



**Bill to:**  
SHIPCO TRANSPORT INC

Invoice Date: 05/20/2024  
Invoice #: 19029457  
Terms: NET 30  
Due Date: 06/20/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
05/20/2024		12923 Cerise Ave, HAWTHORNE, CA 90250 - 1900 Governors Dr, CASSELTON, ND 58102			
			1	\$4,600.00	\$4,600.00

<b>TOTAL</b>
\$4,600.00

**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**

TRUCKLOAD RATE CONFIRMATION  
Shipco Transport  
FTL@shipco.com

Carrier Name: ROYAL3 INC  
Ready Date: 5/17/2024  
Date Needed: 5/20/2024  
Service Level: Normal  
Shipper Information:  
Load #: 119029457  
Customer PO: PO T24-0050  
Shipper Ref: Top Health PO T24-0050  
Trailer Type/Size: Van / Full

Name: CEC  
Address: 12923 Cerise Ave  
HAWTHORNE, CA 90250  
Contact: Adrian  
Phone: (310) 970-0771  
Ready Time: 8:00 AM - 4:00 PM

Consignee Information:  
Name: Abbiamo Pasta Co.  
Address: 1900 Governors Dr  
CASSELTON, ND 58012  
Contact: Nikki Nell  
Phone: (831) 566-2997  
Close Time: 7:00 AM - 4:00 PM

Handling Units	Package Type	Pieces	HAZMAT	List of Items	Total Weight
36	Pallet	36		GENERAL CARGO 0x0x0in	40,000

PICKUP INSTRUCTIONS: Top Health PO T24-0050  
DELIVERY INSTRUCTIONS: Delivery by Monday, May 20, 07:00-16:00

Rate: USD \$4,600.00  
TOTAL: USD \$4,600.00

This confirmation governs the movement of the above-referenced freight as of the specified and hereby amends, is incorporated by reference and becomes a part of the certain transportation contract by and between "Broker" and "Contract carrier". Carrier Agrees to sign the confirmation and return it to the broker via FAX and carrier shall be conclusively presumed and compensatory that the freight would not have been tendered to Carrier at higher rates and that not shipments handled under such rates will subsequently be subject to a later claim for undercharges. IF AGREED SERVICES ARE FULFILLED, RATES ARE NOT NEGOTIABLE. Carrier is responsible for all delivery appointments. Failure to comply with appointments will result in a penalty of \$100.00 Per Appointment.

The undersigned accepts the referenced shipment on behalf of the carrier and acknowledge as correct the information contained herein, the carrier agrees to the terms of the Master agreement previously executed between our companies. Invoicing by the carrier and payment by Shipco Transport, constitutes acceptance of this agreement and creates a valid contract for carriage shipment.

When loading, the driver must count and inspect his/ her load. The Driver / Carrier is responsible for piece count and condition of load at time of delivery. **For payment of freight charges, we must receive original and signed Bill of landing and Proof of Delivery with a carrier invoice.** Payment will be made 30 days after all required paperwork is received at Shipco Transport, facilities. We are not responsible for Overweight. If Dimensions, Weight, Quantity or type of commodity are different than those consigned in our Load Confirmation Agreement, the carrier or Broker contracted MUST notify Shipco Transport Before picking up and request a WRITTEN AUTHORIZATION. Shipco Transport will not pay any extra charges without AUTHORIZATION.

Please sign and return to FTL@shipco.com

Carrier Signature: Joey Cimbalevic Driver Name: \_\_\_\_\_  
MC#: \_\_\_\_\_ Driver Phone#: \_\_\_\_\_

Please call (201) 356-3500 immediately with any questions, concerns, or problems!  
Send Invoicing to: FTL@shipco.com

Date: 5/17/2024				<b>BILL OF LADING/DELIVERY ORDER</b>		Page: _____			
<b>SHIP FROM</b>				<b>Shipper Reference Number: Top Health PO T24-0050</b> <b>Bill of Lading Number: 119029457</b> <b>Purchase Order Number: PO T24-0050</b> <b>Load Release Number: Top Health PO T24-0050</b> <b>Pick Up On Behalf Of: Scan Shipping Inc - CA</b>					
CEC 12923 Cerise Ave HAWTHORNE, CA 90250 Adrian - (310) 970-0771									
<b>SHIP TO</b>				<i>No Accessorial Charges Approved Without Prior Written Consent From Shipco.</i>					
Abbiamo Pasta Co. 1900 Governors Dr CASSELTON, ND 58012 Nikki Nell - (831) 566-2997									
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>				<b>Carrier Name: ROYAL3 INC</b> <b>Quote ID Number:</b> <b>Pro number:</b>					
Shipco Transport 80 Washington St HOBOKEN, NJ, 07030									
<b>SPECIAL INSTRUCTIONS:</b> <b>ORIGIN INSTRUCTIONS:</b> Top Health PO T24-0050 <b>ORIGIN ACCESSORIALS:</b> None <b>DESTINATION INSTRUCTIONS:</b> Delivery by Monday, May 20, 07:00-16:00 <b>DESTINATION ACCESSORIALS:</b> None <b>Emergency Contact #:</b>				<b>Freight charge terms: (freight charges are prepaid unless marked otherwise)</b> <b>Prepaid: _____ Collect: _____ 3rd party: <u>X</u></b>					
<b>CUSTOMER ORDER INFORMATION</b>									
CUSTOMER PO NUMBER		#PKGS	WEIGHT	PALLET / SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO			
PO T24-0050		36	40,000 lbs	(CIRCLE ONE)					
<b>CARRIER INFORMATION</b>									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 3(e) of NMFC Item 300</small>		LTL ONLY	
QTY	TYPE	QTY	TYPE					NMFC#	CLASS#
36	Pallet	36	PCS	40,000 lbs		GENERAL CARGO 0x0x0in			No Class
36		36		40,000 lbs					
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 _____.						<b>COD amount: \$ _____</b> <b>Fee terms: Collect <input type="checkbox"/> Prepaid <input type="checkbox"/></b> <b>Customer check acceptable: <input type="checkbox"/></b>			
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. Signature _____ Shipper			
<b>SHIPPER SIGNATURE / DATE</b> 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 regulation of the Department of Transportation.				Trailer loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/pieces		<b>CARRIER SIGNATURE / PICKUP DATE</b> 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.  Property described above is received in good order, except as noted.			

\*\*\* Special Instructions for Customer/Shipper \*\*\*

To ensure the trucking invoice is rated as quoted, please ensure the shipper's IBOL (Inland Bill Of Lading) is consigned as above - failure to do so may result in higher charges and or documentation fees. Quotes are based on information supplied at time of booking. If the actual weight - cube is found to be higher than what is shown here this can also result in higher charges based off of the weight and inspections by the inland carrier(s) and or receiving warehouses. Over length and or oversized freight, hazardous materials, lift gate, and other accessorial charges are subject to additional surcharges.

SEAL # 2849413





Date: 5/17/2024

## BILL OF LADING/DELIVERY ORDER

Page: \_\_\_\_\_

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO	
CEC 12923 Cerise Ave HAWTHORNE, CA 90250 Adrian - (310) 970-0771		Abbianno Pasta Co. 1900 Governors Dr CASSELTON, ND 58012 Nikki Nell - (831) 566-2997		Shipco Transport 80 Washington St HOBOKEN, NJ, 07030	
SHIPPER Reference Number: Top Health PO T24-0050 Bill of Lading Number: 119029457 Purchase Order Number: PO T24-0050 Load Release Number: Top Health PO T24-0050 Pick Up On Behalf Of: Scan Shipping Inc - CA		No Accessorial Charges Approved Without Prior Written Consent From Shipco.		Carrier Name: ROYAL3 INC Quote ID Number: Pro number:	
SPECIAL INSTRUCTIONS: ORIGIN INSTRUCTIONS: Top Health PO T24-0050 ORIGIN ACCESSORIALS: None DESTINATION INSTRUCTIONS: Delivery by Monday, May 20, 07:00-16:00 DESTINATION ACCESSORIALS: None Emergency Contact #:		Freight charge terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: _____ 3rd party: <u>X</u>			

CUSTOMER ORDER INFORMATION				
CUSTOMER PO NUMBER	#PKGS	WEIGHT	PALLET / SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
PO T24-0050	36	40,000 lbs		

CARRIER INFORMATION						
HANDLING UNIT	PACKAGE	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE		NMFC# CLASS#	
36	Pallet	36	PCS	40,000 lbs	GENERAL CARGO 0x0x0in	No Class
36		36		40,000 lbs		

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 \_\_\_\_\_.

CGD amount: \$ \_\_\_\_\_  
Fes terms: 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 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. Signature _____ Shipper	
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 regulation of the Department of Transportation.	Trailer loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	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 Department of Transportation emergency response guidebook or equivalent documentation in the vehicle.  Property described above is received in good order, except as noted.

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-one bag rejected at incoming for damage.

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