



INVOICE

BILL TO:

KIRSCH TRANSPORTATION SERVICES INC
1102 DOUGLAS STREET
OMAHA, NE 68102

INVOICE DATE: 11/20/2024**INVOICE #:** R66364**TERMS:** NET 30**DUE DATE:** 12/20/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
11/19/2024		1210 S HWY 395, Olancho, CA 93549 - 4625 W 1730 S St, Salt Lake City, UT 84104			
		Freight Income	1	\$2,500.00	\$2,500.00

TOTAL

\$2,500.00

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



Attention: If the following are not completed, FREIGHT INVOICE WILL NOT BE PAID

Carrier agrees that Carrier (including any driver employed, retained or otherwise engaged by Carrier) will comply with all applicable laws and regulations of the DOT, FMCSA and other authorities in the transportation of freight subject to this Rate Confirmation.

****Remit To Instructions:** Within 24 hours of delivery, please email a legible Proof of Delivery, Rate Confirmation and Invoice to invoice@kirschtrans.com to begin payment processing, or subject to \$100 deduction.

Carrier is responsible for sending Proof of Delivery directly to Kirsch Transportation; this is applicable to carriers who utilize a factoring company.

1. For sealed loads, seal numbers and "Seal Intact" notation must appear on Bill of Lading.
2. If tarp required, keep load **dry and clean**.
3. Communications with Kirsch Transportation will be conducted by Carrier's dispatch or other designated department. Carrier acknowledges that Kirsch Transportation will not accept, respond to or engage in communications with any Carrier driver.
4. Quick Pay Processing:

We offer two Quick Pay options:

10 day at a 3% fee

24 hour at a 5% fee

Invoice, Rate Confirmation, and all pages of the signed Bill of Lading and any other pertinent paperwork must be legible and sent to invoice@kirschtrans.com. You must clearly note which quick pay option you would like on your invoice.

Invoices not noted will default to our normal 30-day payment terms. Kirsch Transportation Services, Inc. reserves the right to refuse quick pay processing in the event of incomplete or illegible paperwork and can require that original paperwork be mailed to our office for processing.

5. Macropoint tracking is required on all loads or subject to deduction.

6. For payment status updates, please email Paymentstatus@KirschTrans.com.

This rate has been mutually agreed upon by Carrier and Kirsch Transportation and includes all stop-off charges, fuel surcharges, loading and unloading charges and other applicable charges. This rate cannot be changed, modified or supplemented by reference to any other rates, rules, classification, schedule or tariff. Carrier shall be liable for full loss resulting from loss, damage, injury or delay.

Carrier acknowledges and understands this Rate Confirmation is a valid and binding contract by and between Carrier and Kirsch Transportation.

Kirsch Transportation understands this Rate Confirmation has been approved and executed for or on behalf of Carrier by an authorized officer, director or other agent or representative of Carrier. Carrier and Kirsch Transportation mutually agree that the terms and conditions of this Rate Confirmation are governed by the Broker-Carrier Agreement by and between Carrier and Kirsch Transportation. In the event any of the provisions of this Rate Confirmation conflict with those of such Broker-Carrier Agreement, the terms of this Rate Confirmation will control only as to the freight specified herein and extent of any such conflict.

Customer product must not be moved or transloaded without written authorization from Kirsch. Carrier agrees to exclusive trailer use on this load, no outside product may be added to the trailer without written authorization from Kirsch.

Names on the side of Carrier trailer must be marked with Carrier logo/signage or have nothing. No large customer trailers such as Amazon may pick-up or deliver product to our customers without written authorization. Failure to follow this rule may result in delivery being rejected.

Kirsch Transportation Services, Inc.

1102 Douglas St.

Omaha, NE 68102

(877) 341-9611

www.kirschtrans.com



Load Confirmation

Kirsch Transportation Services, Inc.
Omaha, NE 68102
1102 Douglas St



KIRSCH
TRANSPORTATION SERVICES, INC.

Order #: 0551396

Kirsch Representative:
Seth Little
531-213-2199

Carrier: ROYAL3 INC
CHICAGO IL 60638
Date: 11/19/2024

Contact: Sam
Phone: 630-566-1317
Fax:

Order
Order: 0551396
Miles: 706.0
Temp:
BOL 2285400
Pickup #: 795786

Commodity: Retail
Weight: 44021.0
Trailer: 53ft Van
Reference: 4884581
Tarp Required:

PU 1 **Name:** CG ROXANE LLC
Address: 1210 S HWY 395

Date: 11/19/2024 1200

OLANCHA CA 93549

Contact: main - appt req

Phone: 760-764-2885

Drvr Ld/Unld: No driver loading or unload

Reference Number: PO 4884581_01

Reference Number: SI 795786

SO 2 **Name:** WHS: Essendant - Salt Lake City
Address: 4625 W 1730 S St

Date: 11/20/2024 0930

SALT LAKE CITY UT 84104

Contact: main - appt req

Drvr Ld/Unld: No driver loading or unload

Phone: 801-973-0180

Reference Number: AO Delivery - 20029139

Reference Number: PO 4884581_01

Reference Number: SI 795786

Payment
Carrier Freight Pay: \$2,500.00
Total Carrier Pay: \$2,500.00

Equip Req'd: Must be 53' TRL **Quantity:** 1 **53FT**

Instructions

CG ROXANE LLC - STAPFRMA: MACROPOINT IS REQUIRED BY CUSTOMER FROM SHIPPER TO RECEIVER.
FAILURE TO COMPLY WILL RESULT IN \$100 DEDUCTION

****Driver is responsible for confirming their paperwork given by shipper matches rate confirmation. BOL#, PO#, and city/state must match. There are times city/state will be different, but carrier must email BOL to Kirsch to have Kirsch verify to continue with load before leaving shipper. Failure to get written approval will result in carrier not being paid for any accessorials or line haul of the load and responsible for returning product back to shipper without pay. All accessorial paperwork must be submitted with 24hr of occurrence.**

***The weight listed on rate confirmation is an estimate provided by the customer. If actual load weight is higher or lower than estimated weight but truck and trailer are legal, then no additional pay will be added to the load. Driver must be able to haul up to 45,000 for a VAN and 48,000 for open deck.**

****Carrier is NOT to change pickup or delivery appointment. This MUST be done by Kirsch. If appointment is changed without Kirsch's knowledge it will result in a minimum \$250 deduction on rate.**

****If appointments are missed & needs rescheduled, NO layover will be paid**

****BY SIGNING THIS RATE CONFIRMATION AND HAULING THIS LOAD YOU ARE AGREEING TO ALL GUIDELINES LISTED ABOVE!****

Please contact Kirsch on any load /unload or transit issues.
Thank you and drive safe.

Francisco

771

772-323-7569

H03263

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☒ (X) Accept

☐ () Decline

Driver Check in: 11/19/2024 2:53 PM - Printing Date: 11/19/2024 04:49 PM
Ship Date: 11/19/2024 Delivery Date: 11/19/2024

BILL OF LADING

Essendant - S#06795786

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SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:		SPECIAL INSTRUCTIONS: 2285400		CC# 21348 Notice All Shipments Subject To Freight Prepayment And Count Date Received: 11/24/2024 Carrier Name: FRANCISCO Carrier Address: Carrier City/State/Zip: Carrier Phone: Delivering Carrier (Trucker) Name: FRANCISCO SCAC: KIAT Trailer licence#: 5003281ME Received By: Seal number(s): 4200587 Driver Sealed: Y/N Driver Name: 5400 (print)	
Name: CG ROXANE - OLANCHA, CA Address: 1210 SOUTH HWY 395, BOX DRAWER A City/State/Zip: OLANCHA, CA 93549 Phone: (760)764-2885 SID#:		Name: ESSENDANT CO. # 148 Address: 4625 W 1730 SOUTH STREET, BOX DRAWER A City/State/Zip: SALT LAKE CITY, UT 84104 Location#: 148 Phone: CID#:		Name: Address: City/State/Zip:				Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid Collect <u>X</u> 3rd Party <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
CUSTOMER ORDER INFORMATION									
PURCHASE ORDER NUMBER		CUSTOMER REFERENCE		# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO	
4884581				19	44,020	Y N			
						Y N			
						Y N			
GRAND TOTAL		19 PAL		44,020 lbs					
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	HEIGHT	COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE					NMFC #	CLASS
3	PAL	144	CASE	7,500	52.25"	ASW 6/3.78L CGR/GALLON/FILM UPC#0 75140 71135 2 Lot# 3 11/18/2024 11/18/2026 Line#7			
8	PAL	672	CASE	18,800	52.0"	ASW 24/0.50L CGR/FC/LOOSE/84CS UPC#0 75140 71884 9 Lot# 6 10/31/2024 10/31/2026 Line#6 Lot# 2 11/18/2024 11/18/2026 Line#6			
8	PAL	432	CASE	17,720	51.0"	ASW 35/0.50L CGR/FC/LOOSE/NESTED UPC#0 75140 71155 0 Lot# 8 11/18/2024 11/18/2026 Line#1			
19		1,248		44,020 lbs		GRAND TOTAL			
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: The agreed or declared value of the property is specifically stated by the shipper to not exceeding _____ per _____.						COD Amount: \$ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B). By signing hereunder, the Carrier acknowledges that the contents of the shipment were open for inspection at the time of loading. Additionally, the Carrier acknowledges, warrants and certifies that the quantity of the contents for the shipment are accurately reflected on this Bill of Lading and that the contents were received in proper condition. Carrier covenants that they will be liable for any discrepancy upon delivery between the contents of the shipment and/or their condition and what is indicated on this Bill of Lading.									
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.			
SHIPPER SIGNATURE / DATE		Trailer Loaded:		Freight Counted:		CARRIER SIGNATURE / PICKUP DATE			
This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.			
adnan 11,19,24						11,19,24			