



## INVOICE

**BILL TO:**

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

**INVOICE DATE:** 05/14/2025**INVOICE #:** R90385**TERMS:** NET 30**DUE DATE:** 06/14/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
05/09/2025		2112 Montevideo Road, Jessup, MD 20794 - 4525 Washington St NE, Albuquerque, NM 87113, USA			
		Freight Income	1	\$2,650.00	\$2,650.00

**TOTAL**

\$2,650.00

**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: 30870810



GENERAL CONTACT

GTZ CONTACT: (480) 291-6209 mdistor@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:foam WEIGHT: 5000 lbs PALLETS:20 PIECES:

CARRIER INFORMATION:		
CARRIER NAME: ROYAL3 INC LEGAL NAME:ZIGI FREIGHT INC MC#:944686 [AV595]	DISPATCHER: Bonnie PHONE: (630) 566-1434 FAX: (630) 485-6980 EMAIL: bonnie@royal3inc.com	DRIVER: Sydney DRIVER PHONE: (786) 847-1145 TRAILER NUMBER:

**IMPORTANT LOAD NOTES:**  
Time Stamped/Signed BOL MUST be presented for Detention Fees to be paid. Driver must notify Mark Distor 30 minutes before detention starts\*\*Call Work 480-291-6209 or Cell 480-862-9079\*\* You can email me at mdistor@globaltranz.com for any problems\*\* All drivers must accept macro-point, if driver does not accept a 10% rate reduction will apply\*\*\*If the load picks up or delivers past the scheduled appointment time and date, the carrier is subject to a rate reduction of 20% per day. Exact IN and OUT times must be recorded for both the shipper and the consignee for every shipment. GlobalTranz must be notified of any overages, shortages, damages or lumpers charges.

ORIGIN:		
FACILITY: Wm. T. Burnett & Co., Foam Division STREET: 2112 Montevideo Road CITY/STATE/ZIP: Jessup, MD 20794 FAX:	PICKUP DATE: 05-09-2025 HOURS: 09:00 - 19:00 CONTACT: Shipping	REF #:  PICKUP #: 328310 APPOINTMENT REQUIRED: No APPOINTMENT MADE: No
PICKUP NOTES:	PHONE: (410) 799-1788	

DESTINATION:		
FACILITY: Airworks Inc. STREET: 8225 Washington St. NE Suite C Door #18 CITY/STATE/ZIP: Albuquerque, NM 87113 FAX:	DELIVERY DATE: 05-12-2025 HOURS: 07:30 - 12:30 CONTACT: Receiving	REF #:  DELIVERY#: APPOINTMENT REQUIRED: No APPOINTMENT MADE: No
DELIVERY NOTES:	PHONE: (505)797-7155	



**RATE INFORMATION:**  
BASE RATE:\$2,650.00  
TOTAL RATE: \$2,650.00

GTZ SIGNATURE : PHX - Mark Distor (480) 291-6209

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: 30870810**



**GENERAL CONTACT**

GTZ CONTACT: (480) 291-6209 [mdistor@globaltranz.com](mailto:mdistor@globaltranz.com)

GTZ FAX:

**CARRIER PAYMENTS:**

INVOICE/POD/RATE CON submit to: [TLINVOICES@globaltranz.com](mailto:TLINVOICES@globaltranz.com)

NOA and PAYMENT INQUIRIES: [APTLREQUESTS@globaltranz.com](mailto: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](mailto:TLinvoices@globaltranz.com)
- 3% / 3-Day Quick Pay available upon request
- For Payments question contact [aptlrequests@globaltranz.com](mailto:aptlrequests@globaltranz.com) or by calling 866-275-1407 ext. 72597

**GLOBALTRANZ**

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

GTZ BOL NO : 30870810

**Shipper** Wm. T. Burnett & Co., Foam Division  
**Address** 2112 Montevideo Road  
Jessup, MD 20794  
**Country** USA  
**Contact Name** Shipping  
**Phone Number** (410) 799-1788  
**Contact Email**  
**Fax Number**

**Carrier** :ROYAL3 INC  
**Shipment Date**:05/09/25  
**Carrier Pro#** :  
**Ref #** :  
**Carrier Quote #** :  
**P/O #** :  
**Customer BOL NO**:



3-28310

**Consignee** Airworks Inc.  
**Address** 8225 Washington St. NE Suite C Door  
#18  
Albuquerque, NM 87113  
**Country** USA  
**Contact Name** Receiving  
**Phone Number** (505) 797-7155  
**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** : 30870810

**Comments/Special  
Instructions:**

**Pickup Remarks :**  
**Delivery Remarks :**

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Pallets	Pieces	IsHazmat	Description	Weight	FreightClass	Length	Width	Height	NMFC	Stackable
20			foam	5000		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](http://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:** 5/9/25 **Trailer#:** \_\_\_\_\_

**Driver's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Trailer#:** \_\_\_\_\_

**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:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Permanent post-office address of the Shipper:

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

Rosario Brito

