



INVOICE

BILL TO:
LOOP LOGISTICS CORP
6363 SAN FELIPE ST APT# 475
HOUSTON, TX 77057

INVOICE DATE: 03/24/2025
INVOICE #: R82762
TERMS: NET 30
DUE DATE: 04/24/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
03/22/2025		2301 S Lake Shore Drive, Chicago, IL 60616 - 700 Crossroads Court, Vandalia, OH 45377			
		Freight Income	1	\$1,100.00	\$1,100.00
		Detention	1	\$660.00	\$660.00

TOTAL

\$1,760.00

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

Order# 11441	Rate & Load Confirmation	
	Sales Representative:	Frank Stefano 281 849 9020 frank@looplogisticscorp.com

Date: 2025-03-21



Carrier:
 ZIGI FREIGHT INC
 6850 W 63rd Street
 Chicago IL 60638 | MC# 944686 |
 Equipment: Van | Truck#: 733 | Trailer#: P5260114 |
 Driver: Luis | Phone: (305) 615-0478
 Dispatcher: Leo | Phone: 630-485-7370 x145
 Contact Email: leo.d@royal3inc.com
Carrier Reference#: VIN#NM3998

Line Haul	600.00
Macropoint	250.00
OnTime Delivery	250.00
Lumpers fee	0.00
Detention	0.00
Other charges	0.00
Advance	0.00

Carrier Freight Obligations(fines): *MacroPoint tracking(mandatory) \$250 OnTime Delivery \$250

Total Carrier Pay:	\$1100.00
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Origin:	2025-03-22 7:00 am
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Facility: Marshaling yard
 Address: 3050 S Moe Drive
 City, St: Chicago, IL 60616
 *Note: CHECK WITH GES FOR PROMAT SHOW
 CHECK IN AS OLYMPIC
 BOOTH#S2703
 EXHIBITOR LOCUS ROBOTICS

***Additional Stops:

*PickUp:	2025-03-22 7:00 am
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Facility: McCormick Place
 Address: 2301 S LAKE SHORE DRIVE
 City, St: Chicago 60616
 *Note: DRIVER WILL BE CALLED INTO THE DOCKS TO GET LOADED

Destination:	2025-03-24 08am to 3pm
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Facility: EXHIBIT CONCEPTS
 Address: 700 CROSSROADS COURT
 City, St: Vandalia, OH 45377
 *Note: FCFS

Load Description:
 30000LBS

Additional/info:
 MUST SEND US A PICTURE OF BOL AND THE FREIGHT BEFORE LEAVING THE SHIPPER
 POD REQUIRED UPON DELIVER

Order#11441	-Payment Terms and Invoicing-
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Standard Pay: 30-day pay terms / Quick Pay: QP option at 3% / Wire Money transfer:3% and \$25 fee

*** Necessary paperwork listed below must be collected to accounting@looplogisticscorp.com

- 1. Your invoice containing Payment Term you've choosen along with our order number
 - 2. The final, signed rate confirmation(s) - must match the invoice
 - 3. Original or a legible copy of the signed proof of delivery
- Billing address: Loop Logistics Corp, 12430 Aliso Bend Lane Houston, TX 77041 -
-

***IMPORTANT: The shipment on this tender is provided to the carrier specifically named on this tender as a for hire motor carrier. Unless otherwise agreed by the parties in a separate transportation contract or interlining arrangement, the brokerage, transferring, tendering or otherwise arranging for or requesting another motor carrier to transport the shipment on this tender may be punishable under Federal law (49 USC 14916) with fines of up to \$10,000 per tender. Loop Logistics Corp services do not authorize any FMCSA violations. You must provide loaded info - BOL, pieces and weigh -before departing shippers location via phone or email. It is mandatory that our office is notified when you arrive and depart each location or a \$50 fine may occur. Location updates are mandatory every 2 hours to our general email - operations@looplogisticscorp.com. The ONLY exemption to the previously mentioned rule is allowing us to track driver(s) via Macro Point. Delays and missed appointments are subject to a rate deduction up to 20% of total pay. We require you to be upfront with drivers operating hours at time of booking the load, and if late delivery is due to drivers restart or break hours, the rate is still subject to deduction. If your equipment breaks down during an expedited shipment you are responsible for any additional charges, we may accumulate in rescuing the shipment to ensure on time delivery Overages, shortages, damages must be reported to Loop Logistics Corp while driver is still at the customer delivery location and noted on the Bill of Lading. Payment of Detention is determined on a load-by-load basis. Carrier must arrive on time for scheduled appointment or within FCFS timeframe and notify Loop Logistics Corp at least 30 minutes prior to beginning detention time. Detention payment does not begin for at least 3 hours unless otherwise agreed to in writing. Unauthorized charges will not be paid. All accessorial terms and charges have to be approved in advance and in writing. Any additional deductions in rate from our client(s) to us because of any service failure(s) will be passed on to you in full. If this shipment requires a team unit (2 drivers with CDL) and is confirmed by the consignee that the shipment was delivered by a solo driver, the rate will be reduced by 20% of total pay. Verbal POD must be provided in one (1) hour upon delivery. The driver must obtain a legible signature from the consignee before departing from the delivery location. Not following through this request is a subject to rate deduction up to 10% of the total pay. Refusal to provide an invoice with full legible paperwork in over thirty (30) days upon the delivery may result in a 30% rate deduction. By accepting this shipment for transportation, Carrier agrees to all terms in Loop Logistics Corp most recent Broker-Carrier Agreement, which is available upon request, regardless of whether Carrier has received or executed the same or whether Carrier signs this Rate Confirmation.

Accepted By: _____

Date: _____

Signature: Leo Djordjevic

Driver name: _____

Cell: _____

Truck #: _____ Trailer #: _____

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Advance	0.00

Carrier Freight Obligations(fines): *MacroPoint tracking(mandatory) \$250 OnTime Delivery \$250

Total Carrier Pay:	\$1760.00
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Accepted By: _____	Date: _____	Signature: _____
Driver name: _____	Cell: _____	Truck #: _____ Trailer #: _____

FOR GES USE ONLY
LOGISTICS ROUTING

JOB# 071602211 Spiro Acct ☐

CUSTOMER# 283084 CC ON FILE ☐
Show Org ☐

RECEIVED (DATE/TIME/NAME) 3/22/25

TARGET DATE & TIME



GES

Rev: 04/2024
**DRIVER AFFIX
PRO NUMBER
LABEL HERE**

MHA # 5888016

**MATERIAL HANDLING AND
TRANSPORTATION AGREEMENT - RECEIPT**

Check IN: 5:45 AM
Check Out: 1:25 AM

INSTRUCTIONS: MUST BE LEGIBLY PRINTED IN INK. COMPLETE ALL SHaded AREAS, VERIFYING THE ORIGIN AND DESTINATION IS ACCURATE AND COMPLETE.
PLEASE RETURN COMPLETED AGREEMENT TO GES SERVICENTER WHEN SHIPMENT IS READY.

FROM:
Company Name: ROMAT
Show Name: CHICAGO
City: CHICAGO
Province/State: IL
Country: USA
Street Address: MCCORMICK PLACE
Booth No. S2703
Postal/Zip Code: 60616
Phone: _____ Email: _____
NUMBER OF SEPARATE DESTINATIONS IN BOOTH: 1 2 3 4 OR MORE

TO:
Consigned to (Ship to): EXHIBIT CONCEPTS
Destination (Street Address): 700 CROSSROADS CT
City: VANDALIA
Province/State: OH
Country: USA
Postal/Zip Code: 45377
Next Event Info: Contractor: CHELSEA M
Name of Event: OLYMPIC LOGISTICS
Phone: 937-535-0299
Booth No. _____
SHIP VIA: ☐ GES Logistics or ☒ Other Carrier
MODE: ☐ Ground ☐ Air ☐ Next Day ☐ 2nd Day ☐ Van Line ☐ Flatbed ☐ International (as agent only) ☐ POV
SERVICES: ☐ Residential ☐ Inside ☐ Lift Gate ☐ Pallet Jack ☐ Call Before Delivery (Must Provide Cell Phone: _____)
SPECIAL INSTRUCTIONS:

Mark "X" in the H/M column to designate hazardous materials as defined in Department of Transportation Regulations

CHECKER	H/M	PIECES	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	WEIGHT (Sub. to Cor.)	FOR GES USE ONLY:
5			Crates (wooden) Exhibition Material KD		
			Cartons (Cardboard)		
			Fiber Cases/Trunks		
			Skids/Pallets		
			Carpets (Color _____)		
			Machines		
			Miscellaneous (need description)		
			TOTAL		

BILL FREIGHT CHARGES TO: EXHIBIT CONCEPTS
Permanent Address of Company: 102 FORDHAM RD
City: WILMINGTON State: MA Zip: 01887 Phone No. _____
In Case of Questions, Call or Email: _____

EXCEPTION INFO

CAUSE

ACTION

DATE/TIME

NAME

NOTE 1: BY SIGNING THIS AGREEMENT, YOU ARE ACKNOWLEDGING THAT YOU HAVE READ, UNDERSTOOD, AND AGREE TO BE BOUND BY GES' TERMS AND CONDITIONS. THESE TERMS AND CONDITIONS ARE IN YOUR SHOW KIT AND CAN BE FOUND AT GES.COM/LEGAL. BY SIGNING BELOW, YOU ARE ACKNOWLEDGING THAT YOU HAVE THE AUTHORITY TO BIND THE ABOVE-REFERENCED EXHIBITING COMPANY, WHICH HEREBY ACCEPTS THE TERMS AND CONDITIONS SET FORTH BY GES.

NOTE 2: IN THE EVENT SHIPMENT HAS NOT BEEN PICKED UP BY THE SHOW DEADLINE OR FAILURE TO SUBMIT THE FOLLOWING: GES MHA, ALL LEGAL CUSTOMS DOCUMENTATION, (INCLUDING CUSTOMS BROKER CONTACTS) PERTAINING TO INTERNATIONAL SHIPMENTS, INCLUDING TRANSBORDER SERVICES (CANADA & MEXICO), FAILURE TO HAVE FREIGHT PROPERLY PACKED WITH SHIPPING LABELS AFFIXED, FAILURE TO NOT PROPERLY DISPOSE OF UNWANTED FREIGHT (TRASH STICKERS) ARE ALL SUBJECT TO ANY AND ALL FEES ASSOCIATED, TO THE FOLLOWING BUT NOT LIMITED TO: REROUTING WITH A CARRIER OF GES CHOICE, CARGO SERVICE, STORAGE, TERMINAL FEES, AND RECONSIGNMENT FEES, AND LABOR AT GES DISCRETION.

NOTE 3: LIABILITY IS LIMITED TO \$0.50 PER POUND PER PACKAGE, \$100.00 PER PACKAGE, OR \$1,500.00 PER OCCURRENCE, WHICHEVER IS LESS. EXCESS DECLARED VALUE ("EDV"): EDV AVAILABLE FROM GES, UP TO \$20,000.00. SEE TERMS AND CONDITIONS FOR ITEMS NOT AVAILABLE FOR EDV. TRANSPORTATION CHARGES WILL BE CALCULATED USING DIM OR ACTUAL WEIGHT WHICH EVER IS GREATER SHALL APPLY.

☐ **CHECK HERE** IF REQUESTING EDV (\$2.00 PER \$100.00 OF EXCESS VALUATION WILL BE ASSESSED, \$100.00 MIN CHG.) DOMESTIC AIR AND INTERNATIONAL TRANSPORTATION, CHARGES WILL BE CALCULATED USING DIM OR ACTUAL WEIGHT WHICH EVER IS GREATER SHALL APPLY.

CUSTOMER IS RESPONSIBLE FOR THEIR GOODS UNTIL THEY ARE PICKED UP BY THE CARRIER.

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between GES and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by GES and are available to the shipper on request.

COMPANY NAME: EXHIBIT CONCEPTS
SIGNATURE: Dave McPherson
PRINT NAME: DAVE MCPHERSON 512.616.0888 **DATE:** 3/22/25
This is to certify that the above named articles are properly packaged, marked and labeled, and are in proper condition for transportation according to the applicable government regulations.

Received in apparent good order, except as noted:
Carrier Name _____
Agent/Driver (Signature) _____ Date _____
Agent/Driver (Print) _____
Phone _____

SHIPPING ORDER