Transplace Texas, LP C/O Transflo PO Box 9349 Louisville, KY 40209 479-770-7587 SEND INVOICE TO:

QuickPay Carriers: QuickPay@transplace.com Standard Terms: APShared@transplace.com

## **TRANSPLACE**

\*\*\* Carrier Confirmation \*\*\*

Date: 04/29/2021 Order #: 0898726

Phone: Fax:

Order: 0898726 Commodity: UNI-CELL 11-5/8 SQR FILLR FLAT

Temp:Min:Max:Weight:17,524Temp Note:Pieces:832Hazmat:NTrailer:V

**Hazmat UN Code:** 

PU 1 DI DI AMARI DI AMMOND INDUSTRIAL DI ANTDATE: 04/29/2021 0700

HUHTAMAKI - HAMMOND INDUSTRIAL PLANT<sup>Date</sup>: 04/29/2021 0700 6629 INDIANAPOLIS BLVD 04/29/2021 1400

HAMMOND IN 46320 Weight: 17,524 Cases: 832

Pickup Reference Number 344314 Pieces: 0
Purchase Order Number 3943MS Pieces: 0
Pickup Reference Number 815095272 Pieces: 0

SO 2 MID STATE SPECIALTY Date: 04/30/2021 0700

1302 PRIMROSE DR 04/30/2021 0700

BERRYVILLE AR 72616 Weight: 17,524 870-929-6125 x2 Cases: 832

Purchase Order Number 3943MS Pieces: 0

Comment: PU 1 HUHTAMAR: DO NOT CONTACT SHIPPER OR RECEIVER DIRECTLY. Please

reach out to your broker regarding appts/ETA's.

Comment: PU 1 HUHTAMAR: Macropoint is required on this load. Failure to use macropoint for

tracking will result in a \$100 rate deduction.

**Comment:** PU 1 HUHTAMAR: Carrier is required to provide 2 load locks or straps to secure the

shipment. If shipper has to provide them, then \$50 will be deducted.

Comment: PU 1 HUHTAMAR: FOOD GRADE DRY VAN REQUIRED FOR ALL HUHT LOADS;

MUST HAVE SWING DOORS- NO ROLL UP DOORS OR REEFERS ALLOWED

**Comment:** PU 1 HUHTAMAR: All extra money added due to longer transit, will be forfeited by the

carrier if they check in late to either pickup or delivery.

**Comment:** PU 1 HUHTAMAR: Weight is estimated. Customer reserves the right to load up to

45,000 lbs without providing prior notice or additional pay.

**Comment:** PU 1 HUHTAMAR: \$150 will be deducted for each missed delivery.

Payment: Carrier Freight Linehaul \$1,675.00

Total Carrier Pay \$1,675.00

Agreement

ALL REQUESTS FOR DETENTION AND LUMPERS MUST BE SUBMITTED (to Transplace contact at top of rate confirmation) WITH PROPER SUPPORTING DOCUMENTATION WITHIN 24 HOURS OF DELIVERY OR REQUESTS ARE SUBJECT TO DENIAL.

BILLING INSTRUCTIONS: THE ORDER NUMBER MUST BE REFERENCED ON YOUR INVOICE FOR PROMPT PAYMENT.
SEND THIS CONFIRMATION, YOUR INVOICE, AND ALL POD DOCUMENTS TO APSHARED@TRANSPLACE.COM. PAYABLES INQUIRES: PAYSTATUS@TRANSPLACE.COM

Transplace Texas, LP ("Broker" or "Transplace") and the transportation service provider ("Contractor") have entered or will enter into one or more written agreements pursuant to which Contractor will provide transportation related services for Transplace and its customers. Transplace and Contractor have agreed that the above compensation shall apply to the shipment listed on this Rate Confirmation and that it shall supersede any prior rate confirmation or agreement and that any rates, terms or conditions of any bill of lading, Conditions of Carriage, Carta de Porte, delivery receipt, Rules Circular, tariff or other document are hereby expressly altered or waived. Unless noted otherwise, all sums are stated and shall be paid in USD. Changes made by Contractor to the rates and/or terms listed herein, including this provision, are null and void. Contractor's physical acceptance of the shipment affirms Contractor's agreement with the stated rate. Transplace's agreement to changes can only be evidenced by a clean Rate Confirmation. Contractor must advise Transplace via a verifiable method of approved additional charges within 24 hours after delivery. Failure to do so may result in inability of Transplace to collect the charges, so payment shall be at the sole discretion of Transplace. Charges not invoiced within 180 days of delivery will be deemed waived. Unless stated otherwise above, linehaul rate includes Fuel surcharge. Subcontracting of this shipment by Contractor may result in forfeiture of Contractor's right to payment.

Any loads moving into, out of, or through the state of California must be moved on a California Air Resources Board compliant truck and trailer. \$4 per \$900 Comcheck fee

Must accept MacroPoint tracking or subject to \$100 deduction

Date:	
Carrier Representative Name:	
Carrier Representative Signature:	
Driver Name and Phone Number:	
Truck Number   Trailer Number:	