



Rate Confirmation Agreement for Polaris Logistics Group, Inc.

- Rate shown includes any applicable fuel surcharges, pickup and delivery Charges, loading and unloading out of route, detention, storage, and/or all arbitrary charges etc. Deviation from these rates must be approved in writing and signed by both parties.
- Any authorized unloading will only be reimbursed with a valid unloading receipt.
- Pickup notification calls, delivery notification calls, and daily check calls are required by 9am.
- If pickup or delivery times are missed without prior notification **to Polaris Logistics Group, Inc.**, carrier may be subject to penalty charges. Additional late delivery charges may also be assessed by the consignee.
- In order to collect detention carrier must notify **Polaris Logistics Group, Inc.**, with 1.5 hours after appointment time of any delays. Late pick-ups or late deliveries are not eligible for detention charges. If facility is FCFS, detention will only be paid if carrier is loaded or unloaded outside of the regular pick-up or delivery hours. If applicable, the arrival and departure times must be stamped and/or written on the BOL.
- All refrigerated loads must be run on continuous unless otherwise stated.
- Driver is responsible for all load counts. If driver is not granted access to the loading dock, they must call Polaris Logistics Group, Inc., to notify immediately.
- Any directions given to the carrier are for informational purposes only.
- Carrier acknowledges that they are solely responsible for compliance with all applicable HOS regulations, as well as all other FMCSA regulations.
- No drivers are authorized to break seals under any circumstances. Seals must only be broken by the consignee's personnel. Loads delivered without the seals intact may result in fines and potential claims.
- Carrier agrees this shipment will not be re-brokered or said carrier forfeits the right to collect charges.
- Carrier representative submission with acceptance and signature indicates approval of all rates and terms listed on rate confirmation.
- QuickPay via ACH is available for a 3% fee, with payment sent in 1-3 business days.
- Please send invoice, along with load confirmation, signed POD, and applicable miscellaneous paperwork such as lumper receipts to ACCOUNTING@POLARISLOGISTICSGROUP.COM.
- **For all payment inquiries and accounting related questions call accounting directly at 419-214-5969.**

Polaris Logistics Group, Inc.
www.polarislogisticsgroup.com

Polaris Logistics Group Inc. (SLC)
100 N. Summit St. #400
Toledo, OH 43604
P: 832-699-3297 F: 832-383-9234
Accounting# 419-214-5969



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Load Confirmation

0259979

Carrier: Eye1 Global Services LLC
Mansfield TX 76063
Date: 12/04/2023

Contact: Rollin Stevenson
Phone: 214-334-5376
Fax:

Order
Order: 0259979
Miles: 13.0
Temp:
Ref# PT06579229

Commodity: Cardboard boxes
Weight: 35000.0
Trailer: Van
Reference: TMW6579229

PU 1 **Name:** Pratt Retail- Dallas
Address: 9209 Old Hickory Trail
DALLAS TX 75201
Phone: 469-650-8512

Date: 12/06/2023 1100
12/06/2023 1100
Contact: Desiree Wilson
Driver Load: No driver loading or unload

SO 2 **Name:** Temperatsure llc
Address: 2250 Morgan Pkwy
FARMERS BRANCH TX 75234
Phone:

Date: 12/06/2023 1101
12/06/2023 1600
Contact:
Driver Load: No driver loading or unload

Payment
Carrier Freight Pay: \$250.00
Total Carrier Pay: \$250.00

Carrier Instructions and Requirements: This form must be completed and returned before driver can be loaded.
Pratt Retail- Dallas - 10 year trailer rule Pratt Retail- Dallas - REF#: RCP4136 Pratt Retail- Dallas - PO 40522

Please Sign: Rollin Stevenson

(X) Accept

() Decline

Load Tracking Required


Pro #: 0259979
Tractor #: 305
Trailer #: 65606


Driver Name: Rollin Stevenson
Driver Cell: 214-334-5376

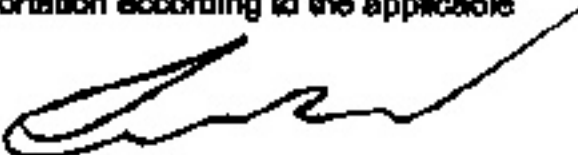



0298989

Polaris Logistics Group Dispatcher: Jack Ray
832-699-3297

Date: 12/06/2023		BILL OF LADING		Page 1 of 1	
SHIP FROM			Bill of Lading		
Name Pratt Retail - Dallas Address: 9209 Old Hickory Trail Ste 100 City/State/Zip Dallas, TX 75237-0000 SID# _____ FOB: <input type="checkbox"/>			2329347  Carrier: POLARIS App 06-DEC-23 00.00.00 Trailer 65606 Arr Time: 06-DEC-23 07.47.31 Seal 55273412 Dept Time: 06-DEC-23 10.03.34 SCAC: POLT Pro number: Shipment ID: 6581961 Driver Name: STEVENSON		
SHIP TO			BAR CODE SPACE		
Name TEMPERATSURE LLC Address: 2250 MORGAN PARKWAY City/State/Zip FARMERS BRANCH, TX 75234 CID# _____ FOB: <input type="checkbox"/>					
THIRD PARTY FREIGHT CHARGES BTL TO:					
Name: Address: City/State/Zip					
Special Instructions:			Pratt ASN ID: CP43EN Freight Charge Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> <input type="checkbox"/> (check box) This is a Master Bill of Lading with attached underlying Bills of Lading		
Customer Order Information					
Customer Order Number	# Items	WEIGHT	Pallet/Slip (CHECK ONE)	Additional Shipper Info	
40522	24	13389	X		
Carrier Information					
COMMODITY DESCRIPTION			NMFC #	CLASS	WEIGHT
<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>					
Corrugated Boxes, KDF (PCF 6-8)			29785-5	125.0	13389
Grand Total			24 UNIT(S)		13389

Received by
 Luke Martinez 12-6-23


Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ Per _____"		COD Amount: _____ Fee Terms: Collect <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A)			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.			
Shipper		<input type="checkbox"/> Pick up the pallet(s) from any previous deliveries Stretchwrap Intact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable X  Date: 12/6/23	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/Units said to Contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. X  Date: 12/6/23	
Property described above is received in good order, except as noted.			

Unit & Quantity count accuracy assured by
AJ Wozniak



9209 Old Hickory Trail Ste 100
Dallas, TX 75237-0000

DELIVERY TICKET

BOL# 002329347 Trip CP43EN

96 4317 FTX

Ship To
TEMPERATSURE LLC
DEA NORDIC ICE
2250 MORGAN PARKWAY
FARMERS BRANCH TX 75234

Cust Service
(855) 697-7288

Dispatch
(855) 697-7288

Time
10:03:43

Status Ticket#
PrePaid TX2329347

Date
2023-12-06

POLARIS TRANSPORTATION

Pro# NONE

Trlr# 65606

Seal# 55273412

ShipmentID 6581961

Unit	Qty	Release	Item / Description	Unit	Qty	Weight	Volume	Weight	Volume
9664487	40522		2BOX 15X10.25X8.75 55C K NO.2	14	520			7,280	51106 9277
9664488	40522		2CMBOX 15.375X10.75X9.75 55C K NO.2CM	5	520			2,600	20332 3294
9664489	40522		2DIVIDER 17.5X15 D/C INSERT NO.2	2	2,520			5,040	9173 942
9664486	40522		23-CELLDIVIDER 30.1875X8.25 D/C INSERT NO.2-3	3	1,650			4,950	8564 876
DUPLICATE									
* * * DELIVERY CONTACT * * * * *									
Name									
Phone () Ext. FAX ()									
								89175	13389

Received by _____ Date _____ Time _____