



INVOICE

BILL TO:

GLOBALTRANZ ENTERPRISES LLC
2700 COMMERCE ST STE 1500
DALLAS, TX 75226

INVOICE DATE: 10/22/2024**INVOICE #:** R62227**TERMS:** NET 30**DUE DATE:** 11/22/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
10/21/2024		443 Warehouse Drive, Latrobe, PA 15650 - 88 Industrial Boulevard, Plattsburgh, NY 12901			
		Freight Income	1	\$1,700.00	\$1,700.00

TOTAL

\$1,700.00

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



CARRIER RATE
CONFIRMATION

Load Number: 29851785



GENERAL CONTACT
GTZ CONTACT: (747) 227-4500 s.babikyan@globaltranz.com
GTZ FAX:
CARRIER PAYMENTS:
INVOICE/POD/RATE CON submit to: TLINVOICES@globaltranz.com
NOA and PAYMENT INQUIRIES: APTLREQUESTS@globaltranz.com

PO#:
REF#: 136979
PRO#:
CARRIER QUOTE:

SERVICE:	ACCESSORIAL(S):	COMMODITY:
SERVICE TYPE: Full TRAILER TYPE: Van SIZE: 53		DESCRIPTION: WEIGHT: 6778 lbs PALLETS:0 PIECES:0

CARRIER INFORMATION:		
CARRIER NAME: ROYAL3 INC LEGAL NAME:ZIGI FREIGHT INC MC#:944686 [AV595]	DISPATCHER: Kelly PHONE: (630) 485-7370x100 FAX: (630) 485-6980 EMAIL: kelly@royal3inc.com	DRIVER: (Required) DRIVER PHONE: (Required) TRAILER NUMBER:

IMPORTANT LOAD NOTES:

ORIGIN:		
FACILITY: Chestnut Ridge Foam, Inc. STREET: 443 Warehouse Drive CITY/STATE/ZIP: Latrobe, PA 15650 FAX:	PICKUP DATE: 10-21-2024 REF #: HOURS: 09:00 - 15:00 CONTACT: Roberto Vasquez PICKUP #:	APPOINTMENT REQUIRED: No APPOINTMENT MADE: No
PICKUP NOTES:	PHONE:	

DESTINATION:		
FACILITY: Khrome USA Inc. STREET: 88 Industrial Boulevard CITY/STATE/ZIP: Plattsburgh, NY 12901 FAX:	DELIVERY DATE: 10-22-2024 HOURS: 09:00 - 15:00 CONTACT: Marta Ardila	REF #: DELIVERY#: APPOINTMENT REQUIRED: No APPOINTMENT MADE: No
DELIVERY NOTES:	PHONE:	



RATE INFORMATION:
BASE RATE:\$1,700.00
TOTAL RATE: \$1,700.00

GTZ SIGNATURE : Syuzanna Babikyan (747) 227-4500

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.



**CARRIER RATE
CONFIRMATION**

Load Number: 29851785



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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

GLOBALTRANZ

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

GTZ BOL NO : 29851785

Shipper Chestnut Ridge Foam, Inc.
Address 443 Warehouse Drive
Latrobe, PA 15650
Country USA
Contact Name Roberto Vasquez
Phone Number (724) 537-9000x286
Contact Email
Fax Number

Carrier : ROYAL3 INC
Shipment Date : 10/21/24
Carrier Pro# :
Ref # : 136979
Carrier Quote # :
P/O # :
Customer BOL NO :



Consignee Khrome USA Inc.
Address 88 Industrial Boulevard
Plattsburgh, NY 12901
Country USA
Contact Name Marta Ardila
Phone Number (819) 857-1890
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 : 29851785

Comments/Special Instructions:

Pickup Remarks :

Delivery Remarks :

Pallets	Pieces	IsHazard	Description	Weight	FreightClass	Length	Width	Height	NMFC	Stackable
0	0		DRY	6778	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: 10/21/24 **Trailer#:**

Driver's Signature:

Date: 10/21/24 **Trailer#:** 105293

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: M. Sahar

Company Name:

Date: 10/22/2024

Permanent post-office address of the Shipper:

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

