

**Bill to:**

LANDSTAR RANGER

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,
,

Invoice Date: 12/19/2023

Invoice #: 6672235

Terms: NET 30

Due Date: 01/19/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
12/18/2023		100-B FORSYTH HALL DR CHARLOTTE, NC 28273 - 6101 CLEVELAND AVE STE A&B MICHIGAN CITY, IN 46360			
			1	\$1,200.00	\$1,200.00

TOTAL
\$1,200.00

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**



LANDSTAR LOAD CONFIRMATION

FB #: 6672235

EFFECTIVE DATE: 12/18/2023
EQUIPMENT: VAN
COMMODITY: CONSUMER GOODS OR APPLIANCES
DIMENSION: L: 53' ,
WEIGHT: 40000

CARRIER: ROYAL3 INC
CARRIER #: *****0286
DRIVER:
DRIVER CELL:
CONTACT: NIKOLA STAMENKOVIC - PRES .

High Risk:

LRGR - SET
SIGN THIS
DOCUMENT

PIECES:

PHONE: (630) 485-7370

TARP:

ANY QUESTIONS OR CONCERNS ABOUT THIS LOAD PLEASE CALL AGENCY: (786) 408-9071
IMPORTANT: Carrier call agent if your dispatch instructions below differ from bill of lading!

PICK-UP DATE: 12/18/2023 08:00 - 12/18/2023 14:00
NAME/ADDRESS: MARBACH AMERICA, INC 100-B FORSYTH HALL DR

CONTACT:
PHONE:

CHARLOTTE, NC

DIRECTIONS:
SPECIFIC INSTRUCTIONS: (803) 280-6613

DELIVERY DATE: 12/19/2023 08:00 - 12/19/2023 13:00
NAME/ADDRESS: MARBACH AMERICA, INC 6101 CLEVELAND AVE STE A&B

CONTACT:
PHONE:

MICHIGAN CY, IN

DIRECTIONS:
SPECIFIC INSTRUCTIONS:

ADDITIONAL INSTRUCTIONS:

Carrier acknowledges that LANDSTAR customers/shippers may have special requirements for this shipment. Contact LANDSTAR rep before going into detention and get documents showing Date/time in and Date/Time out. Detention won't be paid until/unless end customer approves/provides payment. Lumpers will not be reimbursed if the receipts are provided after 24 hours of delivery. Receipts of repair must be presented for any delays due to mechanical issues within 48 hours of delivery or Carrier is subject to rate deduction up to 50%. Driver must accept macro point before arriving to the shipper, failure to do so could result in a \$250 rate deduction (please call 855-755-4400 x 1 then hang up, it's free). No accessorial (layover, detention, TONU) will be approved and paid if driver doesn't accept macro point. Carriers are required to call LANDSTAR prior to arriving at the shipper, after loading is complete, by 9am every day the load is in transit, and after the shipment is completely delivered (failure to do so/poor communication/missing updates will result in a \$250 fine/up to 50% of agreed rate). Afterhours and weekends call 786-408-9071 or 800-241-0263. If this rate confirmation represents a full truckload, the carrier must verify that they have a FTL of product. Anything short of a FTL must be reported to LANDSTAR immediately to avoid customer attempting to adjust their rate otherwise Carrier will accept the adjusted rate as full payment of all freight charges. POD must be emailed or faxed within 24 hours of delivery, failure to do so will result in 25% fine. If this load was contracted as a team both drivers shall sign BOL/receipts and PODs. Any discrepancies or incident affecting transportation/shipment safety/on time delivery must be reported immediately, failure will result in up to 50% fine. Signing this rate confirmation or picking up this load declares acceptance of all conditions and verbiage listed on this rate confirmation.

Total Carrier Pay: \$1,200.00**GET PAID IN 2 DAYS! CALL 1-866-321-PLUS (7587) TO LEARN HOW!**

ATTENTION

Carrier certifies it is aware of the California Air Resources Board's Truck and Bus, Drayage and Greenhouse Gas Rules and that, on all loads originating in, destined for or passing through California, Carrier will utilize only vehicles that are compliant with those Rules. Please see CARB Regulations, including the CARB Dray rules. <https://www.arb.ca.gov>



LANDSTAR LOAD CONFIRMATION

FB #: 6672235

Landstar Agent: LRGR - SET

Carrier: ROYAL3 INC

Agency Contact: ELI

Carrier

Agency Phone: (786) 408-9071

Signature: Marisa Serano x

Signature _____

Confirm Date: 12/18/2023

Confirm Date: 12/18/2023

Carrier Fax: (630) 485-6980

CARRIER MUST SIGN LOAD CONFIRMATION AND FAX BACK TO AGENCY AT: 786-408-6596

THANK YOU FOR DOING BUSINESS WITH LANDSTAR

TO VIEW ALL AVAILABLE LANDSTAR LOADS ACCESS www.LandstarBroker.com

**** CALL OUR INTERACTIVE VOICE RESPONSE SYSTEM TO REPORT LOAD STATUS ** (800) 972-9490**

IMPORTANT BILLING INSTRUCTIONS! *** YOUR INVOICE, BILL OF LADING, PROOF OF DELIVERY, AND THIS SIGNED LOAD CONFIRMATION ARE REQUIRED FOR PAYMENT. RECEIPTS (LUMPER, TOLLS, ETC.) AND COPIES OF PERMITS AND/OR ESCORT INVOICES MUST BE SUBMITTED. Carrier Payable questions? Call 800-435-1791 opt 2.

PLEASE SEND PAPERWORK TO:

LANDSTAR RANGER

ATTN: BROKERAGE BILLING
P.O.BOX 19139
Jacksonville, FL 32245-9139

LANDSTAR SAVINGS PLUS MEMBERS SEND TO:

LANDSTAR RANGER

ATTN: BROKERAGE BILLING - LSP
P.O.BOX 19119
Jacksonville, FL 32245-9119

FOR EXPRESS MAILINGS USE:

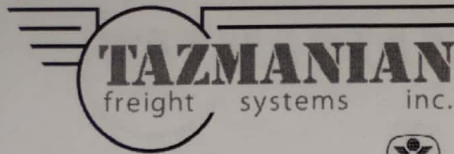
LANDSTAR RANGER
ATTN: LSP - IMAGING
1000 SIMPSON ROAD
ROCKFORD, IL 61102

***** ENDS CONFIRMATION *****

ATTENTION

Carrier certifies it is aware of the California Air Resources Board's Truck and Bus, Drayage and Greenhouse Gas Rules and that, on all loads originating in, destined for or passing through California, Carrier will utilize only vehicles that are compliant with those Rules. Please see CARB Regulations, including the CARB Dray rules. <https://www.arb.ca.gov>

TO EXPEDITE MOVEMENT, AIR FREIGHT SHIPMENT MAY BE DIVERTED TO MOTOR CARRIER UNLESS SHIPPER GIVES OTHER INSTRUCTIONS HEREON.



Corporate Office
Cleveland Hopkins Int'l Airport
AMF * P.O. Box 811090
Cleveland, OH 44181-1090
Web Site: www.tazmanian.com

Date 2023-12-18	Origin Code CLT - A	Dest.Code SBN - D	Waybill No. 2593367
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For shipment inquiries:
Toll Free: (888) 571-7984
Phone: (678) 814-0100
Fax: (678) 814-0105



SHIPPER'S INFORMATION	Name MARBACH AMERICA, INC		BILL TO: <input type="checkbox"/> SHIPPER <input type="checkbox"/> CONSIGNEE <input checked="" type="checkbox"/> THIRD PARTY BILLED TO SHIPPER IF NOT MARKED		The declared value for carriage of this shipment is agreed and understood to be \$50.00 or \$0.50 per pound, per piece, whichever is greater, unless a higher value is declared below and applicable charges paid thereon. DECLARED VALUE FOR CARRIAGE (enter amount) \$ _____ (Subject to the terms and conditions found @ http://www.tazmanian.com/terms , the liability of Tazmanian Freight Systems, Inc. for loss/damage is as stated above.)						
	Address 100-B FORSYTH HALL DR										
	City CHARLOTTE	State NC	Zip (Required) 28273	PICK UP TYPE REQST'D Taz selects if not marked <input checked="" type="checkbox"/> Regular <input type="checkbox"/> *Bus_Hrs Special <input type="checkbox"/> *Aft_Hrs Special <input type="checkbox"/> *Saturday <input type="checkbox"/> *Sunday <input type="checkbox"/> *Holiday <input type="checkbox"/> Shipper Drop-Off <input type="checkbox"/> *Inside <input type="checkbox"/> *Liftgate <input type="checkbox"/> *2 Man <input type="checkbox"/> *Limited Access <input type="checkbox"/> Other _____	SERVICE TYPE REQST'D Delvr'd 2nd day if not marked <input type="checkbox"/> Charter <input type="checkbox"/> Next Flight <input type="checkbox"/> Next Day <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day <input type="checkbox"/> 4 - 5 Day <input type="checkbox"/> Expedited Truck (Hot Shot) <input type="checkbox"/> International <input type="checkbox"/> Truck Load <input type="checkbox"/> LTL (TGS) <input type="checkbox"/> Local Cartage <input type="checkbox"/> Warehousing <input type="checkbox"/> Other _____	DELIVERY TYPE REQUESTED Delivered Before 5PM if not marked <input checked="" type="checkbox"/> Regular <input type="checkbox"/> *AM <input type="checkbox"/> *Bus_Hrs Special <input type="checkbox"/> *Aft_Hrs Special <input type="checkbox"/> *Saturday <input type="checkbox"/> *Sunday <input type="checkbox"/> *Holiday <input type="checkbox"/> Hold for Pickup <input type="checkbox"/> *Inside <input type="checkbox"/> *Liftgate <input type="checkbox"/> *2 Man <input type="checkbox"/> *Limited Access <input type="checkbox"/> Other _____					
	Sent by (Name/Dept)		Phone (Very Important) 8032806613								
Taz Acct No. 1013647		Ref No. (First 30 characters will appear on invoice)		SHIPPER'S SIGNATURE (SUBJECT TO TERMS AND CONDITIONS FOUND @ http://www.tazmanian.com/terms)							
CONSIGNEE'S INFORMATION	Name MARBACH AMERICA, INC		SHIPPER'S SIGNATURE REQUIRED HERE _____		F.C.C.O.D.	C.O.D.					
	Address 6101 CLEVELAND AVE STE A&B										
	City MICHIGAN CITY	State IN	Zip (Required) 46360								
	Attn (Name/Dept)		Phone (Very Important)								
Taz Acct No.		Ref No. (First 30 characters will appear on invoice)									
THIRD PARTY INFORMATION	Bill-To: MARBACH AMERICA, INC 100-B FORSYTH HALL DR CHARLOTTE, NC 28273 FIRST 25 CHARACTERS OF REFERENCE NO. WILL APPEAR ON INVOICE		SPECIAL INSTRUCTIONS		DESCRIPTION		WEIGHT	PCS	DIMENSIONS		
									L	W	H
WAYBILL NO. 2593367		PICKED UP BY: TAZMANIAN FREIGHT SYSTEMS, INC. OR AGENT		NO. PCS	TIME	DATE	Your Complete Transportation And Logistics Provider				
SIGNATURE											
WHEN CALLING IN YOUR SHIPMENT, PLEASE HAVE THE FOLLOWING INFORMATION READY: 1. City, State & Zip of your pick-up and your delivery locations 2. Number of pieces and total weight of the shipment 3. Exact dimensions of all pieces (always round up to the next inch) 4. Type of service you are requesting											
An identified problem is a gift in that it presents an opportunity for improvement. Please let us know how we can improve.											
Received By (Consignee)					No. PCS		Date		Time		
Signature:											
Print Name:									Signature indicates all pcs received in good order unless otherwise noted.		

TO EXPEDITE MOVEMENT, AIR FREIGHT SHIPMENT MAY BE DIVERTED TO MOTOR CARRIER UNLESS SHIPPER GIVES OTHER INSTRUCTIONS HEREON.



Corporate Office
Cleveland Hopkins Int'l Airport
AMF * P.O. Box 811090
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Web Site: www.tazmanian.com



Date 2023-12-18	Origin Code CLT - A	Dest. Code SBN - D	Waybill No. 2593367
For shipment inquiries: Toll Free: (888) 571-7984 Phone: (678) 814-0100 Fax: (678) 814-0105			

SHIPPER'S INFORMATION	Name MARBACH AMERICA, INC			BILL TO: <input type="checkbox"/> SHIPPER <input type="checkbox"/> CONSIGNEE <input checked="" type="checkbox"/> THIRD PARTY BILLED TO SHIPPER IF NOT MARKED			The declared value for carriage of this shipment is agreed and understood to be \$50.00 or \$0.50 per pound, per piece, whichever is greater, unless a higher value is declared below and applicable charges paid thereon. DECLARED VALUE FOR CARRIAGE (enter amount): \$ (Subject to the terms and conditions found at http://www.tazmanian.com/terms , the liability of Tazmanian Freight Systems, Inc. for loss/damage is as stated above.)								
	Address 100-B FORSYTH HALL DR														
	City CHARLOTTE		State NC	Zip (Required) 28273		PICK UP TYPE REQST'D Taz selects if not marked			SERVICE TYPE REQST'D Deliv'd 2nd day if not marked			DELIVERY TYPE REQUESTED Delivered Before SPM if not marked			
	Sent by (Name/Dept)			Phone (Very Important) 8032806613			<input checked="" type="checkbox"/> Regular <input type="checkbox"/> *Bus_Hrs Special <input type="checkbox"/> *Aft_Hrs Special <input type="checkbox"/> *Saturday <input type="checkbox"/> *Sunday <input type="checkbox"/> *Holiday <input type="checkbox"/> Shipper Drop-Off <input type="checkbox"/> *Inside <input type="checkbox"/> *Liftgate <input type="checkbox"/> *2 Man <input type="checkbox"/> *Limited Access <input type="checkbox"/> Other			<input type="checkbox"/> Charter <input type="checkbox"/> Next Flight <input type="checkbox"/> Next Day <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day <input type="checkbox"/> 4 - 5 Day <input type="checkbox"/> Expedited Truck (Hot Shot) <input type="checkbox"/> International <input type="checkbox"/> Truck Load <input type="checkbox"/> LTL (TGS) <input type="checkbox"/> Local Cartage <input type="checkbox"/> Warehousing <input type="checkbox"/> Other			<input checked="" type="checkbox"/> Regular <input type="checkbox"/> *AM <input type="checkbox"/> *Bus_Hrs Special <input type="checkbox"/> *Aft_Hrs Special <input type="checkbox"/> *Saturday <input type="checkbox"/> *Sunday <input type="checkbox"/> *Holiday <input type="checkbox"/> Hold for Pickup <input type="checkbox"/> *Inside <input type="checkbox"/> *Liftgate <input type="checkbox"/> *2 Man <input type="checkbox"/> *Limited Access <input type="checkbox"/> Other		
	Taz Acct No. 1013647		Ref No. (First 30 characters will appear on invoice)												
	Name MARBACH AMERICA, INC														
	Address 6101 CLEVELAND AVE STE A&B														
	City MICHIGAN CITY		State IN	Zip (Required) 46360											
	Attn (Name/Dept)			Phone (Very Important)											
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CONSIGNEE'S INFORMATION	Name MARBACH AMERICA, INC			SHIPPER'S SIGNATURE (SUBJECT TO TERMS AND CONDITIONS FOUND @ http://www.tazmanian.com/terms)			F.C.C.O.D.			C.O.D.					
	Address 6101 CLEVELAND AVE STE A&B														
	City MICHIGAN CITY		State IN	Zip (Required) 46360											
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	Bill-To: MARBACH AMERICA, INC 100-B FORSYTH HALL DR CHARLOTTE, NC 28273			SPECIAL INSTRUCTIONS											
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WAYBILL NO. 2593367			PICKED UP BY: TAZMANIAN FREIGHT SYSTEMS, INC. OR AGENT			NO. PCS			TIME			DATE			
SIGNATURE															
WHEN CALLING IN YOUR SHIPMENT, PLEASE HAVE THE FOLLOWING INFORMATION READY:												Your Complete Transportation And Logistics Provider			
<ol style="list-style-type: none"> City, State & Zip of your pick-up and your delivery locations Number of pieces and total weight of the shipment Exact dimensions of all pieces (always round up to the next inch) Type of service you are requesting 															
An identified problem is a gift in that it presents an opportunity for improvement. Please let us know how we can improve.															
Received By (Consignee)						No. PCS			Date			Time			
Signature: <i>S. Huber</i>															
Print Name: <i>S. Huber</i>						Signature indicates all pcs received in good order unless otherwise noted.									