Royal 3inc.

Bill to: TRANSPLACE STTUTGART P.O. Box 1906, Stuttgart, AR, 72160 Invoice Date: 01/12/2024 Invoice #: 1768931 Terms: NET 30 Due Date: 02/12/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
01/10/2024		912 S Black Cat Rd, JOPLIN, MO 64801 - 21502 COX ROAD, Sutherland, VA 23885			
			1	\$2,800.00	\$2,800.00

TOTAL	
\$2,800.00	

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

C/O Transf			-	TRANS				Date: 0	1/10/2024	
PO Box 9349 Louisville, KY 40209 Email all required paperwork to:				*** Carrier Co				Order #: 1768931		
Carrier:	ROYAL3 IN Lombard	IC	L 60148			ace Contact: Pho	RIES:paystatus@ Turner Mo one: 870-674-1 Fax:	oody	n	
Phone: Fax:	jack						ax. nail: Turner.Mc	oody@trans	place.com	
Order	Order: Temp: Temp Not	1768931 Min: e:	Max:		\ F	Commodity: Veight: Pieces:	12,751			
	Hazmat: Hazmat U	N N Code:			Ţ	Frailer:	V			
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		JOPLIN		MO 64801		Weight Cases:				
		•	ference Nur ference Nur		114973 114962		Pieces Pieces			
	SO 2	WAL-MAF 21502 CC		R-REGULAR		Date:	01/12/202 01/12/202			
		Sutherlan	d	VA 23885		Weight Cases:				
		Purchase	Order Numb	ber	4372669	9194	Pieces	s: 0		
		Purchase	Order Numb	ber	2979438	3726	Pieces	s:		
		Delivery R	eference		2470546	69	Pieces	s:		
Comment: PU		PU 1	WALMART	T THE DRIVE	R NEEDS	TO CALL 80 JT OF THE J	Y LOADS DEI 1-625-6299 TC DPLIN, MO LC	O CHECK IN	l.	
Comme	nt:	PU 1	ALPHIACO SUBJECT FINES.		D LATE A	RRIVALS TO	WALMART R	ECEIVERS	ARE	
	Paymen	t:	Carrier	Freight Lineh	aul	\$2	2,800.00			
	-		Total C	Carrier Pay		\$2	2,800.00			

Agreement

Transplace Stuttgart, LP ("Broker" or "Transplace") and the transportation service provider ("Contractor") have entered or will enter into one or more written agreements pursuant to which Contractor will provide transportation related services for Transplace and its customers. Transplace and Contractor have agreed that the above compensation shall apply to the shipment listed on this Rate Confirmation and that it shall supersede any prior rate confirmation or agreement and that any rates, terms or conditions of any bill of lading, Conditions of Carriage, Carta de Porte, delivery receipt, Rules Circular, tariff or other document are hereby expressly altered or waived. Unless noted otherwise, all sums are stated and shall be paid in USD. Changes made by Contractor to the rates and/or terms listed herein, including this provision, are null and void. Contractor's physical acceptance of the shipment affirms Contractor's agreement with the stated rate. Transplace's agreement to changes can only be evidenced by a clean Rate Confirmation. Contractor must advise Transplace via a verifiable method of approved additional charges within 24 hours after delivery. Failure to do so may result in inability of Transplace to collect the charges, so payment shall be at the sole discretion of Transplace. Charges not invoiced within 180 days of delivery will be deemed waived. Unless stated otherwise above, linehaul rate includes Fuel surcharge. Subcontracting of this shipment by Contractor may result in forfeiture of Contractor's right to payment.

Any loads moving into, out of, or through the state of California must be moved on a California Air Resources Board compliant truck and trailer. \$4 per \$900 Comcheck fee.

Date:	
Carrier Representative Name:	
Carrier Representative Signature:	
Driver Name and Phone Number:	
Truck Number Trailer Number:	

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Name: Alph Address: 9 City/State/Z SID#:	12 South B	racity Log	jistics Road			Bill of Ladin Load #:	ng Number:7420 1149						
SID#.					DFOB	CARRIER: U	BER FREIGHT	THE REAL	19-11				
			Р ТО	10.000		Trailer number	er: W94939						
Name:WAL			REGULAF	2		Seal number(s): 19350892							
Address:21 City/State/Z CID#: 6023 TH	lip: SUTHE A	RLAND,		GES BILL TO	ПЕОВ	SCAC: TSGT PRO Number: Customer PO: 2979438726 Order Number:							
Name: ALP	HIA INC, C	OUBER	RFREIGH	T		Type: 0033 Dept: 00008							
Address: P							te: 01/13/2024						
City/State/Z			5										
Handlin	g Unit Type	Pa	ckage Type	Product #	Itom ID	Draduat D			Frt				
98	CTNS	1	PALLETS	577697936	Item ID	Product D	NMFC	Class	Weight				
11	CTNS	1	PALLETS	587708673	50000535	WAL PB GF B	67050	55	1,127.98				
8	CTNS	1	PALLETS	586930223	50009040	WAL PB PRO	67050	55	367.29				
6	CTNS	1	PALLETS	586930224	50008967	WAL PB PRO	67050	55	235.12				
7	CTNS	1	PALLETS	586930225		WAL PB PRO	67050	55	176.34				
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Shipper signature and 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				Departure Arrival			Carrier signatu Carrier acknowledge required placards. Cr response information carrier has the U.S. I guidebook or equival vehicle. Property described abo	ure and picku s receipt of pac arrier certifies e o was made ava DOT emergency lent documental	up date kages and mergency ilable and/c response tion in the	r			

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