Royal 3inc.

Bill to: TA BROKERAGE LLC 10352 LAKE BLUFF DR, St Louis, MO, 63166 Invoice Date: 06/08/2023 Invoice #: TR-0001373965-01 Terms: NET 30 Due Date: 07/08/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/07/2023		200 SW Point Ave, High Point, NC 27260, USA - 809 S Main St, Fredericktown, MO 63645, USA			
			1	1500	1500

TOTAL	
1500	

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



## **Carrier Rate Confirmation**

## Load TR-0001373965-01

		LL									0001070	
Bill To	TAB L	LC			Phon	<b>e</b> (314)	714-3408					
	4824	Park 370 Blvd			Fax	(314)	714-3420					
	Hazel	wood, MO 6304	42		Email	TABa	ccounting	@ArturExp	ress.com			
Carrier	ZIGI F	REIGHT INC	Driver Name			Truck				Customer Number	F-98164	
Phone	(630)	485-7370 Ext	Driver Id			Trailer				BOL Number		
			Cell Phone			Team req	uired N	٩٥		Pickup Number	SON#2253	
Fax	(630)	485-6980	Equipment	53 Van		Hazmat	١	٩o		PO Number	F-98164	
			Reefer temp/mode	0.0/Off						Consignee Reference	e	
Pickup												Appointment
Company		Fitesa High P	oint					P/U	J Number	6/7/2023	07:30 - 6/7/2023	3 15:00 - FCFS
Address		200 SW Point	t Ave									
City, State,	Zip	High Point, N	C 27260								Hours	Of Operation
Phone		(336) 886-711	11 Ext. 156									8-3
Goods		De	scription			Weight	Volume	Units	Pallets			
FAK		FA	К			14,760.0	0.0	0	0			
					Total	14,760.0	0.0	0	0			
Delivery												Appointment
Company		FILTRATION	SYSTEMS					Del Cont	. Number	6/9/2023	07:00 - 6/9/2023	••
Address		809 S MAIN S							····	0,0,2020	0,0,202	
City, State,	Zin	Fredericktowr									Hours	of Operation
Phone		(314) 721-288			Phone	(573) 783-6	334					FCFS 7-1600
						. ,		11	Dellate			rections notes
Goods			scription				Volume	Units	Pallets	FROM 55 S TO RT 6	7S INTO FRED O RT 72E, M/R	
FAK		FA	ĸ		<b>T</b> . ( . )	14,760.0	0.0	0	0		J KI 72E, W/K	ON S WAIN ST
					Total	14,760.0	0.0	0	0			
Pay Type			Note							Quantity	Rate	Amount
FLAT										1	\$1,500.0000	\$1,500.00
										Total Agreed	to Charges	\$1,500.00

Rate includes all accessorial charges, i.e. stop-offs, loading/unloading fees, fuel surcharge, etc. Unloading or lumper fees (if applicable) will be paid only if TAB LLC is notified at the time of delivery with a lumper receipt and the original bill of lading. For payment, your invoice must include the most recent rate confirmation, signed bills of lading and any applicable receipts. For detention payment, the Bill of lading must include IN/OUT times by the shipper or the consignee. No advance of any kind will be given unless negotiated prior to the rate confirmation being sent. A minimum of 3% will be charged for all advances. TAB LLC does NOT pay detention at first come, first serve facilities. Carrier agrees to indemnify and hold harmless Broker of and from any and all claims, demands, losses, causes of action, payments to Carrier in an effort to cover such losses. If this shipment is found to be Double Brokered, this agreement is void. A MINIMUM of \$50.00 may be deducted for a Concheck. TAB must receive a picture or copy of the signed Bill of lading from the driver or carrier at the time of delivery. Failure to do so will result in a minimum of \$50.00 deduction per day until received. Text message, email and fax copies are all acceptable forms of POD.Payment Terms: 30 days upon receipt of invoice. This rate con must be signed and returned to TAB@arturexpress.com, TAB-tracking@arturexpress.com or faxed back to 314-714-3420.

BY			BY		HubertBieda			
Carrier	ZIGI FREIGHT INC DBA RO	OYAL 3	Compa	ny	TAB LLC			
Phone	(630) 485-7370 Ext. 113	Phone:	E-mail		Hubert.Bieda@arturexpres	ss.com		
Fax	(630) 485-6980		Phone		(314) 714-3408	Fax	(314) 714-3420	
Authorized Signature	Marisa S.					_		6/7/2023

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809 Sou							Camer	FRO#.					
	Source Prove Law	MO, 63645,					PO#			Refe	rence	#	
dstevens		(314)721-28	88				F-98164 SON# 2			V# 22	2253		
					Freight Ch	arge T	erms						
							Collec	ct 🔲	Third Party				
PICKUP REMARKS Ready from 8:00 AM to 3:00 PM Accessorials: Business						YRE	MARKS AM to 4 ness	00 PM					
		NSTRU	СТІС	ONS	3								
					ED CALL OR EMAIL, NO REEFER TRAILER, MUST HAV	E SWI	NG DOOF	RS					
Handling Unit Package								Freight	NMFC#	Dimensions		ns	Stackat
Туре	QT	Туре	QT	НМ	Commodity Description	We		Class	NWIP C#		W	н	e
Roll	31		1		CLOTH, FABRIC, DRY GOODS OR TEXTILE		14,760	92.5	49260-07	0	0	0	- 2
		Total Dive	-	-	Shipment Total We	eight 1	4760 lbs	Density	1476 PCF	Cub	e O		FT <sup>3</sup>

 Total H/U 31 Total Pkg 1
 Shipment Total Weight 14760 1

 \* Weights are total for number of handling units stated. Do not multiply weight by number of handling units.

Time In: 12:45 P.M., Time Out: 1:30 P.M. Signature:\_\_\_

255

Shipper signature/date §172.204 This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper	Trailer Loaded: By Shipper	Freight Counted: By Shipper By Driver / Pallets said	Carrier signature/date Carrier acknowledges receipt of packages and required placards / Carriers certifies emergency response information was made available and / or carrier has the DOT emergency response guidebook or equivalent
condition for transportation according to the applicable regulations of the Department of Transportation. Signature Willie Davids Date 6 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	H/U Count:	By Driver / Pieces Piece Count:	documentation in the vechicle. Signature
NOTE: Liability Limitation for loss or damage in this	shipment may be ap	oplicable. See 49 U.S.C. 14706(c	PStarkey

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