Royal 3inc.

Bill to: TRANSIT SOLUTIONS, INC. 1618 FEBRIOCN BLVD, Jeffersonville, IN, 47130 Invoice Date: 06/11/2024 Invoice #: 91950 Terms: NET 30 Due Date: 07/11/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/10/2024		TSI Trucking, 1618 Fabricon Blvd, Jeffersonville, IN 47130 - 8640 Nail Rd, Olive Branch, MS 38654, USA			
			1	\$1,300.00	\$1,300.00

TOTAL	
\$650.00	

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



REMIT INVOICE TO Transit Solution, Inc. 1618 Fabricon Blvd Jeffersonville, IN 47130 Load Number: 91950 Duff

Date: 06/10/24

PO #: _______ UNI

The agreement, between Transit Solutions ("The Broker") and ("The Carrier")

ROYAL3 INC

JOHNNY J630-485-7370 operating under MC# 944686

LOAD CONFIRMATION AND PAYMENT AGREEMENT --- PLEASE SIGN AND RETURN ASAP Sched: 06/10/2024 08:00 AM - 03:00 PM Phone: ()-SHIPPER TSI TRUCKING 1618 FABRICON BLVD Plts: 14 SK/PCS: 599 Wt/Lbs, 11292 JEFFERSONVILLE, IN 47130 RECEIVER MEDLINE INDUSTRIES Phone: (662) 449-8381 Sched: 06/11/2024 06:30 AM 3446 HWY 51 N., STE 100 Wt/Lbs. 0 SK/PCS: 0 SOUTHAVEN, MS 38672 PO: 2934819 drvr unload

DESCRIPTION	PIECE	WEIGHT	MOUNT
MEDICAL SUPPLIES/OGM BOL# APT#2934819 drvr unload	14 0	11292 0	650.00

PLEASE HAVE DRIVER CALL FOR DISPATCH-

It is very important that the driver use the consignee name when informing the shipper how to load the trailer.

- 1) All drivers must call for dispatch: 812-280-0800, Cassandra ext 1021, Mia ext. 1008, David (502) 969-7527 OR ext. 1004
- 2) Do not send your truck to load before all set up paperwork is received, and rate con is signed and returned by e-mail or fax (812-820-0847). Failure to do so will result in 25% deduction of agreed rate.
- 3) Drivers MUST come into the building sign in and provide pickup number(s).

4) To qualify for any detention driver/dispatcher MUST call one hour prior to going into detention at the shipper or consignee. Failure to notify Transit Solutions will result in non-payment of any detention claim. (first 3 hours free)

5) Payment Terms: Net 30 from date of receipt of clear and legible signed POD, your invoice referencing the Transit load number and your signed rate confirmation ONLY in PDF format to billing@transitsolutions.net. NO OTHER FORMATS WILL BE ACCEPTED OR PROCESSED prior approval and through the rate con. The receipt must be included when sending in your paperwork.

6) POD's received more than 48 hours from delivery are subject to a 10% rate reduction. Lumper fees are only reimbursed with prior approval and through the rate con. The receipt must be included when sending your paperwork.

Any carrier late to a delivery will result in a 25% rate reduction on our agreed rate plus any late charges the consignee may charge to accept the freight.
If loading from the TSI dock, this warehouse is not a shipper load and count facility. Your driver has the opportunity to count freight as it is being loaded.
DOUBLE BROKERING IS NOT ALLOWED AND WILL BE BREACH OF THIS CONTRACT AND WILL RESULT IN NON-PAYMENT OF RATE.

By signing this load agreement you agree to the terms of the contract.

Signature ____

Title_____

_____ Date_

Thank you for using Transit Solutions!





REMIT INVOICE TO Transit Solution, Inc.

1618 Fabricon Blvd Jeffersonville, IN 47130 Load Number: <u>91733</u> DWH

Date: _____

PO #: _____

The agreement, between Transit Solutions ("The Broker") and ("The Carrier")

ROYAL3 INC

JOHNNY J630-485-7370 operating under MC# 944686

HIPPER	TSI TRUCKING 1618 FABRICON BLVD	Phone:	() -	Sched: 06/10/2024 08:00 AM - 03:00 F				
	1010 FABRICON BLVD		SK/PCS: 380	Wt/Lbs. 4760	Plts: 10			
	JEFFERSONVILLE, IN 47130				14 1			
ECEIVER	CARDINAL HEALTH- OLIVE BRANCH 8640 NAIL RD SUITE 115	Phone:	(662) 892-2760	Sched: 06/11/2024 09:0	0 AM			

PIECE	WEIGHT	AMOUNT
10 0	4760 0	650.00
	10	10 4760

PLEASE HAVE DRIVER CALL FOR DISPATCH-

It is very important that the driver use the consignee name when informing the shipper how to load the trailer.

1) All drivers must call for dispatch: 812-280-0800, Cassandra ext 1021, Mia ext 1008, David (502) 969-7527 OR ext. 1004

2) Do not send your truck to load before all set up paperwork is received, and rate con is signed and returned by e-mail or fax (812-820-0847). Failure to do so will result in 25% deduction of agreed rate.

3) Drivers MUST come into the building sign in and provide pickup number(s).

4) To qualify for any detention driver/dispatcher MUST call one hour prior to going into detention at the shipper or consignee. Failure to notify Transit Solutions will result in non-payment of any detention claim. (first 3 hours free)

5) Payment Terms: Net 30 from date of receipt of clear and legible signed POD, your invoice referencing the Transit load number and your signed rate confirmation ONLY in PDF format to billing@transitsolutions.net. NO OTHER FORMATS WILL BE ACCEPTED OR PROCESSED prior approval and through the rate con. The receipt must be included when sending in your paperwork.

6) POD's received more than 48 hours from delivery are subject to a 10% rate reduction. Lumper fees are only reimbursed with prior approval and through the rate con. The receipt must be included when sending your paperwork.

7) Any carrier late to a delivery will result in a 25% rate reduction on our agreed rate plus any late charges the consignee may charge to accept the freight. 8) If loading from the TSI dock, this warehouse is not a shipper load and count facility. Your driver has the opportunity to count freight as it is being loaded. 9) DOUBLE BROKERING IS NOT ALLOWED AND WILL BE BREACH OF THIS CONTRACT AND WILL RESULT IN NON-PAYMENT OF RATE.

By signing this load agreement you agree to the terms of the contract.

Signature __

Milo Morrison

Title_____Dispatcher

6-10-2024

___ Date_

Thank you for using Transit Solutions!

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