

**Bill to:**

NEON LOGISTICS LLC
7154 E STETSON DR STE 200,
SCOTTSDALE,
AZ,

Invoice Date: 02/06/2024

Invoice #: #11770698

Terms: NET 30

Due Date: 03/06/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
02/25/2024		2255 Phoenix Ave, Massillon, OH 44646 - 910 Rotterdam Corp Pk Bldg 9, Schenectady, NY 12303			
			1	\$1,550.00	\$1,550.00

TOTAL
\$1,550.00

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

TRUCKLOAD RATE CONFIRMATION

Neon Logistics
6900 E Camelback Rd Suite 1100
SCOTTSDALE, AZ 85251

**Carrier Name:** ROYAL3 INC**Carrier MC:** 944686**Ready Date:** 2/5/2024**Date Needed:** 2/6/2024**Service Level:** Normal**Load #:** 117708698**Customer PO:** 9900665999**Shipper Ref:****Trailer Type/Size:** Van / Full**Temperature:****Shipper Information:**

Name: SHEARERS FOODS
Address: 2255 PHOENIX AVE
MASSILLON, OH 44646

Contact: JONATHAN ELIA
Phone:
Pickup: 2/5/2024 12:00 PM -
Appointment: 12:00 PM

Pickup Instructions: CLEAN AND ODORLESS // 4506274436**Consignee Information:**

Name: Snyders Lance Inc.
Address: 910 ROTTERDAM CORP PK BLDG 9
SCHENECTADY, NY 12303

Contact:
Phone:
Delivery: 2/6/2024 9:00 AM -9:00 AM
Appointment:
Delivery
estimated 2/6/2024-9:00 AM9:00 AM
date/time:

Delivery Instructions: For anything afterhours please reach out to afterhours@neon-logistics.com or call 480-658-0377

Handling Units	Package Type	Pieces	HAZMAT	List of Items	Total Weight
30	Pallet	30		Dry Foods	30,000

PICKUP INSTRUCTIONS:

CLEAN AND ODORLESS // 4506274436

DELIVERY INSTRUCTIONS:

Rate: USD \$1,550.00
TOTAL: USD \$1,550.00

DETENTION IS NOT VALID UNLESS ON THE TRACKING APPCarrier to send invoice to ap@neon-logistics.com within 180 days of delivery of freight.

Carrier is bound by the terms of this Load Tender and Rate Confirmation and by the terms of the Broker-Carrier Agreement. Broker has no obligation to remit amounts to Carrier for any non-approved Accessorial Charges or for such other amounts including Detention Pay where Shipper has not consented to the same in writing, adequate documentation exists, and for which Broker is not paid by Shipper. As outlined above, charges may be assessed to Carrier for late pickup or delivery, or other circumstances resulting in a rate reduction. Carrier must strictly adhere to all Hours of Service regulations. It is the Carrier's and driver's responsibility to ensure that the load is safe, secure, and legal for transport. Re-brokering, assigning, interlining, or otherwise breaching the terms of the Broker-Carrier Agreement shall be considered a breach of this Load Tender and Rate Confirmation, and shall void Broker's obligation to pay Carrier's invoice.

Invoicing Instructions : All undisputed portions of invoice settlements will be paid within 30 days of Broker receiving invoice, together with original completed and properly signed Bill of Lading and signed Load Tender and Rate Confirmation.

The undersigned hereby acknowledges as correct and accepts the referenced order on behalf of Carrier. The undersigned agrees that the rates and charges indicated above include all costs and fees in connection with the order as described. The undersigned agrees to each and every term and condition of this Rate Confirmation.

Phone: | Fax:**Please sign and return via fax or email to ap@neon-logistics.com****Carrier Signature:****MC#:**


Driver Name:**Driver Phone#:**


Please call immediately with any questions, concerns, or problems!
Send Invoicing to: Neon Logistics | 6900 E Camelback Rd Suite 1100 | SCOTTSDALE, AZ 85251

02/05/2024

BILL OF LADING

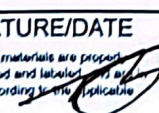
Page 1 of 1

Ship From Shearers Foods Stark DC 2255 PHOENIX AVE SE Massillon, OH 44646 FOB:		Bill of Lading Number: 9900665999 	
Ship To Snyders Lance Inc. 910 Rotterdam Corp Pk bldg 9 SCHENECTADY, NY 12303 Location #: FOB:		Carrier Name: Neon Logistics Trailer Number: PTLZ242143 Seal Number(s): 34047980 null null null SCAC: NEOL Pro Number:	
Third Party Freight Charges Bill To:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Pre-Paid _____ Collect _____ 3rd Party _____	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

Customer Order Information						
ORDER NUMBER	PO NUMBER	PO NUMBER 2	# PKGS	WEIGHT	Pallet/Slip (Circle One)	PO Barcode
789552	4506274436		1434.0	10318.50	Y N	
			0.0	0.00	Y N	
GRAND TOTAL			1434	10318.50		

Carrier Information							
HANDLING UNIT		PALLETS		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional 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 380	NMFC # CLASS
1434	Cases	30	Pallet	11518.50		Assorted Snack Foods	250
		0					250
1434		30		11518.50		GRAND TOTAL	


Recommendation - this load, that if exposed to altitudes greater than 6,000 feet, may result in popped bags.


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: <input type="checkbox"/> 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 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 _____	
SHIPPER SIGNATURE/DATE  <small>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.</small>	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Seal Intact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain
CARRIER SIGNATURE/PICKUP DATE  <small>Carrier acknowledges receipt of packages 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.</small>			
Driver Pickup/Dispatch Information Scheduled Appt. _____ Date/Time In <u>2-5-24</u> <u>8:45</u> Date/Time Out <u>2-5-24</u> <u>12:15</u> Driver Signature <u>[Signature]</u> Dispatcher Initials <u>[Initials]</u>			

02/05/2024

BILL OF LADING

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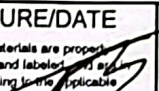
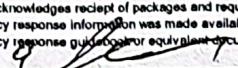
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		0					250
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1433 1 CASE SHORT 115131 Robert R Storm 26-24

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CARRIER SIGNATURE/PICKUP DATE 		<small>Carrier acknowledges receipt of packages 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.</small>	

Driver Pickup/Dispatch Information
Scheduled Appt. _____
Date/Time In _____
Date/Time Out _____
Driver Signature _____
Dispatcher Initials _____