

PRO # 180310

Rate Confirmation

06/02/21 15:16:53 (EST)



BLUE LINE LOGISTICS, INC  
BILLING@BLUELINELOGISTICS.COM  
3495 WILLOW LAKE BLVD STE 100  
VADNAIS HEIGHTS MN 55110

F JON GREGORY  
R (651) 356-6696 X 118 (p)  
O (651) 414-0846 (f)  
M jgregory@bluelinelogistics.com

C DUBAI EXPRESS HAUL LLC  
A (402) 305-9975 (p) Att: MARK  
R (817) 665-2292 (f)  
I MC # 1100230 Truck #  
E DOT 3411708 Trailer #  
R Driver ABUS Cell # (919) 358-2880

Size & Type: 48' VAN OR REEFER  
Pieces: 1

Description: DOLCIA PRIMALS ALL  
Weight: 17287

Miles: 516

CHARGES		DISPATCH NOTES
LINE HAUL RATE	2000.00	
MACROPOINT COMPLIANCE	100.00	
TOTAL RATE	2100.00	

### PICK 1

PARKE TOLL  
3523 RUPP PARKWAY BUIL  
DECATUR IL 62526  
Phone/Contact: (217) 875-0572 TMS #1082

Appointment 06/02/21 @ 00:00  
Appt Notes: BEFORE 1530  
Pieces: 1  
Weight: 17287  
Ref # 0085615404

### STOP 1

AOG LLC D/B/A TRUFOOD  
610 ALPHA DRIVE  
PITTSBURGH PA 15238  
Hours : 0000-

Appointment 06/03/21 @ 09:00  
Appt Notes: 0900 APPT  
Pieces: 1  
Weight: 17287  
Ref # 2021-00-79105

08:00-15:30 MON-FRI BY APPT \*\*NO PETS\*\* (DEXTROSE 1007)  
\*\*SHIPMENTS WITH MISSING OR BROKEN SEAL WILL RESULT IN FULL CARGO CLAIM  
CARRIER MUST NOTIFY BLUE LINE IMMEDIATELY IF SEAL IS BROKEN\*\*  
\*\*TRUCKLOAD WEIGHTS ARE BEST ESTIMATES PROVIDED BY SHIPPER  
HOWEVER CARRIER MAY BE EXPECTED TO HAUL UP TO 80,000lbs GVW\*\*  
-Carrier's insurance policy must not exclude any damage to cargo on this load-  
\*Double brokering or substituted service will result in forfeit of payment\*  
Pickup and delivery times/dates will not require drivers to violate HOS  
\*\*\*The rate above is contingent on making on time delivery. Late deliveries may  
result in downtime, overtime, or other charges to carrier\*\*\*  
\*\*\*VAN/REEFER TRAILERS MUST BE NO OLDER THAN 10 YEARS,  
WITH NO CRACKS HOLES OR LEAKS OF ANY KIND\*\*\*  
\*\*\*Drivers are responsible for making sure shipper's load number and  
destination on BOL match the rate confirmation. Blue Line will not compensate  
carriers or drivers for miles driven with the incorrect load\*\*\*

Carrier Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D

Send Carrier Bills to the Address Above

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must appear on all Invoices