

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
INQUIRIES: paystatus@transplace.com

TRANSPLACE

*** Carrier Confirmation ***

Date: 01/15/2021
Order #: 0801899

Carrier: DUBAI EXPRESS HAUL LLC
LEXINGTON NE 688500295
Contact: Mark
Phone:
Fax:

Transplace Contact: Jordy Villanueva
Phone: 479-770-7535
Fax:
Email: jordy.villanueva@transplace.com

Order	Order: 0801899	Commodity: CPBSPAGOSFUNSHPSWMB15.6OZ12CA
	Temp: Min: Max:	Weight: 27,206
	Temp Note:	Pieces: 2057
	Hazmat: N	Trailer: V
	Hazmat UN Code:	

PU 1	CAMPBELL SOUP SUPPLY COMPANY 1000 CAMPBELL DR FINDLAY OH 45840	Date: 01/16/2021 1700 01/16/2021 1700
		Weight: 27,206
		Cases: 2057
	Pickup Reference Number	0015674633 Pieces: 0
	Purchase Order Number	5C6G2O8S Pieces: 0
	Pickup Reference Number	810853806 Pieces: 0

SO 2	AMAZON FRESH - HMW1 30260 S GRAASKAMP BLVD WILMINGTON IL 60481	Date: 01/17/2021 0800 01/17/2021 0800
		Weight: 27,206
		Cases: 2057
	Pickup Reference Number	0015674633 Pieces: 0
	Purchase Order Number	5C6G2O8S Pieces: 0
	Delivery Reference	64052005983 Pieces:
	Delivery Reference	HMW1-0E-JWIW0 Pieces:

Comment:	PU 1	CAMPBEA1: Macropoint is required on this load. Failure to use macropoint for tracking will result in a \$100 rate deduction.
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Comment:	PU 1	CAMPBEA1: DRIVERS MUST WEAR A SAFETY VEST OR HIGH VISIBILITY CLOTHING WITH REFLECTIVE TAPE ON THE PREMISES!
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Comment:	PU 1	CAMPBEA1: Weight is estimated. Customer reserves the right to load up to 45,500 lbs without providing prior notice or additional pay.
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Comment:	PU 1	CAMPBEA1: \$150 will be deducted for each missed delivery unless valid receipts are provided at the time of mechanical breakdown.
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Comment:	PU 1	CAMPBEA1: Trailer must be CLEAN, ODOR-FREE, & FOOD GRADE or it will be rejected.
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Payment:	Carrier Freight Linehaul	\$900.00
	Total Carrier Pay	\$900.00

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:

