

**Bill to:**

Capacity and Service Solutions
PO BOX 9262,
Oak Brook,
IL,
60523

Invoice Date: 04/01/2024

Invoice #: 3413

Terms: NET 30

Due Date: 05/01/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
03/29/2024		5000 Burrough Rd, Fort Smith, AR 72916, USA - 4491 Millennium Dr, Winston-Salem, NC 27107, USA			
			1	\$1,900.00	\$1,900.00

TOTAL
\$1,900.00

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

March 28, 2024

Capacity Service Solutions

Rate Confirmation

Signers: Milo

Load #: 3413



Capacity and Service Solutions

360 W. Butterfield Rd. Suite 400

Elmhurst, IL 60126

CSS Carrier Rep

Name: Matthew Hawerbier	Phone: 6308330890
	Email: hawerbiermatthew@tranzact.com

Rate

LH Rate: \$1900.00	Accessorials: \$0.00
FSC %:	Gross Pay:

Carrier Information

Load #: 3413	Driver Name:
Carrier Load #:	Truck #:
MC #: 944686	Trailer #:
Carrier Name: ROYAL3 INC	Driver Phone:
Attention: Milo	Carrier Phone: (630) 566-1286
Carrier Email: milo@royal3inc.com	Carrier Fax:

Load Information

Description: PACKAGING SUPPLIES	Equipment Requirements:
Pallets: 52	Weight: 23413
Pieces: 0	Footage: 53
BOL #:	Seal #:

Instructions

STRICT 7AM DELIVERY APPT ON 4/1/24, 53ft dry van with swing doors required

Shipper

Company Name: SIGMA SUPPLY	Phone #:
Address: 5000 BURROUGH RD	Appt/FCFS: FCFS
City/State/Zip: FORT SMITH, AR 72916	Pickup PO #: 675605
Pickup Date: 03/29/24 8:00:00 AM - 03/29/24 4:00:00 PM	Pickup Confirmation #:
	Pickup Reference #: 675605

Consignee

Company Name: Bunzl - Winston-Salem	Phone #:
Address: 4991 Millennium Dr	Appt/FCFS: APPT
City/State/ZIP: Winston-Salem, NC 27107	Delivery PO#: 675605
Delivery Date: 04/01/24 7:00:00 AM	Delivery Confirmation #:
	Delivery Reference #: 675605

IF LOAD IS DOUBLE BROKERED, AGREEMENT IS NULL AND VOID BY ACCEPTING THIS LOAD, THE CARRIER CERTIFIES THAT THEY ARE HELD COMPLIANT & THAT THE DRIVER ASSIGNED BY THE CARRIER IS FRESH ON HOURS TO COMPLETE THE LOAD PODS ARE REQUIRED UPON DELIVERY. Failure to produce POD within 24 hours of delivery will result in a daily fee. If appointment times are not met detention will not be paid and can result in a fine. By signing the Carrier Confirmation, Carrier agrees to the terms and conditions of the Capacity & Service Solutions Broker/Carrier Agreement. ALL EMAILED INVOICES MUST BE SENT TO ap-css@tranzact.com please do not fax. PAYMENTS ARE MADE IN USD. PLEASE MAKE SURE YOUR INVOICE REFLECTS USD. BOL & POD REQUIRED FOR BILLING RATE CONFIRMATION CANNOT BE USED AS A POD! A CSS RATE CONFIRMATION MUST ACCOMPANY THE BOL AND POD TO BE VALIDATED FOR PAYMENT ALL ACCESSORIALS MUST BE REPORTED TO CSS 48 HOURS AFTER DELIVERY OR THEY WILL BE DENIED! DETENTION Must be reported within 30 MINS that there is potential for detention CSS MUST BE NOTIFIED WHEN

DRIVER GOES INTO DETENTION. IF CSS IS NOT NOTIFIED DETENTION IS INVALID. IF IT IS NOT ON THE POD, IT WILL BE CONSIDERED INVALID! ***IF THE DRIVER IS NOT ALLOWED ON THE DOCK TO CONFIRM PIECE/PALLET COUNTS, THE DRIVER MUST PRINT & SIGN THEIR NAME AS WELL AS NOTATE COUNT AND MAKE CSS AWARE IMMEDIATELY*** QUICK PAY IS 3% OF GROSS INVOICE WE PAY WITH CHECK OR ACH DRIVERS ARE REQUIRED TO REPORT AND OVERAGE, SHORTAGES, AND DAMAGES IMMEDIATELY TO CSS. PICTURES ARE ALSO REQUIRED FROM THE DRIVER OF ANY POTENTIAL DAMAGE AT T HE TIME OF UNLOADING.

Your User Logon ID and Email will be the email address where you received this document. Follow this link:

<https://csstmscarrier.tranzact.com/Pages/Shipment/Invoice.aspx?ID=3577>

Electronic Signatures

Milo

(digital representation of the signature)

Milo

Email: milo@royal3inc.com

March 28, 2024 12:47

Audit trail

March 28, 2024 12:46

Contract is sent to Milo milo@royal3inc.com

March 28, 2024 12:47

Viewed by Milo

March 28, 2024 12:47

Email address verified Milo milo@royal3inc.com

March 28, 2024 12:47

Signed by Milo (IP: 50.76.79.115)

March 28, 2024 12:47

Document finalized



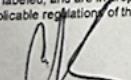
ID: 79f9a81e-c27c-487f-90f8-3ecf7fc242f8

3/26/2024

BILL OF LADING

Page

1

SHIP FROM Name: SIGMA SUPPLY OF N.A., INC Address: 5000 BURROUGH ROAD City/State/Zip: FORT SMITH, AR 72916 SID#: _____ FOB: <input type="checkbox"/>		Bill of Lading Number: 00000001686872000  (402) 00000001686872000 CARRIER NAME: TRANZACT Trailer number: _____ Seal number(s): _____ Load Number: 00168687 SCAC: OTHR Pro number: 200000000069591  (9012K) OTHR200000000069591																																																																																																	
SHIP TO Name: BUNZL (24-240) Location #: _____ Address: 4991 MILLENNIUM DRIVE CAROLINAS VIRGINIA City/State/Zip: WINSTON SALEM, NC 27107 CID#: _____ Phn#: 3149975959 FOB: <input type="checkbox"/>		THIRD PARTY FREIGHT CHARGES BILL TO: Name: _____ Address: _____ City/State/Zip: _____ SPECIAL INSTRUCTIONS: FREIGHT RATE \$2,500.00																																																																																																	
Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect _____ 3 rd Party _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading		CUSTOMER ORDER INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>CUSTOMER ORDER NUMBER</th> <th># PKGS</th> <th>WEIGHT LBS</th> <th colspan="2">PALLET/SLIP (CIRCLE ONE)</th> <th>ADDITIONAL SHIPPER INFO</th> </tr> </thead> <tbody> <tr> <td>675605</td> <td></td> <td>23413</td> <td><input checked="" type="radio"/></td> <td>N</td> <td></td> </tr> <tr><td></td><td></td><td></td><td>Y</td><td>N</td><td></td></tr> <tr><td></td><td></td><td></td><td>Y</td><td>N</td><td></td></tr> <tr><td></td><td></td><td></td><td>Y</td><td>N</td><td></td></tr> <tr><td></td><td></td><td></td><td>Y</td><td>N</td><td></td></tr> <tr><td></td><td></td><td></td><td>Y</td><td>N</td><td></td></tr> <tr><td></td><td></td><td></td><td>Y</td><td>N</td><td></td></tr> <tr><td></td><td></td><td></td><td>Y</td><td>N</td><td></td></tr> <tr> <td>GRAND TOTAL</td> <td></td> <td>23413</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		CUSTOMER ORDER NUMBER	# PKGS	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO	675605		23413	<input checked="" type="radio"/>	N					Y	N					Y	N					Y	N					Y	N					Y	N					Y	N					Y	N		GRAND TOTAL		23413																																							
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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). 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 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 Department Of Transportation. 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> Verify Load By: _____		Freight Counted: <input 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.																																																																																																			



An Envoy Solutions Company

Sigma Supply of North America
824 Mid-America Boulevard
Hot Springs, AR 71913
United States of America

PACK SLIP

PAGE	1
ORDER NUMBER	1686872-000

SOLD TO
N7406
BUNZL
PO BOX 270099
SAINT LOUIS, MO 63127-0099

United States of America

SHIP TO
37
BUNZL (24-240)
4991 MILLENNIUM DRIVE
CAROLINAS VIRGINIA
WINSTON SALEM, NC 27107-3736
United States of America

Doc 33
App 7:00
IN-7:00
Out-745

CUSTOMER PURCHASE ORDER NO.		SHIP VIA		TERMS		DATE SHIPPED	
675605		ALL TRUCK LINES		2% 30 NET 60		3/26/24	
SPECIAL INSTRUCTIONS >							
QTY. ORDERED	QTY. SHIPPED	QTY. BACK ORDERED	U/M	ITEM NO./ DESCRIPTION		PRICE	AMOUNT
17.00	17.00	.00	SK	CB01907 BOX 25 X 17 X 5 RSC SFS UNUSCP: 24121503 packaging box			
22.00	22.00	.00	SK	40ECT 25/BDL 250/PLT CB01908 BOX 27 X 20 X 18 RSC SFS UNUSCP: 24121503 packaging box			
13.00	13.00	.00	PL	44ECT 25/BDL 125/PLT CB01913 BOX 13.25 x 6 x 36 5PF SFS UNUSCP: 24112404 CORRUGATED 32 ECT 25/BDL 250/PLT Requested Delivery 4/1/24			
PICKED BY			:	PACKED BY		:	CHECKED BY
SUB - TOTAL		SHIPPING & HANDLING		TAX		SUB-TOTAL	
						DEPOSIT	
						BALANCE DUE	

NOTE: THIS SHIPMENT HAS BEEN CHECKED TWICE. ANY DISCREPANCIES MUST BE REPORTED IMMEDIATELY. NO CLAIM WILL BE ACCEPTED AFTER 5 DAYS