

**Bill to:**

Jake Trans LLC

,  
,  
,

Invoice Date: 02/20/2024

Invoice #: 164185

Terms: NET 30

Due Date: 03/20/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
02/19/2024		126 Memorial Parkway, Niagara Falls, NY, USA - 920 Black Satchel Drive, Charlotte, NC, 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**



JAKE TRANS  
1486 GREENBRIER PLACE  
CHARLOTTESVILLE VA 22901

PRO # 164185

Rate Confirmation

02/19/24 07:51:23 (EST)

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R

DANNY PAVLOVIC  
(434) 214-4878 X 1009 (p)  
danny.pavlovic@jaketrans.com

ROYAL3 INC  
(630) 485-7370 (p)  
(630) 485-6980 (f)  
MC # 944686 Truck #  
DOT 2828543 Trailer #  
Driver Cell #

Size & Type: 53' VAN OR REEFER  
Pieces: 24  
Hot Load

Description: ENERGY DRINKS  
Weight: 43200

Miles: 677

CHARGES		DISPATCH NOTES
LINE HAUL RATE	1500.00	Orange Mango 24/20oz 6pk
TOTAL RATE	1500.00	

PICK 1

SONWIL - NIAGARA FALLS  
126 MEMORIAL PARKWAY  
NIAGARA FALLS NY 14303

Appointment 02/19/24 @ 13:00

STOP 1

C0502 CCBCC BLACK SATC  
920 BLACK SACHEL RD  
#920  
CHARLOTTE NC 28216

Appointment 02/20/24 @ 11:00

Ref # 4505328832

NOTE: ALL BA LOADS MUST BE ON MACROPOINT TRACKING OR \$250 FINE WILL APPLY!  
DRIVER INSTRUCTIONS: MUST PROVIDE VALID DL, PHONE NUMBER, PICK UP#, DEL  
LOCATION, MC# ON THE TRUCK THAT MUST MATCH WHATS ON OUR RATE TENDER!  
DRIVER WILL BE REJECTED IF ALL INFO IS NOT PROVIDED. PROTECT FROM FREEZE!  
\*MUST TURN IN ALL PAGES OF THE POD INCLUDING SCALE TICKETS AND RECEIPTS\*  
Failure to do so will result in a delayed payment or rejected invoice

Requirements:

- 53' Dry Van
  - 10 years or newer, Food Grade
  - no rollup doors
  - Macropoint
- \*Carrier will be taken off the load if Macropoint is not accepted\*  
\*A \$250 fine will be applied if Macropoint is canceled during the transit\*

ATTENTION

DRIVER MUST CONFIRM THAT THE BILLS ARE MATCHING THE RATE CONFIRMATION BEFORE  
LEAVING THE SHIPPER. FAILURE TO SO WILL RESULT IN A REJECTED INVOICE AND  
POSSIBLE RE-DELIVERY CHARGES AT CARRIER'S COST.

Detention:

- Detention paid after 3h at a rate of \$30 per hour, not exceeding \$150 per 24h
  - Layover not exceeding \$150 per 24h
  - Must show IN and OUT times.
  - We must be notified 60 minutes prior to the shipment going into detention.
- Failure to notify the customer will result in non-payment of detention charges.  
Must provide copy of BOL within 24h of delivery.

(Continued On Next Page)

Carrier Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D

Doc ID: 26240219065114500  
Send Carrier Bills to the Address Above  
Sertifi Electronic Signature

PRO # 164185

must appear on all Invoices



JAKE TRANS  
1486 GREENBRIER PLACE  
CHARLOTTESVILLE VA 22901

PRO # 164185

Rate Confirmation

02/19/24 07:51:23 (EST)

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(434) 214-4878 X 1009 (p)  
danny.pavlovic@jaketrans.com

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ROYAL3 INC  
(630) 485-7370 (p)  
(630) 485-6980 (f)  
MC # 944686 Truck #  
DOT 2828543 Trailer #  
Driver Cell #

**Billing:**

- ALL PAGES OF PODs MUST BE TURNED IN WITHIN 48h OF DELIVERY
  - PODs MUST BE CLEAN AND LEGIBLE OR WILL NOT BE PROCESSED FOR PAYMENT.
  - BOL NUMBERS AND DESTINATION MUST MATCH THE RATE CONFIRMATION
  - MUST TURN IN SCALE TICKETS AND RECEIPTS.
  - If lumpers is paid by Jake Trans, receipt must be sent within 24h otherwise lumpers fee will be deducted from the rate.
  - Quick Pay 5% fee
  - If BOL is not received within 48h, each day \$50 will be deducted from the rate.
  - There is \$30 fee for every issued EFS code
  - All accessorial charges must be invoiced otherwise it will not be processed for payment.
  - Any accessorial charge (lump, esco, etc) will not be reimbursed if the receipts are not received within the 24h of delivery
  - Must receive invoice within 1 month from delivery date
  - Failure to do any of the above may result in a delayed payment or a rejected invoice.
  - Please send all billing to CARRIERINVOICES@JAKETRANS.COM
- ATTENTION: Some customers take 6-8 weeks to approve accessorial.

The confirmation governs the movement of the above-referenced freight as of the date specified and hereby amends, is incorporated by reference and becomes a part of that certain Transportation Contract by and between 'Broker' and 'Contract Carrier'. Carrier agrees to be conclusively presumed to have agreed to the rates set forth herein. By its signature below Carrier further represents and warrants that said mutually agreed upon rates are reasonable and compensatory, that the freight would not have been tendered to CARRIER at higher rates, and that no shipments handled under such rates will subsequently be subject to a later claim for undercharges. FACSIMILE SIGNATURES ARE LEGAL AND THEREFORE BINDING. It is agreed that you and your driver are responsible for all shortages, damages, and any late delivery fees assessed to us due to failure to deliver when due.

Carrier Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D

E-Signed : 02/19/2024 06:53 AM CST

*Samm stanojević*

samm@royal3inc.com  
IP: 91.143.219.198

Sertifi Electronic Signature  
DocID: 20240219065111506



Date: 02/19/2024

## BILL OF LADING

Page 1

## SHIP FROM

Name: BODY ARMOR LLC (DC26) c/o SONWIL DISTRIBUTION CENTER  
Address: 126 Memorial Pkwy  
City/State/Zip: Niagara Falls, NY 14043  
SID# FOB: ☐

Bill Of Lading Number: 8181493



## SHIP TO

Name: CCBCC Black Satchel DC - C052  
Address: 920 BLACK SACHEL RD # 920  
City/State/Zip: CHARLOTTE, NC 28216  
CID# FOB: ☐

CARRIER NAME: JAKE TRANS LLC

Trailer number: PTLZ242143

Seal number(s): 4950063

SCAC: JKRA

Pro number:

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name: PREPAID, THRID PARTY BILLING  
Address: 1486 GREENBRIER PLACE  
City/State/Zip: CHARLOTTESVILLE, VA 22901

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid \_\_\_\_\_ Collect \_\_\_\_\_ 3rd Party X

## SPECIAL INSTRUCTIONS

Load: BOD8181493 Delivery: 000079857

CHEP Count: 0

☐ Master Bill of Lading: with attached  
(check box) underlying Bills of Lading

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	CUBE	PALLET/SLIP (CHECK ONE)	ADDITIONAL SHIPPER INFO
4505328832	1468	4092		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	ReqDelDate: 02/20/24 EID: 80522114 Ord: 80522114
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
GRAND TOTAL	1468	4092 0	0		

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>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</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
24	WWOOD	24	EA	0		- NMFC Not Defined -		
		4	EA	0		Bags, dunnage, disposable, freight loading, inflatable, paper and plastic combined, dallas	020515	70
		1440	CS	40920		BOTTLED WATER	196500	60
		0		1032		PALLETS	150390	100
24		1468		41952		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: Collect: ☐ 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.

Signature \_\_\_\_\_

Shipper

## 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 DOT.

## Trailer Loaded:

☒ By Shipper  
☐ By Driver

## Freight Counted:

☐ By Shipper  
☐ 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 DOT emergency response guidebook or equivalent documentation in the vehicle.

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



Date: 02/19/2024

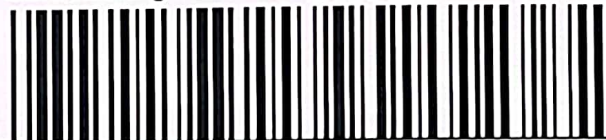
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SID# FOB: ☐

Bill Of Lading Number: 8181493



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CARRIER NAME: JAKE TRANS LLC

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S. BROWN

02/20/24

12:03 pm

- 12:00  
- 9:51 AM  
- 10:30 PM  
- 11:00 AM