

**Bill to:**

Supply Chain Solutions

,
,
,

Invoice Date: 05/16/2024

Invoice #: unknown

Terms: NET 30

Due Date: 06/16/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
05/15/2024		2696 Old Nation Rd, Fort Mill, SC 29715, USA - 3500 Langley Dr, Hebron, KY 41048, USA			
			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**

Supply Chain Solutions

RATE CONFIRMATION AGREEMENT

For Pickup on: 2024-05-15
Delivery Date: 2024-05-16
To:
Carrier: ZIGI FREIGHT INC DBA ROYAL3 INC
Load Number: 64795
Mode: V

SHIPPER:
Polymer Packaging
2696 Old Nation Rd.
Fort Mill, SC, 29715
803-802-3202
Pickup Appt. Time: 8-3
Pickup Number: PO: 84227641, 84225765

CONSIGNEE:
Veritiv - Hebron KY
3500 Langley Drive
Hebron, KY, 41048
859-212-2450
Delivery Appt. Time: 0830
Delivery Number:

STOP:
No Stops

SHIPMENT DESCRIPTION

Unit Qty	Unit Type	Pkg Qty	Commodity Desc	Weight
14	pallets	0	Corrugated Sheets	9400
14	TOTAL	0	TOTAL	9400

DRIVER INSTRUCTIONS

REF # PO: 84227641, 84225765
PICKUP FCFS 8-3
DELIVERY 5/16 @

THERE IS A BILLBOARD AT THE ENTRANCE TO THE
PARKING LOT. ENTER THERE.

Appointment Confirmation #
13408542
Appointment ID
cc17a64a-11c0-4a97-a31a-ca9fa12c6d97

MUST BE A DEDICATED 53' VAN

Description	Cost
Carrier Cost	1,400.00
TOTAL	1,400.00

RATE TO TRUCK (USD) \$1,400.00

Billing Alert: Double Brokering of this transaction will lead to non-payment.
All invoices can be emailed to accounting@supplychainsolutionscorp.com
or Mailed to:
Supply Chain Solutions Inc.
2520 Coon Rapids Blvd NW
Coon Rapids MN 55433

TERMS AND CONDITIONS: Supply Chain Solutions, Inc., an ICC Licensed Transportation Broker, hereby tenders the shipment described herein to the carrier named above on behalf of the above named shipper. Acceptance of this order for service constitutes affirmation by the carrier, that the carrier possesses the proper legal authority to transport this shipment, and the carrier has insurance (minimum of \$100,000.00 cargo and liability) as required by law. The rate and/or charge quoted by the carrier are shown herein, and are hereby confirmed as the rate that will be charged for this shipment. By accepting this shipment at the rate quoted, the carrier agrees to hold harmless the shipper, broker and consignee from any balance due billings for any amounts in excess of the rate charges quoted. Written proof of delivery is required for payment of charges by Supply Chain Solutions, Inc. By accepting this contract, customer agrees to pay all invoices in full. Any changes to this contract must be submitted in writing prior to shipment(s) being pickup. Carrier shall not contract (double broker) with any other carrier, forwarder, rail carrier or broker to transport this shipment without the express written permission of SUPPLY CHAIN SOLUTIONS, INC. Carrier is aware of the nature and value of this shipment.

Signature:_____ Date _____

Driver Cell: (_____) _____

BILL OF LADING - 64795

Carrier: ROYAL 3 INC
Pro #:

Pickup Date: 2024-05-15
PO #: PO: 84227641, 84225765

SHIP FROM:

Polymer Packaging
2696 Old Nation Rd.
Fort Mill, SC, 29715
803-802-3202
Pickup Appt. Time:
8-3

SHIP TO:

Veritiv - Hebron KY
3500 Langley Drive
Hebron, KY, 41048
859-212-2450
Delivery Appt. Time:
0830
Pickup Number: PO: 84227641, 84225765

Shipper Instructions:

THERE IS A BILLBOARD AT THE ENTRANCE TO THE
PARKING LOT. ENTER THERE.

LOADING PO: 84227641, 84225765
14 PALLETS

Delivery Special Instructions:

Appointment Confirmation #
13408542
DELIVERY 5/16 @0830 APPT

ADDITIONAL STOPS:

SHIPMENT DESCRIPTION

Qty	Unit Type	Qty	Pkg Type	Weight	HM	OD	NMFC	Sub	Class	Description
14	pallets	0		9,400						Corrugated Sheets
14	TOTAL	0	TOTAL	9,400						

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: (Circle one)

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 individual determined rates or contacts 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
Payment of freight and all other lawful charges. (Sec

Shipper Signature _____

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 Department of Transportation

Shipper: Evan Davis Date: 5-15-24

Trailer Loaded

By Shipper
By Driver

Freight Counted

By Shipper
By Driver/Pallets
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 Department of
Transportation emergency response guidebook or equivalent
documentation in the vehicle.

Carrier: _____ Date: _____

BILL OF LADING - 64795

Carrier: ROYAL 3 INC
Pro #:

Pickup Date: 2024-05-15
PO #: PO: 84227641, 84225765

SHIP FROM:
Polymer Packaging
2696 Old Nation Rd.
Fort Mill, SC, 29715
803-802-3202
Pickup Appt. Time:
8-3

SHIP TO:
Veritiv - Hebron KY
3500 Langley Drive
Hebron, KY, 41048
859-212-2450
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Pickup Number: PO: 84227641, 84225765

Shipper Instructions:
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LOADING PO: 84227641, 84225765
14 PALLETS

Delivery Special Instructions:
Appointment Confirmation #
13408542
DELIVERY 5/16 @0830 APPT

ADDITIONAL STOPS:

SHIPMENT DESCRIPTION

Qty	Unit Type	Qty	Pkg Type	Weight	HM	OD	NMFC	Sub	Class	Description
14	pallets	0		9,400						Corrugated Sheets
14	TOTAL	0	TOTAL	9,400						

Jerry Burnett
Jerry Burnett 5-16-24

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: (Circle one)

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 individual determined rates or contacts 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 if Payment of freight and all other lawful charges. (Sec

Shipper Signature _____

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 Department of Transportation

Shipper: *Evan Davis* Date: *5-15-24*

Trailer Loaded Freight Counted
By Shipper By Shipper
By Driver By Driver/Pallets
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 Department of Transportation emergency response guidebook or equivalent documentation in the vehicle.

Carrier: _____ Date: _____