

**Bill to:**

CJ LOGISTICS TRANSPORTATION

,
,
,

Invoice Date: 06/07/2024

Invoice #: 40057226

Terms: NET 30

Due Date: 07/07/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/06/2024		220 Greenwood Ct, McDonough, GA 30253, USA - 5005 ALEX LEE BLVD, HICKORY, NC 28601-3395			
			1	\$900.00	\$900.00

TOTAL
\$900.00

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**



Freight Operations
1760 S Wolf Rd
Des Plaines, IL 60018

RATE CONFIRMATION

Load # 40057226

Carrier Information

CARRIER NAME: Royal3 Inc (XBXH)
ATTENTION: Jason Corkovic
DATE SENT: 06/06/2024 11:45

PHONE: 6304857370
FAX: 6304856980
EMAIL: jason@royal3inc.com

Agreed Rates

Description	Rate	Quantity	Charge
Total Line Haul	\$900.00	Flat Rate	\$900.00
TOTAL			\$900.00

Special Billing Notes

- The above "Load Number" must be included on your invoice
- Rates include all Add-on and Surcharges
- Any Freight Claims will be deducted from the agreed rates
- Please submit all extra charges and supporting documents to carrierteams1@cjlogisticsamerica.com before submitting the final invoice
- Please submit the invoice to CJLT@app.hubtran.com
 - For rate verifications, please email rateverifications@cjlogisticsamerica.com

Stop 1 pickup

CJ LOGISTICS AMERICA MCDONOUGH
220 GREENWOOD COURT SUITE 230
MCDONOUGH, GA 30253

Contact: mcdappointments@cjlogisticsamerica.com Phone: Fax:

Appointment Date: 06/06/2024 17:30 - 06/06/2024 17:30

Appointment Number: 352072

PCS: 1683.0 unknownWGT: 12,707.09 lb

Location Comments: Email for appointments (required): Outbound - mcdappointments@cjlogisticsamerica.com , Inbound - mcdinbounds@cjlogisticsamerica.com

Stop 2 drop

MERCHANTS DISTRIBUTORS

5005 ALEX LEE BLVD
HICKORY, NC 28601-3395

Contact: Phone: Fax:

Appointment Date: 06/07/2024 05:00 - 06/07/2024 05:00

Appointment Number: 027-4874623

PCS: 1683.0 unknownWGT: 12,707.09 lb

Requested Equipment

Requested Service

Notes

This document sets forth the agreement between the carrier and the undersigned disclosed agent of the shipper pursuant to the uniform bill of landing and shipping documents by the parties at the time of pickup. This document is evidence for which carrier agrees to provide services and for what the shipper agrees to pay. This load may not be double brokered, doing this will result in non-payment. Additional charges may not be added by carrier unless they appear on a revised confirmation sheet. **Carrier is required to notify broker 30 minutes prior to the start of detention.** Failure to do so may result in non-payment. **CJ must be notified of any accessorial charges within 24hrs.** Carriers must provide written proof of detention time, signed by a responsible party at the place of pickup or delivery. Payment of detention is contingent upon receipt by CJ of the appropriate bills of landing noting time in and time out. It is agreed that you and your driver are responsible for all shortages, damages, and any late delivery fees assessed to us due to service. This rate confirmation is binding upon receipt by carrier. Carrier agrees that if broker's name appears on the bill of landing they are not to strike out CJ's name and insert their own company name.

Please sign and email back to carrierteams1@cjlogisticsamerica.com

Kelly Ivanovic
(Signature)

(Printed Name)

(Date)





CJ Logistics Now Offers Quick Pay



Break free from your factoring
company, get the revenue you
earned in **5** days.

CJ Logistics Quick Pay over Traditional Factoring:

- ___ No hidden fees, one flat 3% fee. All funds are sent via ACH. ___
- ___ No minimum load volume, no minimum dollar amount ___
to qualify, no factoring companies.
- ___ Receive your money from your hard work with no reserves. ___
 - ___ No long term contract. ___
 - ___ Haul the load, Get paid, that's it! ___



6/06/2024 15:56:08		BILL OF LADING		Page 1		
SHIP FROM Name: DSC LOGISTICS/MCDONOUGH, GA SK27 Address: 220 GREENWOOD COURT SUITE 230 City/State/Zip: MCDONOUGH, GA 30253 SID#: 014981 FOB: <input checked="" type="checkbox"/>				Bill of Lading Number: 00191001325056193 		
SHIP TO Name: M.D.I. Location #: Address: 5005 ALEX LEE BLVD City/State/Zip: HICKORY, NC 28602 CID#: STARKIST FOB: <input type="checkbox"/>				CARRIER NAME: DSC LOGISTICS ELWOOD Trailer number: H03258 Seal number(s): 2758589 SCAC: DSCE Pro number: 55626218 		
THIRD PARTY FREIGHT CHARGES BILL TO: Name: CJ LOGISTICS FREIGHT AMERICA C/O TRANSPORTATION CENTER Address: 1750 S. WOLF STREET City/State/Zip: DES PLAINES, IL 60018 Load: 55626218 Stop: 002				Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <u>XXX</u> Collect _____ 3 rd Party _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
SPECIAL INSTRUCTIONS: *** See Packing List/Memorandum ***						
CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO R.A.D. Date Storer Reference DSC Agent# 5-Digit 4-Digit 5-Digit Dest PO Typ Dept.	
40037973		1692	12707.18	Y N	06/07/24 0000254885 395165	
				Y N		
				Y N		
				Y N		
				Y N		
				Y N		
GRAND TOTAL		1692	12707.18			
CARRIER INFORMATION						
HANDLING UNIT		PACKAGE			COMMODITY DESCRIPTION	LTL ONLY
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	NMFC # CLASS <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(e) of NMFC Item 360.</small>
		1015	Case	9562.01		FOODSTUFFS, O/T FROZEN 73227 00 60.0
		668	Case	3145.08		MEAT, COOKED, NOI IN C 134640 00 65.0
9		9				CHEP PALLET 150440 00 60.0
9		1692		12707.09		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). <small>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.</small>					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. <i>Paula McCoy</i>				Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input checked="" 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 DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.		

SHIP FROM DSC LOGISTICS/MCDONOUGH, GA SK27 220 GREENWOOD COURT SUITE 230 City/State/Zip: MCDONOUGH, GA 30253 SID#: 014981 FOB: <input checked="" type="checkbox"/>		Bill of Lading Number: 00191001325056193 	
SHIP TO Name: M.D.I. Location #: Address: 5005 ALEX LEE BLVD City/State/Zip: HICKORY, NC 28602 CID#: STARKIST FOB: <input type="checkbox"/>		CARRIER NAME: DSC LOGISTICS ELWOOD Trailer number: H03258 Seal number(s): 2758589 SCAC: DSCE Pro number: 55626218 	
THIRD PARTY FREIGHT CHARGES BILL TO: Name: CJ LOGISTICS FREIGHT AMERICA C/O TRANSPORTATION CENTER Address: 1750 S. WOLF STREET City/State/Zip: DES PLAINES, IL 60018 Load: 55626218 Stop: 002		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <u>XXX</u> Collect <u> </u> 3 rd Party <u> </u> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: *** See Packing List/Memorandum ***			

CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO			
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	R.A.D. Date	Storer Reference	DSC Agent#	5-Digit Dest 4-Digit PO Typ 5-Digit Dept.
40037973	1692	12707.18	Y N	06/07/24	0000254885	395165	
			Y N				
			Y N				
			Y N				
			Y N				
			Y N				
GRAND TOTAL	1692	12707.18					

Brandon Price

Cases Received

Date

1673
6-7-24

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE				COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	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 21(e) of NMFC Item 360	NMFC #	CLASS
		1015	Case	9562.01		FOODSTUFFS, O/T FROZEN	73227 00	60.0
		668	Case	3145.08		MEAT, COOKED, NOI IN C	134640 00	65.0
9		9				CHEP PALLET	150440 00	60.0
9		1692		12707.09		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(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.

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. *Paula McCoy*

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.