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Bill to:
Rehmann Transportation Corp.
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,
,

Invoice Date: 11/29/2023
Invoice #: 200 054560
Terms: NET 30
Due Date: 12/29/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
11/28/2023		45 North 4th Street, Quakertown, PA 18951, USA - 3243 Whiting Road, Stevens Point, WI 54481, USA			
			1	\$1,500.00	\$1,500.00

TOTAL
\$1,500.00

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

To: Royal3 Inc. -ICC No. 0944686
Fax Attn: JIM

Fax (888)294-7030 Vc (630)485-7370

APPOINTMENTS - Times are scheduled by Rehmann Transportation Corp.

** ALL Accessorials must be preapproved. **

ALL ACCESSORIAL PAPERWORK MUST BE FAXED TO 1-888-965-2010 WITHIN 24 HOURS.

FAILURE TO DO SO WILL RESULT IN NON-PAYMENT.

YOU MUST CALL 1-856-924-5200 TO OBTAIN AN AUTHORIZATION NO.

*NO_ADVANCES*_ALL_Comchecks_will_have_a_\$17_charge_added_including_Lumpers
Carrier to provide driver(s) to affect agreed schedule according to

DOT SAFETY REGULATIONS

NO Brokers: by signing this amendment to contract you agree to utilize
YOUR equipment. If this load is brokered out you agree to forfeit payment.

BILLING_REQUIREMENTS: for Accounting Questions: 856-787-9729

- 1.) Original Bill of Lading/Delivery Receipt.
- 2.) Rate confirmation sheet.
- 3.) Carrier Invoice.
- 4.) ALL_ACCESSORIAL_PAPERWORK_MUST_BE_TURNED_IN_WITHIN_24_HOURS
FAILURE_TO_DO_SO_WILL_RESULT_IN_NON-PAYMENT.
- 5.) Copy of Operating Authority.
- 6.) Complete IRS form W-9.
- 7.) Signed contract.
- 8.) Original certificate of liability & cargo insurance - (must be sent
from your insurance agent and listing Rehmann Transportation Corp.
as Additional Insured).

This Rate Confirmation will be added to the Contract Carrier Agreement

Send invoice and supporting documents to: ap@rtctransportation.com
or mail to: Rehmann Transportation Corp., PO Box 1028, Mt Laurel, NJ 08054

To Secure Order Driver must call 1-856-924-5200
BETWEEN 7:30-10:00 AM (EASTERN TIME) ON DAY OF PICKUP.

Addendum_to_Contract

Load Number: 200 054560 (This number must appear on all paperwork)

Pick-up(s):	Consignee(s):
Quakertown PA 18951	Stevens Point WI 54481
Appt: 11/28/23 10:00-12:30	Appt: 11/29/23 7:00-13:00
** HOT HOT ** Must Pick-up & Deliver ON TIME **	

#/Pcs	Commodity_____	Weight	Equipment_____	Amount
	Paper	40,500	VAN ONLY	1,500.00

MUST PU AND DEL ON TIME
CAN DELIVER 11/29 OR 11/30

Carrier agrees not to solicit customers according to contract.


Authorized Signature: Jim Dujanovic Date: 11/28/2023
Royal3 Inc. -ICC No. 0944686

Please SIGN and FAX back to 1-888-965-2010 Attn: CODY

Date 2023-11-28

BILL OF LADING

PAGE 1 of 1

SHIP FROM		BOL #:	NPQUAK8025663
Name	Neenah Inc - Quakertown		
Address	45 N Fourth St.		
City/State/Zip	Quakertown, PA, 18951, US		
Contact	Thomas Greiger - (215) 647-8138		
SHIP TO		CARRIER NAME:	Rehmann Transportation
Name	Neenah Inc - Stevens Point	Trailer Number:	
Address	3243 Whiting Rd	Seal Number(s):	
City/State/Zip	Stevens Point, WI, 54481, US	SCAC:	REHM
Contact	Shipping Coordinator - (920) 338-2999	PRO #:	
FREIGHT CHARGES BILL TO		Freight Charge Terms: PREPAID	
Name	Neenah Paper Inc.	<input type="checkbox"/> Master Bill of Lading: w/ attached underlying BOL's	
Address	PO Box 28346		
City/State/Zip	Green Bay, WI, 54324, US		
SPECIAL INSTRUCTIONS HEAD SHIPPER 715-345-5046 NORMAL DELIVERY HOURS ARE 7 AM TILL 2 PM, OFF HOURS CAN BE ARRANGED IF NEEDED BASED ON CIRCUMSTANCES.			


CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
	13	40077 lbs		
GRAND TOTAL	13	40077 lbs		

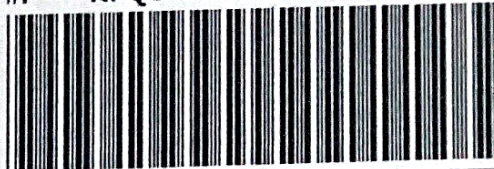
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT/ LIN. FT.	H.M.	COMMODITY DESCRIPTION * Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		13		40077 lbs		BROKE PAPER ROLLS		
		13		40077 lbs		GRAND TOTAL		

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: PREPAID Customer check acceptable: <input type="checkbox"/>
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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 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.

SHIPPER SIGNATURE / 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 Department of Transportation. X  11/28/23	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/Pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
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SHIP FROM		BOL #:	NPQUAK8025663
Name:	Neenah Inc - Quakertown		
Address:	45 N Fourth St.		
City/State/Zip:	Quakertown, PA, 18951, US		
Contact:	Thomas Greiger - (215) 647-8138		
SHIP TO		CARRIER NAME: Rehmann Transportation	
Name:	Neenah Inc - Stevens Point	Trailer Number:	
Address:	3243 Whiting Rd	Seal Number(s):	
City/State/Zip:	Stevens Point, WI, 54481, US	SCAC: REHM	
Contact:	Shipping Coordinator - (920) 338-2999	PRO #:	
FREIGHT CHARGES BILL TO		Freight Charge Terms: PREPAID	
Name:	Neenah Paper, Inc.	<input type="checkbox"/> Master Bill of Lading: w/ attached underlying BOL's	
Address:	PO Box 28346		
City/State/Zip:	Green Bay, WI, 54324, US		
SPECIAL INSTRUCTIONS: HEAD SHIPPER: 715-345-5046 NORMAL DELIVERY HOURS ARE 7 AM TILL 2 PM, OFF HOURS CAN BE ARRANGED IF NEEDED BASED ON CIRCUMSTANCES.			

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QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		13		40077 lbs		BROKE PAPER ROLLS		
		13		40077 lbs		GRAND TOTAL		

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: PREPAID

Customer check acceptable: ☐

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 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 SIGNATURE / 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 Department of Transportation.

X  11/28/23

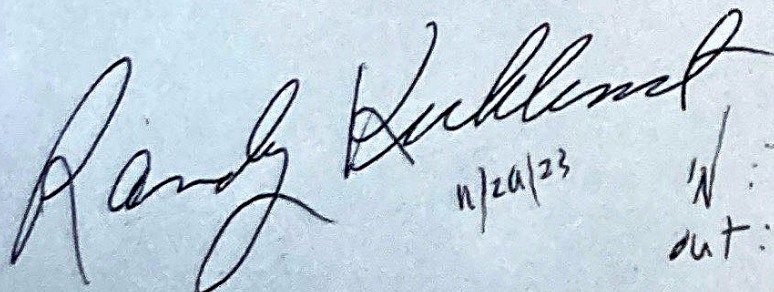
Trailer Loaded: Freight Counted:

- ☐ By Shipper ☐ By Shipper
☐ By Driver ☐ By Driver/Pallets
said to contain
☐ By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent documentation in the vehicle.

Property described above is received in good order, except as noted.

 11/28/23
W: 7:30
out: 8:45