
Special										
Instruction	TEMP	Description of Arti	cles		PCS	PLTS	Weight	Freight Charges		
		Packages, Markin Exceptions	-				(lbs)	Subject to Section 7 of the agreement between the Shapper and Carrier, if the shipment is to be delivered to the Consigner without recourse on the consigner, the ongenator shall sign the following statement. The earrier shall not make delivery of this shipment without payment of freight and the lawful charges.		
		DIETARY SUPPLEMENTS - VITAM	INS NOI >	>12	60		30000	On Collect on Delivery Supramus, the letters 'COD' must appear before Consignee's name.		
Total		1			60		30000			
Carriers liab	ility is for actu	al loss unless otherwise agreed in Appendix B t	to Common	Carrier	Accepted in goo	od order and co	ondition, unless o	otherwise stated herein,		
Rate Agreen hereby speci	fically stated b	stated below. The agreed or declared value of y the shipper to be not exceeding \$ per por	und.	PIECES (00)						
			Shipper.				U V			
					Exceptio	ns :				
Per										
Per		(Shipper or Shipper's Agent Signature)	_							
		(Supper of Supper's Agent Signature)			Per					
						Driver's signa				
		AM	VPM		Time and Date	tendered		AM/PM.		
PERMANEN	T ADDRESS: Shi	pper Certification	1			Car	rier Certific	ation		
packaged, mar	y that the above a ked and labeled, a	named materials are properly classified, described, and are in proper condition for transportation lations of the Department of Transportation.	made	r acknowled available an ment in the V	d/or camer has th	almost and par	uined placards (Carrier certifies emergency response information was in emergency response guidebook or equivalent		
~/		1/1/21	Per				Packag	ge Nos		
Rw X		Date0//0/01	Date							