

**Bill to:**

NFI
1515 BURNT MILL RD,
CHERRY HILL,
NJ,
08002

Invoice Date: 06/11/2024

Invoice #: 8053992

Terms: NET 30

Due Date: 07/11/2024

| Date | Customer Ref # | Origin - Destination | Quantity | Rate | Amount |
|------------|----------------|--|----------|------------|------------|
| 06/10/2024 | | 721 Lafayette Hwy, Roanoke, AL 36274, USA - 201 Savannah Portside International Parkway, Bloomingdale, GA 31302, USA | | | |
| | | | 1 | \$1,000.00 | \$1,000.00 |

| TOTAL |
|------------|
| \$1,000.00 |

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



RATE CONFIRMATION

Booking **8053992**

relayinvoices@nfiindustries.com

866-663-6882

CARRIER

ROYAL3 INC

DOT# 2828543

Booked by: AJ Herrin

CARRIER PAY BREAKDOWN

Line Haul USD 1,000.00

Total USD 1,000.00

LOAD DETAILS

| | | | |
|--------------------|--------------|------------|---------------------|
| NFI Booking Number | Miles | Equipment | Agreed upon price |
| 8053992 | 285.2 | Van | USD 1,000.00 |
| Weight | Pallets | Pieces | |
| 25000.0 lbs | | | |

STOP DETAILS

| | | |
|--|--|---|
| Pickup Roanoke, AL 06/10 @ 13:00 Pickup Number(s) 21873614 | Shipper ReLintLess 721 Lafayette Hwy Roanoke, AL 36274 Reference Number(s) 21873614 21873614 | Weight 0.0 lbs Pallets 0 Pieces 0 |
| Delivery Bloomington, GA 06/11 @ 08:00 Delivery Number(s) 21873614, conf# 14180458 | Receiver NFI Bradshaw Home 201 Savannah Portside Intl Pwk Bloomington, GA 31302 Reference Number(s) 21873614 21873614 | Weight 0.0 lbs Pallets 0 Pieces 0 boxes |

NOTES

\$250 fine if arrives to receiver without using load bars/straps, MUST HAVE 2-3 LOADS BARS. \$250 FINE FOR NO CALL / NO SHOW

Driver must have 2-3 load bars at shipper. All accessorials must be reported WITH IN 48 HOURS. POD MUST BE SUBMITTED ON OR BEFORE THE 7TH DAY AFTER DELIVERY \$250 fine for no call/show.

Carrier must notify NFI Brokerage at 855-409-0012 when driver is dispatched, when driver arrives at shipper, when loaded, and upon arrival to consignee as well as an empty call. A minimum of 2 check calls daily when in transit.

Seal integrity is mandatory on all loads. Cargo claims resulting from a lack of seal integrity on the POD submitted at invoicing will be the carrier's full responsibility.

Report any OSD issue at the time of the event; call for approval of any accessorial charges.

All work subject to NFI's Terms & Conditions found at:
www.nfiindustries.com/carrier-terms/

Any directions given by NFI Logistics, LLC or its Customers, whether orally and/or electronically, are for informational purposes only. It is the Carrier's sole responsibility to confirm that it may lawfully and safely operate its vehicle and its contents over any road, highway, bridge and/or route. Carrier shall be solely responsible for any fines, penalties, or citations that may be levied as a result of operating its vehicle equipment and its contents in any way that may be found to be in violation of any regulation, law or ordinance.

By executing this agreement, the Carrier agrees to receive text messages from NFI to all provided mobile numbers. NFI text messages provide drivers with accurate shipment information, clear instructions, and helpful support to ensure the smooth transit of goods from a shipper facility to the intended recipient. Message & data rates may apply. Reply STOP to cancel.

George Pavkovic
Carrier representative signature

06/10/2024
Date

Monday

| | | | | | |
|--|------|---|--------|---|---|
| Date: 6/05/2024 | | BILL OF LADING | | Page <u>1</u> | |
| SHIP FROM Name: Relintless Address: 721 Lafayette Hwy City/State/Zip: Roanoke AL 36274 SID#: _____ FOB: <input type="checkbox"/> | | | | Bill of Lading Number: 06052024RLS <div style="text-align: center;">BAR CODE SPACE</div> | |
| SHIP TO Name: Bradshaw Home Location #: Address: 201 Savannah Portside Intl Parkway City/State/Zip: Bloomingdale, GA 31302 CID#: _____ FOB: <input type="checkbox"/> | | | | CARRIER NAME: NFI INDUSTRIES Trailer number: Seal number(s): <u>009601</u> SCAC: NFBR Pro number: 3028824 | |
| THIRD PARTY FREIGHT CHARGES BILL TO: Name: Address: City/State/Zip: ATTN: | | | | <div style="text-align: center;">BAR CODE SPACE</div> | |
| | | | | Freight Charge Terms: Prepaid _____ Collect <u>x</u> 3 rd Party _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading | |
| CUSTOMER ORDER INFORMATION | | | | | |
| CUSTOMER ORDER NUMBER | | # PKGS | WEIGHT | PALLET/SLIP (CIRCLE ONE) | |
| P.O. 21873614 | | | 25000 | (Y) | N |
| P.O. | | | | (Y) | N |
| P.O. | | | | (Y) | N |
| P.O. | | | | (Y) | N |
| P.O. | | | | (Y) | N |
| P.O. | | | | (Y) | N |
| P.O. | | | | (Y) | N |
| P.O. | | | | (Y) | N |
| P.O. | | | | (Y) | N |
| P.O. | | | | (Y) | N |
| P.O. | | | | (Y) | N |
| P.O. | | | | (Y) | N |
| GRAND TOTAL | | | 25000 | | |
| CARRIER INFORMATION | | | | | |
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) |
| QTY | TYPE | QTY | TYPE | | |
| 52 | PLTS | | CTNS | 25,000 | |
| | PLTS | | CTNS | | |
| | PLTS | | CTNS | | |
| | PLTS | | CTNS | | |
| | | | | | |
| 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. _____ 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. <u>Gail Butler</u> <u>6-10-2024</u> | | Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver 48" Spaces _____ | | Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces 60" Spaces _____ | |
| 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. | | | | | |

Monday

Page 1

| | | | | | |
|--|-------------|---|---|---|-----------------|
| SHIP FROM Name: Relintless Address: 721 Lafayette Hwy City/State/Zip: Roanoke AL 36274 SID#: _____ FOB: <input type="checkbox"/> | | | Bill of Lading Number: 06052024RLS BAR CODE SPACE | | |
| SHIP TO Name: Bradshaw Home Location #: _____ Address: 201 Savannah Portside Intl Parkway City/State/Zip: Bloomingdale, GA 31302 CID#: _____ FOB: <input type="checkbox"/> | | | CARRIER NAME: NFI INDUSTRIES Trailer number: _____ Seal number(s): 009601 SCAC: NFBR Pro number: 3028824 BAR CODE SPACE | | |
| THIRD PARTY FREIGHT CHARGES BILL TO: Name: _____ Address: _____ City/State/Zip: _____ ATTN: _____ | | | Freight Charge Terms: Prepaid _____ Collect <input checked="" type="checkbox"/> 3rd Party _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box) | | |
| CUSTOMER ORDER INFORMATION | | | | | |
| CUSTOMER ORDER NUMBER | | # PKGS | WEIGHT | PALLET/SLIP (CIRCLE ONE) | |
| P.O. 21873614 | | | 25000 | (Y) | N |
| P.O. | | | | (Y) | N |
| P.O. | | | | (Y) | N |
| P.O. | | | | (Y) | N |
| P.O. | | | | (Y) | N |
| P.O. | | | | (Y) | N |
| P.O. | | | | (Y) | N |
| P.O. | | | | (Y) | N |
| P.O. | | | | (Y) | N |
| P.O. | | | | (Y) | N |
| P.O. | | | | (Y) | N |
| GRAND TOTAL | | | 25000 | | |
| CARRIER INFORMATION | | | | | |
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) |
| QTY | TYPE | QTY | TYPE | | |
| 52 | PLTS | | CTNS | 25,000 | |
| | PLTS | | CTNS | | |
| | PLTS | | CTNS | | |
| | PLTS | | CTNS | | |
| | | | | 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. Signature _____ Shipper | |
| 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. Dail Butler 6-10-2024 | | Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver 48" Spaces _____ | | Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces 60" Spaces _____ | |
| 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. D. Neersinger Property described above is received in good order, except as noted. | | | | | |



Welcome to NFI. We want to make your visit as efficient as possible. Your participation will help make this possible. You are responsible for your safety and for those around you. Please watch your speed and keep a sharp eye out for other drivers and equipment. You will need to provide the guard with your PEX, driver's license and this completed form. This box is where to park your trailers noted at the bottom of this form. We ask that you help us maintain accuracy and ensure you get into the correct slot. If for any reason you are unable to drop into the given slot please let the guard know. Please complete box 1, when move(s) complete please proceed to outbound gate and turn in sheet.

Date 6/11/24

Appointment # _____

Box 1 Information (Driver Fills Out)

Circle One

Delivery

Pick Up

Driver Name Printed

Dorde Vicentijevic

Driver Signature

D. Vicentijevic

Driver's Licence Number

V253-1609-5286

State of Issue

IL

Driver Contact Number

551-444-2280

(If Live Appt. Driver's Phone Number is Required)

Vehicle Information

SCAC

ROYAL 3

Company Name

555

Vehicle Number

IL

State

P1066193

License Plate #

Routing Details (NFI Fills Out)

Incoming Actions

Live Unload

Move Type

PTL2
241144

Trailer Number

009601

Seal #

164

Location

Requisition Number / PO

Outgoing Actions

Trailer Number

Location

Seal #

NFI Office Clerk

[Signature]

Guard Checking In:

Time in:

Guard Checking Out:

Time Out: