



CARRIER RATE
CONFIRMATION

Load Number: 29826046



GENERAL CONTACT

GTZ CONTACT: (480) 291-6222 mmallin@globaltranz.com
GTZ FAX:

CARRIER PAYMENTS:

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

PO#:
REF#:
PRO#:
CARRIER QUOTE:

| SERVICE: | ACCESSORIAL(S): | COMMODITY: |
|-----------------------------------------------------|-----------------|----------------------------------------------------------------------------------|
| SERVICE TYPE: Full TRAILER TYPE: Van SIZE: 53 | | DESCRIPTION:Feed Supplement S WEIGHT: 43050 lbs PALLETs:21 PIECES:21 |

| CARRIER INFORMATION: | | |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------|
| CARRIER NAME: BRZ LEGAL NAME:RIKI TRANSPORTATION INC. MC#:086875 [CA458] | DISPATCHER: jim PHONE: (708) 852-5664 FAX: EMAIL: jim@rtbrz.com | DRIVER: Carlos DRIVER PHONE: (561) 567-1364 TRAILER NUMBER:W94936 |

IMPORTANT LOAD NOTES:
mmallin@globaltranz.com Appt time must be met or no detention will be awarded and the load will be considered a failure.Carrier MUST contact me BEFORE going into detention. Carrier is responsible for making all appt times. Paperwork MUST be sent in day of load delivering for detention. Missed delivery appts are subject to 20% rate reduction. This is an all in rate. Please contact Mark at 480-291-6222 with any issues. Hand signed IN/OUT times on the BOL are needed to pay detention after 2 hours. Signature next to times. Globaltranz pays \$40hr for detention. POD's must be sent within 48 hours of delivery.

| ORIGIN: | | |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--|
| FACILITY: Clear View Enterprises STREET: 451 Agnes Dr. CITY/STATE/ZIP: Tontitown, AR 72770 FAX: | PICKUP DATE: 10-17-2024 REF #: HOURS: 08:00 - 14:00 CONTACT: Jo Beth Johnson PICKUP #: APPOINTMENT REQUIRED: No APPOINTMENT MADE: No | |
| PICKUP NOTES: | PHONE: | |

| DESTINATION: | | |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| FACILITY: YS, Inc. STREET: 6001 Gault Ave. North CITY/STATE/ZIP: Fort Payne, AL 35967 FAX: | DELIVERY DATE: 10-18-2024 HOURS: 08:00 - 14:00 CONTACT: Jody PHONE: | REF #: DELIVERY#: APPOINTMENT REQUIRED: No APPOINTMENT MADE: No |
| DELIVERY NOTES: | | |



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

GTZ SIGNATURE : PHX - Mark Mallin (480) 291-6222

CARRIER SIGNATURE : *Jim Dujanovic*

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 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: 10/18/2024**INVOICE #:** B61813**TERMS:** NET 30**DUE DATE:** 11/18/2024

| DATE | CUSTOMER REF# | ORIGIN - DESTINATION | QUANTITY | RATE | AMOUNT |
|------------|---------------|----------------------------------------------------------------------------------|----------|------------|------------|
| 10/17/2024 | | 451 Agnes Dr., Tontitown, AR 72770 - 6001 Gault Ave. North, Fort Payne, AL 35967 | | | |
| | | 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

GLOBALTRANZ

GTZ BOL NO : 29826046

Carrier :BRZ

Shipment Date:10/17/24

Carrier Pro#: _____

Ref # : _____

Carrier Quote # : _____

P/O # : _____

Customer BOL NO: _____



Clear View Enterprises

451 Agnes Dr.

Tontitown, AR 72770

USA

Jo Beth Johnson

(479) 361-4689

Contact Name

Phone Number

Contact Email

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 : 29826046

Consignee

Address

YS, Inc.

6001 Gault Ave. North

Fort Payne, AL 35967

USA

Jody

(256) 845-5501

Contact Name

Phone Number

Contact Email

Fax Number

Comments/Special

Instructions:

Pickup Remarks :

Delivery Remarks :

| Pallets | Weight | Description | Weight | Freight Class | Length | Width | Height | NMFC | Stackable |
|---------|--------|------------------|--------|---------------|--------|-------|--------|-------|-----------|
| 21 | 24 | Feed Supplements | 43050 | 0 | 0 | 0 | 0 | 67075 | 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.

hipper 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: _____

Driver's Signature: _____

Trailer 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: _____

Company Name: _____

Permanent post-office address of the Shipper: _____

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

Print Name: _____

Date: _____

Date: 10-17-24 Trailer#: 694936

Date: 10-17-24 Trailer#: _____



James W. Gray 10/18/24