

**Bill to:**

TA SERVICES INC
280 WARD RD. ,
Mansfield,
TX,
76063

Invoice Date: 04/19/2024

Invoice #: 1198296

Terms: NET 30

Due Date: 05/19/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
04/18/2024		2745 SNAPPS FERRY ROAD, GREENEVILLE, TN 37745 - 1525 WHITE DRIVE, BATESVILLE, AR 72501			
			1	\$1,100.00	\$1,100.00

TOTAL
\$1,100.00

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

10082981
LOGO

Shipment Confirmation



1198296

TA#:1198296

Driver must call TA Services for Dispatch

Page 1

Fax or Email signed confirmations to:

Gunner Lemons
Email: glemons@taservices.com
Phone: 2054895335 ext: 4132

Carrier: ROYAL3 INC
CHICAGO IL 60638
Contact: asta
Phone:
Email: ASTA@ROYAL3INC.COM
Fax:

Driver: Remy / Kampsen
Driver Cell: 6467055833
Truck #: 770

TA #: 1198296
Miles: 583.0
Items: 0

Commodity: MISC PARTS - MOWERS / UTVS
Weight: 30000.0
Trailer: Van w/ Team (DAT)

Pickup Info:	Name: PARKER- HANNIFIN Address: 2745 SNAPPS FERRY ROAD GREENEVILLE TN 37745 Phone: (423) 639-8151	Date/Time	04/18/2024 1200 04/18/2024 1730
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Shipper Instructions

LOADS UNTIL 1800

Delivery Info:	Name: INTIMIDATOR INC Address: 1525 WHITE DRIVE BATESVILLE AR 72501 Phone: (870) 307-6740	Date/Time	04/19/2024 0700
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Consignee Instructions

LOAD HAS TO DELIVER ON TIME. IF LOAD DOESN'T DELIVER ON TIME, YOUR COMPANY WILL BE FINED \$1000.



Driver must call TA Services for Dispatch

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Fax or Email signed confirmations to:

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Phone: 2054895335 ext: 4132

Carrier: ROYAL3 INC
CHICAGO IL 60638
Contact: asta
Phone:
Email: ASTA@ROYAL3INC.COM
Fax:

Driver: Remy / Kampsen
Driver Cell: 6467055833
Truck #: 770

Please note that effective 6/26/2023, receiving hours for all Intimidator locations will be 7am - 3pm. TT 6/22/23

ROYAL3 INC

Freight Pay:

\$1,100.00

Terms & Conditions

This contract is bound by the terms and conditions as stated in our carrier/broker agreement on file with your company. The TA Control Number listed above along with a SIGNED PROOF OF DELIVERY will be necessary for payment on this shipment. Your signature on this agreement acknowledges the required terms as stated on this load including pickup and delivery times. Any changes need to be communicated to TA services Inc dispatch to avoid late charges. ***It is the driver's responsibility to stay in compliance with FMC Guidelines as it relates to WEIGHT, WIDTH, and LENGTH of all cargo loaded from TA Services. Drivers will be responsible for all charges associated with any WEIGHT, WIDTH and LENGTH issues.*** Shipment details may be communicated via Text Message. By accepting this Rate Confirmation, you agree to receive these communications and agree not to Text and Drive.

Required documents for billing:

Invoice, Signed Rate Confirmation & Legible BOL (ALL PAGES)

Settlements are paid through TRIUMPH PAY

Please submit invoices by one of the following

Email: accounting@taservices.com

Fax: 817-549-0286

Mail: TA Services Inc.
PO Box 2127
Birmingham, AL 35201

Logon to www.triumphpay.com to set up your payment profile.

Asta Mijao

Driver Name:

Driver Cell:



Driver Email:

Tractor:

Trailer:

10082961



BILL OF LADING						Page: 1 of 1	
SHIP FROM Name: Parker Hannifin Pump & Motor Division Phone: Address 1: 2745 Snapps Ferry Rd Address 2: City/St/Zip/Country: GREENVILLE, TN, 37745, US SID #: 862724 FOB: <input type="checkbox"/>				Bill of Lading Number: 0013109993 			
SHIP TO Name: INTIMIDATOR WD Address 1: 1525 WHITE DRIVE Address 2: Address 3: City/St/Zip/Country: BATESVILLE, AR, 72501, US CID #: 4503479981 FOB: <input type="checkbox"/>				CARRIER NAME: CUSTOMER TRUCK Trailer Number: Seal Number (s):			
THIRD PARTY FREIGHT CHARGES BILL TO Name: Address 1: Address 2: City/St/Zip/Country:				SCAC: CUST Pro Number: CUST 			
SPECIAL INSTRUCTIONS:				Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading			
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	#PKGS	VOLUME	WEIGHT	PALLET/SLIP (circle one)	ADDITIONAL SHIPMENT INFO		
4503479981	5	0.0	4875.00	Y (N)			
GRAND TOTAL		0.0 CF	4875.00 LB				
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged so as to ensure safer transportation with ordinary care. See Section 21(e) of NMFC Item 3:00</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE			NMFC#	CLASS
1	PALLET			0.0	975.00		70
1	PALLET			0.0	975.00		70
1	PALLET			0.0	975.00		70
1	PALLET			0.0	975.00		70
1	PALLET			0.0	975.00		70
5				0.0 CF	4875.00 LB		70
GRAND TOTAL							
<small>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 declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____</small>						COD Amount Fee Terms 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 provincial and federal regulations.				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 for the Department Of Transportation Signature _____ Date _____ Shipper			
Trailer Loaded: Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver pallets said to contain <input type="checkbox"/> By Driver / Pieces				The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guide book or equivalent documentation in the vehicle. Property described above is received in good order. Signature _____ Date _____ Carrier			
Remittance Name & Address Send all Prepaid Bills: Parker Hannifin C/O Cass Information Systems P.O. Box 67 St. Louis, MO 63166							

Tim Hewitt 4/19/24