



Bill to:
MAX TRANS ,LLC
P.O. BOX 11537,
Jackson,
TN,
38301

Invoice Date: 03/15/2024
Invoice #: 3225108
Terms: NET 30
Due Date: 04/15/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
03/13/2024		303 Crystal Geyser Lane, Benton, TN 37307 - 5321 Verona Road, Madison, WI 53711			
			1	\$1,400.00	\$1,400.00

TOTAL
\$1,400.00

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

Max Trans Logistics of Chattanooga LLC
ATTN: Accounts Receivable
Nashville, TN 37230-6444

*** Rate Confirmation ***



Austin Frye
Phone: (423) 362-7210
Fax: (423) 362-7220
Email: afrye@maxtranslogistics.com
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Carrier:	Royal3, Inc.	Contact:	ANDREA IBARRA
	Chicago IL 60638	Phone:	(630) 485-7370
Date:	03/12/2024	Fax:	(630) 485-6980

Order	Order:	3225108	Commodity:	
	Miles:	798.0	Weight:	43212.0
	Order Type:		Trailer:	Van (DAT)
	BOL:	365643	Reference:	853377

PU 1	Name:	CG Roxane	Date:	03/13/2024 0700
	Address:	303 Crystal Geyser Lane		03/13/2024 1000
		BENTON TN 37307	Contact:	
	Phone:		Driver Load:	No driver loading or unload

SO 2	Name:	Certco Inc	Date:	03/14/2024 0100
	Address:	5321 Verona Road		03/14/2024 0400
		MADISON WI 53711	Contact:	Receiving
	Phone:	(608) 278-2226	Driver Load:	No driver loading or unload

Payment	Carrier Freight Pay:	\$1,400.00	
	Total Carrier Pay:	\$1,400.00	(No additional charges may be invoiced without written approval)

*** **Proof of Delivery MUST be emailed or faxed to the broker within 24 hours of delivery.** ***

Instructions

1. Driver(s) must enroll in Macropoint tracking—otherwise MaxTrans Logistics' customer may enforce a monetary penalty to the assigned carrier
2. Driver(s) and carriers will only be paid for the legs of each trip in which they can produce TRIP SLIPS
 - a. Max Trans Logistics is required to turn in all TRIP SLIPS in order to be paid in full, therefore each subcontracted carrier will be required to do the same.
3. Failure to report a delay in a timely fashion could result in a rate reduction
4. **ALL detention requests MUST include the USPS approved "Late Slip".**
5. **Signing this document and/or arrival at shipping location represents that you are aware of and agree to the penalties that could occur by violating any of the terms above**

CG Roxane - p/u # 365643 -MADISON

CG Roxane - CGROOLCA: C G Roxane Water Co - Order Number XXX

DRIVER MUST HAVE THE FOLLOWING TO GET LOADED:

PICK UP NUMBER AND DESTINATION

TRAILER LICENSE PLATE NUMBER

*****Peak Postal Info or Questions: DRIVERS & DISPATCHERS PLEASE CALL 423-541-1946*****
BROKER NAME
SAFETY VEST

Failure to turn in signed proof of delivery within 48 hours after delivery will result in a \$100 deduction

DRIVER NEEDS TO AVOID HARD TURNS/BREAKS, DRIVER MUST USE LOAD LOCKS/STRAPS TO SECURE LOAD. (10 STRAPS IF POSSIBLE) WE MUST AVOID SHIFTING OF THE LOAD. LOAD SHIFTS DUE TO DRIVER ERROR YOU ARE RESPONSIBLE TO BE INVOICED FOR THE COST OF THE LOAD (& KEEP) OR DONATE.

*****Please email your invoice to Payables@maxtranslogistics.com*****

Carrier Settlements: (423) 541-1646

IF THERE IS A LUMPER FEE, THE DRIVER MUST EMAIL A COPY OF THE RECEIPT AS SOON AS UNLOADED TO GET THE RATE CON ADJUSTED TO MATCH THE ACTUAL LUMPER AMOUNT.

ANY PROBLEMS CALL Jason 423 421 3710

BILL OF LADING

#10 365643

CLIENT COPY | Page 1/1

SHIP FROM		CC# 03371	BOTTLED AT THE SOURCE
Name: CG ROXANE - BENTON, TN	Phone: (423)338-4453	Bill of Lading Number: 00000000010365643	CRYSTAL GEYSER NATURAL ALPINE SPRING WATER BY CG ROXANE
Address: 303 CRYSTAL GEYSER LANE, BOX 487			
City/State/Zip: BENTON, TN 37307			
SID#:	FOB: <input type="checkbox"/>		

SHIP TO		Carrier Name: MAX TRANS LOGIST OF
Name: CERTCO, INC.	Location#:	Carrier Address: 807 BROADWAY ST.NE, STE 185
Address: 5321 VERONA ROAD, BOX 487	Phone: 608-278-2226	Carrier City/State/Zip: MINNEAPOLIS, MN 55413-3201
City/State/Zip: MADISON, WI 53711	FOB: <input type="checkbox"/>	Carrier Phone#: 423-362-7210
CID#:		Delivering Carrier (Trucker) Name: SIDNEY
		SCAC: MXNG

THIRD PARTY FREIGHT CHARGES BILL TO:		Trailer licence#: 4519822ME
Name:		Container number:
Address:		Seal number(s): 1000810
City/State/Zip:		Driver Sealed: Y/N
		Pro number:

SPECIAL INSTRUCTIONS: ATTN DRIVER -DRIVE AT A SAFE SPEED,SLOW DOWN MAINTAIN EXTRA FOLLOWING SPACE, AND BE PREPARED TO STOP-MAKE WIDE TURNS CAREFULLY, AVOID HARD BRAKING -USE LOAD LOCKS AND/OR STRAPS TO SECURE PRODUCT	Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>
	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION						
PURCHASE ORDER NUMBER	CUSTOMER REFERENCE	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
853377		20	38,640	Y N		
				Y N		
				Y N		

GRAND TOTAL	20 PAL	38,640 lbs
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CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT	HEIGHT	COMMODITY DESCRIPTION	LTL ONLY
QTY	TYPE	QTY	TYPE				NMFC # CLASS
20	PAL	900	CASE	38,640	54.75"	ASW 24/0.75L CGR/SC/LOOSE/TRAY UPC#0 75140 24772 1 Lot# 2 02/13/2024 02/13/2026 Line#3 Lot# 18 03/05/2024 03/05/2026 Line#3	
20		900		38,640 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 not exceeding _____ per _____.	COD Amount: \$ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> 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).
By signing hereunder, the Carrier acknowledges that the contents of the shipment were open for inspection at the time of loading. Additionally, the Carrier acknowledges, warrants and certifies that the quantity of the contents for the shipment are accurately reflected on this Bill of Lading and that the contents were received in proper condition. Carrier covenants that they will be liable for any discrepancy upon delivery between the contents of the shipment and/or their condition and what is indicated on this Bill of Lading.

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. <div>Shipper Signature</div>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.  3/13/24	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" 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 DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.  3/13/24
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		Pro number:	

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JUAN D. TORRES
3/15/24