



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



Page 1

Load Confirmation

0266698

Carrier: Eye1 Global Services LLC
Mansfield TX 76063
Date: 02/05/2024

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

Order
Order: 0266698
Miles: 13.0
Temp:
Ref#

Commodity: Cardboard boxes
Weight: 35000.0
Trailer: Van
Reference: PT06683415

PU 1 **Name:** Pratt Retail- Dallas
Address: 9209 Old Hickory Trail
DALLAS TX 75201
Phone: 469-650-8512
Reference number: PO TMW6683415

Date: 02/07/2024 1100
02/07/2024 1100
Contact: Desiree Wilson
Driver Load: No driver loading or unload

SO 2 **Name:** Nordic Ice
Address: 2250 Morgan Pkwy
FARMERS BRANCH TX 75234
Phone: 866-427-1919 x605

Date: 02/07/2024 1300
02/07/2024 1300
Contact: Joseph Kinnear
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 - RCR0989 Pratt Retail- Dallas - 41099

Please Sign: Rollin Stevenson

(X) Accept

() Decline

Load Tracking Required

Pro #: 0266698
Tractor #: 305
Trailer #: 65606

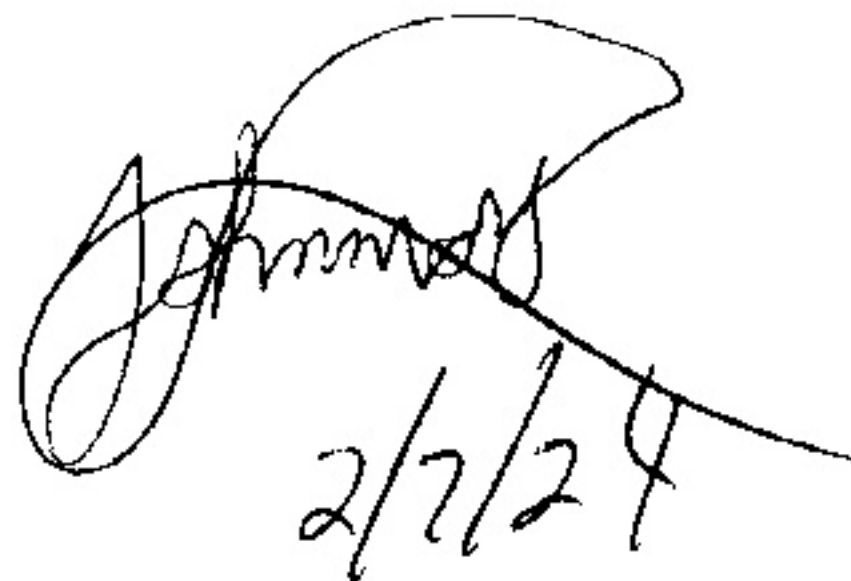
Driver Name: Rollin Stevenson
Driver Cell: 214-334-5376

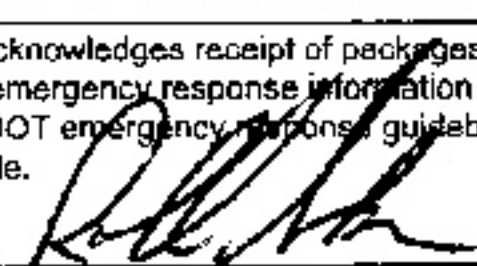


0266698

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

Date: 02/07/2024		BILL OF LADING		Page 1 of 1	
SHIP FROM			Bill of Lading		
Name Pratt Retail - Dallas			2387581		
Address: 9209 Old Hickory Trail Ste 100			Carrier: POLARIS App 07-FEB-24 00.00.00		
City/State/Zip Dallas, TX 75237-0000			Trailer 65606 Arv Time: 07-FEB-24 10.53.46		
SID#			Seal 56287539 Dept Time: 07-FEB-24 11.24.53		
FOB: <input type="checkbox"/>			SCAC: POLT		
SHIP TO			Pro number:		
Name TEMPERATSURE LLC			Shipment ID: 6683415		
Address: 2250 MORGAN PARKWAY			Driver Name: ROLLIN		
City/State/Zip FARMERS BRANCH, TX 75234					
CID#			FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:					
Name:			Pratt ASN ID: CR0989		
Address:			Freight Charge		
City/State/Zip			Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>		
Special Instructions:			<input type="checkbox"/> This is a Master Bill of Lading with attached underlying Bills of Lading (check box)		
Customer Order Information					
Customer Order Number		# Items	WEIGHT	Pallet/Slip (CHECK ONE)	Additional Shipper Info
41099		28	15631	X	
Carrier Information					
COMMODITY DESCRIPTION <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>				NMFC #	CLASS
Corrugated Boxes, KDF (PCF 6-8)				29785-5	125.0
Grand Total				28 UNIT(S)	15631


2/7/24

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:		COD Amount: _____	
"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ Per _____."		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		CARRIER 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		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: _____		X  Date: 2/7/24	
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 sold to Contain <input type="checkbox"/> By Driver/Pieces	
Property described above is received in good order, except as noted.			

DELIVERY TICKET

BOL# 002387581 Trip CR0989

Dispatch
(855) 697-7288

Time
11:25:04

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

Status	Ticket#
PrePaid	TX2387581

Date
2024-02-07

POLARIS TRANSPORTATION

Pro# NONE

Trlr# 65606

Seal# 56287539

ShipmentID 6683415

Job#	Qty/Release	Item/Description	Qty	Unit Price	Subtotal	Weight	Volume
9667376	41099	1BOX	4	520	2,080	14768	2394
	CW	12.875X10.625X10 55C K NO.1					
9667377	41099	1DIVIDER	1	2,240	2,240	3987	408
	CW	20X12.8125 D/C INSERT NO.1					
9667378	41099	2BOX	6	520	3,120	21902	3547
	CW	15X10.25X8.75 55C K NO.2					
9667379	41099	2CMBX	10	520	5,200	40664	6588
	CW	15.375X10.75X9.75 55C K NO.2CM					
9667380	41099	2CMPAD	3	2,520	7,560	7938	809
	CW	14.6875X10.25 D/C INSERT 2CM					
9667381	41099	2DIVIDER	4	2,520	10,080	18346	1885
	CW	17.5X15 D/C INSERT NO.2					

DUPLICATE

* * * DELIVERY CONTACT * * *

Name _____

Phone () EXT. FAX ()

107605 15631

Received by	Date	Time
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