

**Bill to:**

Rehmann Transportation Corp.

,  
,  
,

Invoice Date: 05/15/2024

Invoice #: 200 057904

Terms: NET 30

Due Date: 06/15/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
05/14/2024		3001 Cofer Rd, Richmond, VA 23224, USA - 5490 W Roosevelt Rd, Chicago, IL 60644, USA			
			1	\$1,400.00	\$1,400.00

<b>TOTAL</b>
\$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**

To: Royal3 Inc. -ICC No. 0944686  
Fax Attn: MARISA

Fax (888)294-7030 Vc (630)485-7370

APPOINTMENTS - Times are scheduled by Rehmann Transportation Corp.

**\*\* ALL Accessorials must be preapproved. \*\***

**ALL ACCESSORIAL PAPERWORK MUST BE FAXED TO 1-888-965-2010 WITHIN 24 HOURS.  
FAILURE TO DO SO WILL RESULT IN NON-PAYMENT.**

**YOU MUST CALL 1-856-924-5200 TO OBTAIN AN AUTHORIZATION NO.**

**\*NO ADVANCES\* ALL Comchecks will have a \$17 charge added including Lumpers  
Carrier to provide driver(s) to affect agreed schedule according to  
DOT SAFETY REGULATIONS**

**NO Brokers: by signing this amendment to contract you agree to utilize  
YOUR equipment. If this load is brokered out you agree to forfeit payment.**

**BILLING REQUIREMENTS: for Accounting Questions: 856-787-9729**

- 1.) Original Bill of Lading/Delivery Receipt.
- 2.) Rate confirmation sheet.
- 3.) Carrier Invoice.
- 4.) ALL ACCESSORIAL PAPERWORK MUST BE TURNED IN WITHIN 24 HOURS  
FAILURE TO DO SO WILL RESULT IN NON-PAYMENT.
- 5.) Copy of Operating Authority.
- 6.) Complete IRS form W-9.
- 7.) Signed contract.
- 8.) Original certificate of liability & cargo insurance - (must be sent  
from your insurance agent and listing Rehmann Transportation Corp.  
as Additional Insured).

This Rate Confirmation will be added to the Contract Carrier Agreement

Send invoice and supporting documents to: [ap@rtctransportation.com](mailto:ap@rtctransportation.com)  
or mail to: Rehmann Transportation Corp., PO Box 1028, Mt Laurel, NJ 08054

To Secure Order Driver must call **1-856-924-5200**  
**BETWEEN 7:30-10:00 AM (EASTERN TIME) ON DAY OF PICKUP.**

**Addendum to Contract**

**Load Number: 200 057904** (This number must appear on all paperwork)

Pick-up(s):

**Richmond VA 23224**

Appt: 5/14/24 9:00-13:00

Consignee(s):

**Chicago IL 60644**

Appt: 05/15/24 14:00PM

**\*\* HOT HOT \*\* Must Pick-up & Deliver ON TIME \*\***

<u>#/Pcs</u>	<u>Commodity</u>	<u>Weight</u>	<u>Equipment</u>	<u>Amount</u>
	Paper Rollstock	42,000	VAN ONLY	1,400.00

**MUST PU AND DEL ON TIME**

**Carrier agrees not to solicit customers according to contract.**

Authorized Signature: Marisa Serano Date: \_\_\_\_\_  
Royal3 Inc. -ICC No. 0944686

**Please SIGN and FAX back to 1-888-965-2010**

**Attn: CODY**

# UNIFORM STRAIGHT BILL OF LADING

## ORIGINAL - NOT NEGOTIABLE

TIME IN: 00/00/0000 00:00:00  
 TIME OUT: 05/14/2024 13:27:19  
 Carrier

BOL No. 81471072  
 PO# 1600653

Delivery No. 81471072  


**From** **Sabert Corporation**  
 3001 Cofer Rd  
 Richmond VA 23224

**To (Consignee and Destination)**  
 Sabert 5490 WH (Formerly LBP)  
 5490 W. Roosevelt Rd  
 Chicago IL 60644

SCS-COC-005461 FSC = FSC MIX 70 %  
 SCS-PEFC/COC-005461 PEFC = 100% PEFC

Req Deliv Date: 00/00/0000 **PRO#: W94938**

**Quote No:**

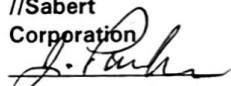
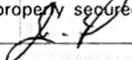
Page 1 of 1

SEAL No: **0976539**

Carrier instructions

PRO# Barcode:



No. Packages	Pkg Type	* HM	NMFC Article	Sub	Description of Article, Special Marks and Exceptions	Weight (Subj to Corr.)	Rate	Ck	
24,000	EA		153900		Paper goods	2,532 LB	70		Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  <b>//Sabert Corporation</b>  (Signature of Consignor)
1,554	MSF		153900		Paper goods	17,769 LB	55		
<div><div>Product Safety Vehicle Inspection This vehicle was inspected prior to loading for proper door alignment preventing gapping, cleanliness and structural defects, free of rodent / insect infestation as per Sabert's Vehicle Inspection Checklist and was found to be acceptable. The trailer was properly secured / chocked prior to load / unload. Inspector:  Date: <u>5-14-24</u></div><div><b>-DO NOT BREAK STRETCH WRAP- -CARRIER/CUSTOMER MUST REPORT SHORTAGE WITHIN 24 HOURS-</b></div></div>									
									If charges are to be prepaid, write or stamp here "To be Prepaid"   C.O.D Charge to be paid by:  Shipper <input type="checkbox"/> Consignee <input type="checkbox"/>

Note -- Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby stated by the shipper to be not exceeding

**Remit**  
 C.O.D. to:  
 Address:

**COD AMOUNT**

\$ per

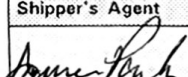
\$

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned, and destined as shown below, which said company (the word company being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own railroad water line, highway route or routes, or the territory of its highway operations, otherwise to deliver to

another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns.

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.

\* Mark with "X" to designate Hazardous Materials as defined in the Department of Transportation Regulations governing the transportation of hazardous materials. The use of this column is an optional method for identifying hazardous materials on bills of lading per Section 172.201(a)(1)(ii) of Title 49, Code of Federal Regulations. Also, when shipping hazardous materials, the shipper's certification statement prescribed in Section 172.204(a) of the Federal Regulations must be indicated on the bill of lading, unless a specific exception from this requirement is provided in the Regulations for a particular material.

Shipper's Agent	Date	Pallets	Packages	Weight	Carrier	Driver	Date
	<b>5-14-24</b>	<b>15</b>	25,554	20,301 LB			

**Sabert**  
makes food look great

**Sabert Corporation Phone:**  
**3001 Cofer Rd Fax:**  
**Richmond, VA 23224 Internet: www.sabert.com**  
**U.S.A.**

## Packing List

### Shipping Address

Customer No. PLL010  
Sabert 5490 WH (Formerly LBP)  
5490 W. Roosevelt Rd  
Chicago IL 60644

### Sold-to Party Address

Customer No.

### Information

Packing List / BOL 81471072  
Request by Date 00/00/0000  
Purchase Order No. 0001600653  
Sales Order Number  
Shipping Conditions Truck Load (not RDC)  
Gross Weight 20,300.785 LB  
Net Weight 20,156.785 LB  
Volume 207.534 FT3  
Carrier Name  
Group No

1 of 1

### Shipping Details

Line	Material	Description	Order Quantity	Shipped Quantity	Backorder Quantity
0001	193-74244R	Wawa 120oz FF Caddy 1c/k 250 cs	12,000 EA	12,000 EA	0 EA
0002	160-56038	Pepper Jax Grill Custom FF 2c/k 240/cs - Printed Roll	249 MSF	249 MSF	0 MSF
0003	160-56023	Wawa Quesadilla Fluoro Free CS w Pad 2c/w 190/case - Printed Roll	1,066 MSF	1,066 MSF	0 MSF
0004	193-74153R	Tim Hortons CA 120oz Caddy 1c+C/k 250 cs	12,000 EA	12,000 EA	0 EA
0005	160-56040	Marco's Pizza Pizzoli FF CS 2c/w 240/cs - Printed Roll	239 MSF	239 MSF	0 MSF



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Richmond VA 23224

SCS-COC-005461 FSC = FSC MIX 70 %

SCS-PEFC/COC-005461 PEFC = 100% PEFC

Req Deliv Date: 00/00/0000

PRO#: W94938

**To (Consignee and Destination)**

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5490 W. Roosevelt Rd

Chicago IL 60644

FSC#

Verified

Quote No:

Page 1 of 1

SEAL No: 0976539

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1,554	MSF		153900		Paper goods	17,769 LB	55		
<div style="text-align: right;"><b>Received By:</b> <i>[Signature]</i> <b>Date:</b> 5-15-24 <b>Appointment Time:</b> 2:00pm <b>Time In:</b> 1:50pm <b>Time Out:</b> 2:35pm <i>[Signature]</i></div> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"><p style="text-align: center;">Product Safety Vehicle Inspection</p><p>This vehicle was inspected prior to loading for proper door alignment preventing gapping, cleanliness and structural defects, free of rodent / insect infestation as per Sabert's Vehicle Inspection Checklist and was found to be acceptable. The trailer was properly secured / chocked prior to load / unload.</p><p>Inspector: <i>[Signature]</i> Date: 5-14-24</p></div> <div style="text-align: right; margin-top: 20px;"><b>//Sabert Corporation</b> <i>[Signature]</i> (Signature of Consignor)</div> <div style="text-align: right; margin-top: 20px;">If charges are to be prepaid, write or stamp here "To be Prepaid"</div> <div style="text-align: right; margin-top: 20px;">C.O.D Charge to be paid by:</div> <div style="text-align: right; margin-top: 20px;">Shipper <input type="checkbox"/> Consignee <input type="checkbox"/></div>									

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-CARRIER/CUSTOMER MUST REPORT SHORTAGE WITHIN 24 HOURS-

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Address:

**COD AMOUNT**

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