



Bill to:
BENEFIT TRUCKING LLC

Invoice Date: 06/06/2023
Invoice #: 55062
Terms: NET 30
Due Date: 07/06/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/05/2023		405 East Walnut Street, Lancaster, PA, USA - 2415 S STRATFORD RD SW WINSTON SALEM NC 27103			
			1	800	800

TOTAL
800

PLEASE NOTE

The right to payment under this invoice has been assigned to Compass payment Solutions LLC (CFS) and all payments hereunder are to be directed to the assignee at the address noted below. Remittances to other than CFS do not constitute payment of this invoice. CFS must be given notification of any claims, agreements or merchandise returns which would affect the payment of all or part of this Invoice on the due date.

COMPASS FUNDING SOLUTIONS LLC
P.O.BOX 205154
DALLAS, TX 75320-5154
Tel: 844-899-8092



BENEFIT TRUCKING LLC
1350 MICHIGAN ST
GARY IN 46402

PRO # 55062 Rate Confirmation
06/05/23 08:25:11 (EST)

F
R
O
M

C
A
R
R
I
E
R

LANA BLEST
(630) 789-8680 (p)
lana@benefit-trucking.com

ROYAL3 INC
(630) 485-7370 (p) Att: ASTA6305661312
(630) 485-6980 (f)
MC # 944686 Truck # 911
DOT 2828543 Trailer # 173508
Driver KARL 6207799197 Cell #

Size & Type: 53' VAN
Pieces:

Description: DRY FOOD PRODUCT
Weight: 37000

Miles: 412

CHARGES		DISPATCH NOTES
LINE HAUL RATE	800.00	Drivers are required to accept 4 KITES CARRIER LINK TRACKING FOR THIS LOAD. A TEXT WITH THE LINK WILL BE SENT TO THE DRIVER AND IS EXPECTED TO FOLLOW THE INSTRUCTIONS TO DOWNLOAD THE APP. The carrier will be fined \$100 for non-compliance. For LUMPER EFS code payment - please call us or After-hours phone # 708 398 6237 ext3 opt1
TOTAL RATE	800.00	

PICK 1

JL CLARK
405 E. WALNUT ST
LANCASTER PA 17602
Hours : 1100-1300

Appointment 06/05/23 @ 12:00
Ref # 55180255

STOP 1

TAYLOR BROS
2415 S. STRATFORD RD SW
WINSTON SALEM NC 27103
Hours : 0600-1000

Appointment 06/06/23 @ 09:00

BY SIGNING THIS CONFIRMATION CARRIER AGREES TO ALL OF THE FOLLOWING TERMS. COMPENSATION MAY BE WITHHELD IF THIS SHIPMENT IS DOUBLE-BROKERED, MOVED BY RAIL CONSOLIDATED WITH ANY OTHER FREIGHT OR IF THE AGREED SERVICES ARE NOT FULFILLED TRAILER SEALS: SEAL MUST BE APPLIED, WITH THE SEAL NUMBER NOTED ON THE BILL OF LADING, PRIOR TO DEPARTURE FROM THE SHIPPER. SEALS MUST NOT BE BROKEN WITHOUT PRIOR WRITTEN APPROVAL FROM BENEFIT TRUCKING. FAILURE TO DELIVER AT THE DESIGNATED CONSIGNEE WITH THE PROPER SEAL INTACT WILL RESULT IN A CLAIM. This confirmation governs the rate for the movement of the above-referenced freight as of the date specified and hereby amends, and is incorporated by reference and becomes part of that certain Agreement by and between BROKER and Carrier. By means of either its signature on the Confirmation or its provision of service: i) CARRIER shall perform its services in accordance with all applicable laws, rules, and regulations (including, if applicable, requirement to record hours of service via electronic logging device); and ii) CARRIER shall be conclusively presumed to have agreed to the rates and conditions set forth herein. CARRIER shall be conclusively presumed to have agreed to the rates and conditions set forth herein. CARRIER further represent and warrants that said mutually agreed upon rates are reasonable and compensatory, that the freight would not have been tendered to CARRIER at higher rates, and that no shipments handled under such rates will subsequently be subject to a later claim of undercharges. CARRIER hereby confirms current and valid insurance coverage without exclusion in conflict with BENEFIT TRUCKING load. in amounts no less than the following:

(Rate Confirmation Details on Next Page)

Carrier Signature _____

Date _____ / _____ / _____
M D

Doc ID: 26230605092156113
Send Carrier Bills to the Address Above
Sertifi Electronic Signature

PRO # 55062 must appear on all Invoices



BENEFIT TRUCKING LLC
1350 MICHIGAN ST
GARY IN 46402

PRO # 55062

Rate Confirmation

06/05/23 08:25:11 (EST)

F
R
O
M

C
A
R
R
I
E
R

LANA BLEST
(630) 789-8680 (p)
lana@benefit-trucking.com

ROYAL3 INC
(630) 485-7370 (p) Att: ASTA6305661312
(630) 485-6980 (f)
MC # 944686 Truck # 911
DOT 2828543 Trailer # 173508
Driver KARL 6207799197 Cell #

one million dollars (\$1,000,000) auto liability coverage one million dollars (
(\$1,000,000) general liability coverage, \$100,000.00 cargo coverage.

If carrier's insurance policy contains a schedule of covered vehicles, carrier
will only only transport this shipment using a vehicle that is listed
as a scheduled vehicle on their insurance policy.

ALL TRAVEL DIRECTIONS PROVIDED BY BENEFIT TRUCKING ARE FOR INFORMATIONAL
PURPOSES ONLY. IT IS THE CARRIERS SOLE RESPONSIBILITY TO LAWFULLY
AND SAFELY OPERATE ALL VEHICLES AND THEIR CONTENTS OVER ANY ROAD, HIGHWAY
, BRIDGE AND/OR ROUTE IN STRICT COMPLIANCE

WITH ALL APPLICABLE LAWS, RULES AND REGULATIONS. CARRIER MUST ADVISE IF ANY DE
LIVERY SCHEDULES, SPECIFICATIONS, INSTRUCTIONS OR REQUIREMENTS CANNOT BE LEGALLY
ACCOMPLISHED OR IF THE AVOIDANCE OF ANY FINES, PENALTIES
OR DEDUCTIONS WOULD REQUIRE OR RESULT IN THE VIOLATION OF ANY
LAWS OR REGULATIONS.

You must provide us with your driver's REAL phone number.

If you do not provide us with a working number we will deduct \$200 from the
rate. If Macro Point Tracking is not accepted, \$200 deduction will apply.

PAYMENT REQUIREMENTS:

SIGNED BOL / SIGNED DELIVERY RECEIPT / SIGNED RATE CONFIRMATION SHEET.

LOAD / UNLOAD / LUMPER RECEIPTS MUST ACCOMPANY INVOICING OR THEY WILL NOT BE
PAID. MUST REFERENCE LOAD # ON ALL CORRESPONDENCES.

ALL ACCESSORIAL CHARGES MUST BE PRE-APPROVED & BILLED WITH RECEIPT & POD.

DETENTION POLICY: FIRST TWO HOURS FREE AND \$25 PER HOUR AFTER TWO HOURS.

MAXIMUM DETENTION PAID 5 HOURS. 6 HOURS QUALIFIES THE CARRIER FOR A LAYOVER

LAYOVER POLICY: SOLO: \$150 TEAM: \$250 EVERY 24/HOURS

PLEASE EMAIL A COPY OF POD TO ap@benefit-trucking.com

CALL 630-789-8680 ext. 385 for any billing related questions. .

POD MUST BE SUBMITTED WITHIN 24 HOURS AFTER DELIVERY TO AVOID \$75 CHARGE.

IF POD IS RECEIVED LATER THAN 30 DAYS LOAD CAN RESULT IN NON-PAYMENT

Carrier Signature _____

Date _____ / _____ / _____
M D

Doc ID: 26230605092195173
Sertifi Electronic Signature

Send Carrier Bills to the Address Above

PRO # 55062

must appear on all Invoices

E-Signed : 06/05/2023 07:25 AM CDT

ASTA MIJAC

asta@royal3inc.com
IP: 46.33.206.144

Sertifi Electronic Signature
DocID: 20230605072456173

BILL OF LADING

Shipment # 1308

Ship From
JL CLARK
405 E. Walnut
LANCASTER, PA 17602
YURI FERNANDEZ 717-381-3670

BOL NO: 55180255
Carrier: Benefit Trucking
Pickup Date: 06/05/2023
Delivery Date: 06/06/2023
Origin Terminal

Ship To
TAYLOR BROS
2415 S. STRATFORD RD SW
WINSTON SALEM, NC 27103
WILLIAM BAKER 336-391-4782

P: F:
Destination Terminal

3rd Party Freight Charges Bill To
RJ Reynolds C/O CJ LOGISTICS FREIGHT AMERICA
1750 S Wolf Rd
Des Plaines, IL 60018-1949

P: F:
References:
BOL: 0605JLC-1
Mode: TL
PO Number: 4500490639
Shipment Number: 8287989

Special Instructions:
DO NOT BREAK SHIPPER SEAL NO TANS-LOADING: CARGO CLAIM MAY RESULT
Trailers must be clean, dry and odorless. Absolutely no glass particles. If trucks arrive with any of
these conditions they will be rejected.

Seal # 15292240

Driver must present GOVT ISSUED ID upon arrival at guard shack

Freight Terms:

Prepaid: _____
Collect: _____
3rd Party: X

Accessorials:

Qty	Type	Weight	HM (X)	NMFC	Item Description	LTL Class
21	PLT	18570 18910	11F	6/5/23	LIDS Dimensions:	50.0
21		18910				

David Scott
06-06-2023

Grand Totals:

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 _____ skids, 50 lbs per pallet weight waived

Remit COD to:

Collect Prepaid Customer check acceptable COD Amount:

Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 14706(c)(1)(A) and (B).

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 shipper, on request, and to all applicable state and federal regulations.

Trailer
Loaded:
☒ by Shipper
☐ by Driver

Freight
Counted:
☒ by Shipper
☐ by Driver

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper: _____

Shipper Signature/Date:

Carrier Signature/Pickup 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 regulations of the DOT.

Carrier acknowledges receipt of packages and required placards. Carrier Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in vehicle. Property described above is received in good order, except as noted

Shipper: Yuri Fernandez 6/5/23

Carrier: Karl Ward 6-5-23