



INVOICE

BILL TO:

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

INVOICE DATE: 02/04/2025**INVOICE #:** B75502**TERMS:** NET 30**DUE DATE:** 03/04/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
01/31/2025		9300 Earhart Lane SW, Cedar Rapids, IA 52404 - 651 W Dalton Ave, Coeur d'Alene, ID 83815, USA			
		Freight Income	1	\$4,200.00	\$4,200.00
		Layover	1	\$250.00	\$250.00

TOTAL

\$4,450.00

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: 30351366



GENERAL CONTACT
GTZ CONTACT: (800) 922-0353 matt.martinez@globaltranz.com
GTZ FAX:
CARRIER PAYMENTS:
INVOICE/POD/RATE CON submit to: TLINVOICES@globaltranz.com
NOA and PAYMENT INQUIRIES: APTLREQUESTS@globaltranz.com

PO#:
REF#: ORD015575/ORD015576
PRO#:
CARRIER QUOTE:

SERVICE:	ACCESSORIAL(S):	COMMODITY:
SERVICE TYPE: Full TRAILER TYPE: Van SIZE: 53		DESCRIPTION:MEDICINES/ FOO D STUFF WEIGHT: 15000 lbs PALLETs:24 PIECES:0

CARRIER INFORMATION:		
CARRIER NAME: BRZ LEGAL NAME:RIKI TRANSPORTATION INC. MC#:086875 [CA458]	DISPATCHER: Shawn PHONE: (708) 852-5536 FAX: EMAIL: shawn@rtbrz.com	DRIVER: (Required)_____ DRIVER PHONE: (Required)_____ TRAILER NUMBER:

IMPORTANT LOAD NOTES:
TRUCKERTOOLS REQUIREDTo view driver tracking <https://carrirate.globaltranz.com/PublicTrack,Load> is to be secured,All communication is to be emailed.

ORIGIN:		
FACILITY: Lil DrugStore Products STREET: 9300 Earhart Lane SW CITY/STATE/ZIP: Cedar Rapids, IA 52404 FAX:	PICKUP DATE: 01-31-2025 REF #: HOURS: 07:00 - 13:00 CONTACT: WILL MONROE	PICKUP #: ORD015575/ORD015576 APPOINTMENT REQUIRED: No APPOINTMENT MADE: No
PICKUP NOTES:	PHONE: (319) 893-1920	

STOP # 2 : DROP		
FACILITY: Sheehan Majestic STREET: 6681 Kestrel Drive CITY/STATE/ZIP: Missoula, MT 59808 FAX:	DELIVERY DATE: 01-30-2025 HOURS:07:00 - 07:00 CONTACT: RECEIVING	REF #: DELIVERY #: APPOINTMENT REQUIRED: Yes APPOINTMENT MADE: Yes CONF #: 262331
DELIVERY NOTES:	PHONE: NaN	

DESTINATION:		
FACILITY: Doyles Wholesale STREET: W 651 Dalton Ave CITY/STATE/ZIP: Coeur D Alene, ID 83814 FAX:	DELIVERY DATE: 02-03-2025 HOURS: 11:00 - 11:00 CONTACT: RECEIVING	REF #: DELIVERY#: APPOINTMENT REQUIRED: Yes APPOINTMENT MADE: Yes CONF #: 262334
DELIVERY NOTES:	PHONE: (800)772-7141	



RATE INFORMATION:
BASE RATE:\$4,200.00
TOTAL RATE: \$4,200.00

GTZ SIGNATURE : Matthew Martinez (800) 922-0353

CARRIER SIGNATURE :

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GLOBALTRANZ

CARRIER RATE CONFIRMATION

Load Number: 30351366



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INVOICE/POD/RATE CON submit to: TLINVOICES@globaltranz.com

NOA and PAYMENT INQUIRIES: APTLREQUESTS@globaltranz.com

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 aptlrequests@globaltranz.com or by calling 866-275-1407 ext. 72597



CARRIER RATE
CONFIRMATION

Load Number: 30351366



GENERAL CONTACT

GTZ CONTACT: (800) 922-0353 j.graber@globaltranz.com
GTZ FAX:

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NOA and PAYMENT INQUIRIES: APTLREQUESTS@globaltranz.com

PO#:
REF#: ORD015575/ORD015576
PRO#:
CARRIER QUOTE:

SERVICE:	ACCESSORIAL(S):	COMMODITY:
SERVICE TYPE: Full TRAILER TYPE: Van SIZE: 53		DESCRIPTION:MEDICINES/ FOOD STUFF WEIGHT: 30000 lbs PALLETS:24 PIECES:0

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RATE INFORMATION:
BASE RATE:\$4,200.00
LAYOVER-RATED THROUGH CARRIER :\$250.00
TOTAL RATE: \$4,450.00

GTZ SIGNATURE : Matthew Martinez (800) 922-0353

CARRIER SIGNATURE :

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- 3% / 3-Day Quick Pay available upon request
- For Payments question contact aptlrequests@globaltranz.com or by calling 866-275-1407 ext. 72597

Date: Jan 29, 2025

BILL OF LADING

Page 1

SHIP FROM

Name: LIT DRUG STORE PRODUCTS - MAIN WAREHOUSE
Address: 9300 EARHART LANE SW
City/State/Zip: CEDAR RAPIDS, IA 52404
Phone: 800-553-5022
SID#:

Bill of Lading #: WS014260

Carrier Name: CUSTOMER PICKUP

Trailer Number:

Seal Number(s): 50268793

SCAC: CPU

Pro Number:

SHIP TO

Name: SHEEHAN MAJESTIC
Address: 6681 KESTREL DRIVE
Address 2:
City/State/Zip: MISSOULA, MT 59808
CID#:
FOB: SEA

SPECIAL INSTRUCTIONS: Accessorial fees not marked or noted on BOL are responsibility of the consignee

50268793

Customer Order Information

CUSTOMER ORDER NUMBER	QTY SHIPPED	WEIGHT	ADDITIONAL SHIPPER INFO.
262331	EA: 4,908(CA: 209)	3959.25	LTL

Carrier Information

HANDLING UNIT		PACKAGE		H/M	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE			NMFC #	CLASS
		4956.00	EA		ASSOCIATED DISTRIBUTORS	061150-01	85
		11.00	CA				
14		4967.0					
		0					
GRAND TOTAL							


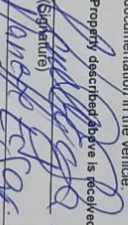
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \$61,139.87 per Bill of Lading

COD Amount: 0.00
Fee Terms: Prepaid
Collectable by:

NOTE: Liability limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. B 14706(c)(1)(A) and (B)

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.

Shipper Signature

SHIPPER SIGNATURE / DATE	Trailer Loaded:	Freight Counted:	CARRIER SIGNATURE / PICKUP DATE
 (Signature) 1-29-25 (Date)	By Shipper	By Shipper	 (Signature) 2-5-25 (Date)
	By Driver	By Driver/pallets said to contain	
		By Driver/Pieces	

Transaction Successful

Transaction Receipt



Merchant: Doyle's Sheehan
Date/Time: 02/03/2025 7:12:47 AM MST
Transaction ID: 10375860621
Transaction Type: Card Sale
Entry Method: Keyed
Amount: \$100.00
Surcharge: \$0.00

Credit Card Information

CC Type: Visa
CC Number: *****1034
Auth. Code: 008302
Processor: Doyle's Sheehan MT

Billing Information

US

matt maxinez
Email sent

BILL OF LADING

SHIP FROM		SHIP TO	
Name:	LIL' DRUG STORE PRODUCTS - MAIN WAREHOUSE	Name:	DOYLES WHOLESALE
Address:	9300 EARHART LANE SW	Address:	W 551 DALTON AVE
City/State/Zip:	CEDAR RAPIDS, IA 52404	City/State/Zip:	COEUR D'ALENE, ID 83814
Phone:	800-553-5022		
SIDR:		CIDR:	
	FOB		FOB

Bill of Lading #: WIS014251

Carrier Name: CUSTOMER PICKUP

Trailer Number:

Seal Number(s): 50268793

SCAC: CPU

Pro Number:

SPECIAL INSTRUCTIONS: Accessorial fees not marked or noted on BOL are responsibility of the consignee

Customer Order Information

CUSTOMER ORDER NUMBER	QTY SHIPPED	WEIGHT	ADDITIONAL SHIPPER INFO
262334	EA 4.300(CA 205)	3909.05	LTL

Carrier Information

HANDLING UNIT		PACKAGE		WEIGHT	H.M. X	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		4956.00	EA	3853.50		ASSOCIATED DISTRIBUTORS	061150-01	IS
		8.00	CA	55.45				
13		4964.00		3909.05		GRAND TOTAL	205.25	

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 be not exceeding

\$50,251.27 per Bill of Lading

COD Amount: 0.00

Fee Terms: Prepaid

Collectable by:

NOTE: Liability limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. B 14706(c)(1)(A) and (B)

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

SHIPPER SIGNATURE / DATE

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

AP
(Signature)1/29/25
(Date)Trailer
Loaded:

By Shipper

By Driver

Freight
Counted:

By Shipper

By Driver/pallets
said to contain

By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency 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.

(Signature)

(Date)

RECEIVED

FEB 04 2025

BY [Signature]



Idaho 601 W. Dubon Avenue Coeur d'Alene, ID 83815
PO Box 2530 Hayden Lake, ID 83835 TEL 208 772 7512 FAX 208 772 8231
Montana 6931 Kendall Drive Missoula, MT 59808
PO Box 1248 Missoula, MT 59807 TEL 406 543 5100 FAX 406 546 1502
Oregon 1120 SE Morrison Street Portland, OR 97214
TEL 503 235 8341 FAX 503 231 3991

UNLOADING FEE SCHEDULE
(EFFECTIVE APRIL 20, 2020) **pricing subject to change**

UNLOADING FEE	\$	100.00
AFTER HOURS DELIVERY	\$	300.00
FLOOR LOADED	\$	600.00
UNLOAD AND RELOAD		
5 pallets & under	\$	200.00
UNLOAD AND RELOAD over		
5 pallets cost per pallet	\$	20.00
LATE FEE/NO APPOINTMENT	\$	300.00
INCONVENIENCE FEE	\$	200.00
(AT COMPANY'S DISCRETIONS)		
(FEES SUBJECT TO CHANGE)		

CARRIER

Global Transportation

DRIVER NAME

CHECK #

AMOUNT

\$100.00

CASH

visa

RECEIVED BY

Nanette Edgar

DATE

2/3/2025

VENDOR

lil drug

PO#

262331

TAX ID # 81-0379981