

**Bill to:**

INTEGRATED CONNECTION, LLC
1501 BOYSON SQUARE DR STE# 101,
Hiawatha,
IA,
52233

Invoice Date: 05/24/2024

Invoice #: #119094637

Terms: NET 30

Due Date: 06/24/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
05/24/2024		400 Federal Ave, Saginaw, MI 48607 - 7485 Polk Ln, Olive Branch, MS 38654			
			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

TRUCKLOAD RATE CONFIRMATION

Integrated Connection (TSM)
306 6th Ave SE
CEDAR RAPIDS, IA 52401
(319) 363-1235



**INTEGRATED
CONNECTION**
Your Worldwide Logistics Solution

Carrier Name: ROYAL3 INC**Broker:** Casey**Ready Date:** 5/23/2024**Date Needed:** 5/24/2024**Service Level:** Normal**Shipper Information:****Name:** Whalebacker**Address:** 400 Federal Ave
SAGINAW, MI 48607**Load #:** 119094637**Customer PO:****Shipper Ref:****Equipment Type:** Van**Contact:****Phone:****Ready Time:** 9:00 AM -
1:00 PM**Consignee Information:****Name:** Diamond Comics**Address:** 7485 Polk Ln
OLIVE BRANCH, MS 38654**Contact:****Phone:****Close Time:** 7:00 AM -
3:00 PM

Handling Units	Package Type	Pieces	HAZMAT	List of Items	Total Weight
26	Pallet	1		Comic Books	16,200

PICKUP INSTRUCTIONS:**DELIVERY INSTRUCTIONS:****Rate:** USD \$1,400.00**TOTAL:** USD \$1,400.00

This confirmation is for exclusive truck and guarantee truck service. If there are any problems or delays carrier must call 1-319-363-1235 24/7 to avoid any rate reduction - carrier/driver is to provide verbal POD upon delivery and hard copy POD within 24 hours The 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.

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 Integrated Connection (TSM), 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 Integrated Connection (TSM), 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 Integrated Connection (TSM) Before picking up and request a WRITTEN AUTHORIZATION. Integrated Connection (TSM) will not pay any extra charges without AUTHORIZATION.

Please sign and return via fax (319) 365-9011 or email to Cargo@IC-L.com

*****Send Invoices to: Accountspayable@IC-L.com*****

Carrier Signature: _____ **Driver Name:** _____

MC#: _____ **Driver Phone#:** _____

Date: 5/23/24

BILL OF LADING

Page 1 of

SHIP FROM

Name: Whalebacker - CGS
Address: 400 Federal Ave
City/State/Zip: Saginaw, MI 48607
SID#: Devin Foether (989)529-6528

FOB: ☐

Bill of Lading Number: 05232024

BAR CODE SPACE

SHIP TO

Name: Diamond Comic Dist, Inc
Address: 7485 Polk Lane
City/State/Zip: Olive Branch, MS. 38654
CID#:

Location #: 26

FOB: ☐

CARRIER NAME: Integrated Connection.

Trailer number:

Seal number(s):

SCAC:

Pro number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

BAR CODE SPACE

SPECIAL INSTRUCTIONS:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid Collect XXXXX 3rd Party

☐
(check box)

Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
Golden Dist,			Y N	
Load # 3			Y N	
			Y N	
AOD-BACKERS-ENG			Y N	
OD-APOCALYPSEENG			Y N	
OD-UNDEADDRAGON-V2			Y N	
			Y N	
			Y N	
GRAND TOTAL				

CARRIER INFORMATION

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 2(f) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
						Comic Related Items		85
26				16,200		GRAND TOTAL		

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: Collect: ☐ Prepaid: ☐Customer check acceptable: ☐

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(o)(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, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

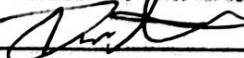
☒ By Shipper
☐ By Driver

Freight Counted:

☐ By Shipper
☐ By Driver/pallets said to contain
☐ 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.

 5/23/24

Date: 5/23/24		BILL OF LADING			Page 1 of 1				
SHIP FROM				Bill of Lading Number: 05232024 <div style="text-align: center; font-weight: bold; font-size: 1.1em;">BAR CODE SPACE</div>					
Name: Whalebacker - CGS Address: 400 Federal Ave City/State/Zip: Saginaw, MI 48607 SID#: Devin Foether (989)529-6528 FOB: <input type="checkbox"/>									
SHIP TO				CARRIER NAME: Integrated Connection Trailer number: Seal number(s): SCAC: Pro number: <div style="text-align: center; font-weight: bold; font-size: 1.1em;">BAR CODE SPACE</div>					
Name: Diamond Comic Dist, Inc Address: 7485 Polk Lane City/State/Zip: Olive Branch, MS. 38654 CID#: Location #: 26 FOB: <input type="checkbox"/>									
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid Collect XXXXX 3rd Party <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)					
Name: Address: City/State/Zip:									
SPECIAL INSTRUCTIONS:									
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO				
Golden Dist,			Y	N					
Load # 3			Y	N					
			Y	N					
AOD-BACKERS-ENG			Y	N					
OD-APOCALYPSEENG			Y	N					
OD-UNDEADDRAGON-V2			Y	N					
			Y	N					
			Y	N					
GRAND TOTAL									
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY		
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional care or attention in handling or storing must be so marked and packaged as to ensure safe transportation with ordinary care. <small>See Section 2(a) of NMFC Item 300</small>	NMFC #	CLASS	
						Comic Related Items		85	
26				16,200		GRAND TOTAL			
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: 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 state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right; font-weight: bold;">Shipper Signature</div>			
SHIPPER SIGNATURE / DATE				Trailer Loaded:		Freight Counted:		CARRIER SIGNATURE / PICKUP 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 DOT.				<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		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.	
5/23/24									

5/23/24 ☒ By Driver/Pieces

Phm Rockite 2/24/24