

**Bill to:**

CORPORATE TRAFFIC, INC.
2002 SOUTHSIDE BOULEVARD,
Jacksonville,
FL,
32216

Invoice Date: 06/16/2023

Invoice #: 686346

Terms: NET 30

Due Date: 07/16/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/15/2023		345 Rogers Ferry Rd, Meadville, PA 16335, USA - 300 Central Avenue, University Park, IL 60484, USA			
			1	850	850

TOTAL
850

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

LOAD AGREEMENT



Carrier: ROYAL3 INC

Attention:

Phone: 630-485-7370

Fax: 630-485-6980

Email: PETER@ROYAL3INC.COM

Driver:

Truck #:

Trailer #:

Weight:
41,642.88

Pieces: 1,472

Pallets: 0

Commodity: FAK

Temperature Controlled: No

Required Equipment: 53' DRY VAN

DRIVER MUST CALL AT 904-224-7292 FOR DISPATCH ON TRIP # 686346

***** NOTES AND SPECIAL INSTRUCTIONS *****

-1

53' DRY VAN SWINGING DOORS REQUIRED FOR LOADING

*TRACKING MUST BE SET UP OR NO ACCESSORIALS WILL APPLY**

TRUCKER TOOLS TRACKING REQUIRED, IF NOT KEPT ON FOR THE DURATION OF THE TRIP, THERE IS A \$150 FINE

PRODUCTION SHIPMENT, MUST DELIVER AS SCHEDULED OR LATE CHARGES WILL APPLY FOR DOWNTIME IN PRODUCTION \$200 FEE

FOOD GRADE TRAILER REQUIRED**

TRAILER MUST BE CLEAN, DRY, ODOR FREE

POSSIBLE LUMPER AT DELIVERY, PLEASE PAY AND WILL REIMBURSE

SEAL MUST BE INTACT, IF FOR ANY REASON THE SEAL IS NOT INTACT UPON ARRIVING AT DELIVERY IT WILL BE REJECTED AND WILL RESULT IN A CLAIM**

***EMERGENCY # 904-599-6962

Shipper #1

6/15/2023 10:00:00AM APPOINTMENT

Address: JM SMUCKER
345 ROGERS FERRY RD
MEADVILLE, PA 16335

Pickup Date & Time: 6/15/2023 10:00:00AM Appt.

Pickup #: 192922668

Directions: *Routing instructions, if any, are for informational purposes only*
No Directions



6/15/2023 9:01:38AM

Consignee #1**6/16/2023 1:00:00AM APPOINTMENT**

Address: DSC UNIVERSITY PARK
300 CENTRAL AVENUE
UNIVERSITY PARK, IL 60484

Delivery Date & Time: 6/16/2023 1:00:00AM Appt.

Delivery #: 30697671

Directions: *Routing instructions, if any, are for informational purposes only*
No Directions

Rates & Instructions for Payment

Charge Description	Qty	Rate	Sub-Total
BASE AMOUNT			\$850.00
Total Due (USD): \$850.00			

We require legible copies of paperwork to process your payment. Please reference bill # **11383379** and **include this form with your invoice.**

E-Mail All Invoices & POD's to: carrierinvoices@corporatetraffic.com

E-Mail All Other Inquiries to: carrierinquiries@corporatetraffic.com

Terms & Conditions

Agreed Rates and Charges: Pursuant to Paragraph (III) titled "Rates and Charges" of the existing contract between the parties this rate confirmation shall be a modification of and addendum to said contract. Parties hereby mutually agree to the charges stated below and applying only to the shipment identified below. This rate confirmation includes all accessorial charges and surcharges. Including but not limited to stop-offs, unloading, or fuel surcharges.

Exclusive Use of Trailer: Shipment is booked as 'Exclusive Use'. Putting additional Freight with this shipment is prohibited. If carrier violates this condition it is agreed that, at Corporate Traffic's sole discretion, carriers settlement may be offset/reduced.

OS&D / Unloading Fees: All OS&D / Unloading must be approved by Corporate Traffic at time of occurrence. B.O.L.'s must be marked 'Driver Unload' and a receipt must accompany original invoice. We will not honor or pay unloading fees that do not accompany the original invoice. Failure to notify Corporate Traffic regarding OS&D will result in carrier being held 100% responsible. Carrier authorizes Corporate Traffic to deduct any claims from agreed rates/settlement.

No Double Brokering: Carriers must use own equipment. Violation of this will result in payment being made directly to the actual carrier performing the work with this agreement being voided.

Hours of Service: The carrier acknowledges that driver has the available hours of service to make pickup and delivery as scheduled and will not require the Carrier to violate hours of service regulations as established by the FMCSA.

FSMA Transporting Guidelines

Carrier agrees and will ensure that shipments are being transported, pursuant to this Agreement, under conditions that are in compliance with the written food safety related instructions or requirements set forth in the Shipping Document, including any seal, temperature, quality control standards and delivery date requirements, will be considered "adulterated" within the meaning of the Food Drug & Cosmetic Act (21 U.S.C. §§ 342(a)(i)(4), 342(i)). Carrier understands that adulterated shipments may be refused by the Shipper, consignee or receiver upon their tender for delivery at destination, with or without inspection. Carrier will assume Full liability and Full Loss for loss or damage to cargo resulting from the breach of any of the foregoing requirements specified in this Section.

Required Documents

All BOL/POD's and accessorial receipts are required to be submitted 24-48 hours after delivery to the following email
carrierinvoices@corporatetraffic.com

We only accept 1 invoice for each load and will not accept rebills so everything must be included on the initial invoice for

Signature & Return Information**FAX BACK TO: 904-493-3222**

x *Betty Kaluglija*
Rates, Terms, and Conditions Signed and Accepted by ROYAL3 INC

11383379

6/15/2023 9:01:38AM

4128

Date: 6/15/2023 11:06 AM

Bill of Lading

SHIP FROM	
Name:	169 - Spradling Warehouse
Address:	Ainsworth Pet Nutrition, Inc. 345 Rogers Ferry Road Ainsworth Pet Nutrition, Inc. Meadville, PA 16335
City/State/Zip:	
SID#:	
SHIP TO	
Name:	DSC UNIVERSITY PARK
Address:	300 CENTRAL AVENUE
City/State/Zip:	UNIVERSITY PARK, IL 60484
CID#:	

THIRD PARTY FREIGHT CHARGES BILLED TO:	
Name:	THE J.M. SMUCKER COMPANY
Address:	
City/State/Zip:	COLUMBUS, OH 43218-2038
SPECIAL INSTRUCTIONS:	Master BOL Number: 161269674

INVOICED	
Carrier Name:	CRPE
Trailer Number:	155248
Seal Number(s):	1070034
Logistics Run Number:	161269674
Load Seq:	
SCAC:	CRPE
Pro Number:	NO PRO

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:	Collect: X 3rd Party:
<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
(Check Box)	

CUSTOMER ORDER INFORMATION			
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP
30697671	1472	44667.36368	Y / N
GRAND TOTAL	1472	44667.36368	

CARRIER INFORMATION			
HANDLING UNIT	PACKAGE	H.M. (X)	COMMODITY DESCRIPTION
QTY	TYPE	QTY	TYPE
46	PALLET	1472	CA
46	CHEP		
			Pet Nutrition
			Pallet Type
			60
			60

Where rate is dependent upon 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) 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 the rates, classifications and rules have been established by carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his/her assigns.

SHIPPER SIGNATURE/DATE	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper	Freight Counted: <input checked="" type="checkbox"/> By Shipper	CARRIER SIGNATURE/PICKUP DATE
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<input type="checkbox"/> By Driver	<input type="checkbox"/> By Driver/Pallets said to contain	Carrier acknowledges receipt of goods 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. Property described above is received in good order, except as noted.

RECEIVED 6-15-23

6-16-23