

**Bill to:**

CIRCLE LOGISTICS
4808 KROEMER ROAD ,
Fort Wayne,
IN,
46898

Invoice Date: 06/26/2024

Invoice #: 1740705

Terms: NET 30

Due Date: 07/26/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/24/2024		355 Old Dalton Rd, Calhoun, GA 30701 - 6415 Outer Loop, Louisville, KY 40228			
			1	\$1,200.00	\$1,200.00

TOTAL
\$1,200.00

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**



Dispatcher

Dispatcher: Jace Warkentien
Phone: 312-300-7447 x8090

Emergency Phone: 312-300-7447

Load and Rate Confirmation Agreement
Load #1740705

To accept load please sign and email this sheet back to: jace.warkentien@circledelivers.com

Carrier Information

Load Number:	1740705	Driver Name:	Omar
Carrier Number:	15733	Truck Number:	719
MC Number:	944686	Trailer Number:	W94929
Carrier Name:	ROYAL3 INC	Carrier Phone:	630-485-7370
Attention:	Asta	Carrier Fax:	630-485-6980
Sent To:	asta@royal3inc.com, jace.warkentien@circledelivers.com		

Load Information

Bill Of Lading:	88012139	Miles:	345.00
Commodity:	FAK	PO Number:	194095 - Eric
Commodity Desc:	Turf	Pickup Number:	185133
Dimensions:	L:53';	Ref Number:	88011273
Load Size:	Truckload	Trailer Req:	Van
Manifest Number:	JCPSMHS88012139	Weight:	45,000

#1 Shipper

Monday, 06/24/2024 from 11:00 - 13:00

Company: Calhoun
Address: 355 Old Dalton Rd
City/St/Zip: Calhoun, GA 30701

APPT. PRESET FOR 6/24 at 11:00 0800-1830 M-F Appt. Needed -After check-in, drivers may be asked to wait at the Pilot/Truckstop until they are called back for loading -Macropoint must be installed and accepted throughout the duration of the load or there will be a \$100 rate reduction -Pickup and Delivery appointments are firm. Missing an appointment is considered a service failure -Service Failures Can result in the following: Rate reduction up to 50%, Loss of lane -Detention starts after four hours and pays \$40/hr every hour after that with signed BOL's and confirmed times. Maximum detention of \$150 as a layover. Carrier will be liable for any and all potential charges passed down from customer for labor and costs related to delayed and late deliveries

#2 Consignee/Final Destination

Tuesday, 06/25/2024 from 08:00 - 16:00

Company:	JCPS - Moore HS	Contact:	Hugo Lopez
Address:	6415 Outer Loop	Phone:	816-572-2680
City/St/Zip:	Louisville, KY 40228		

0800-1600 M-F FCFS **DRIVER MUST CALL (816-572-2680) WITH AN ETA FOR DELIVERY 1 HOUR BEFORE ARRIVAL **

Additional Information

Customer Dispatch Notes: Detention starts after four hours and pays \$40/hr every hour after that with signed BOL's and confirmed times. Maximum detention of \$150 as a layover. Carrier will be liable for any and all potential charges passed down from customer for labor and costs related to delayed and late deliveries

IMPORTANT: **DRIVER MUST CALL (816-572-2680) WITH AN ETA FOR DELIVERY 1 HOUR BEFORE ARRIVAL **

Amount to invoice Circle Logistics, Inc: \$1,200.00



Dispatcher

Dispatcher: Jace Warkentien
Phone: 312-300-7447 x8090

Emergency Phone: 312-300-7447

Load and Rate Confirmation Agreement Load #1740705

To accept load please sign and email this sheet back to: jace.warkentien@circledelivers.com

Agreement: This contract rate addendum is entered into on this date, 06/24/2024, by and between Circle Logistics, Inc (hereinafter referred to as "Broker") and ROYAL3 INC (hereinafter referred to as "Carrier"). All Flatbed open deck loads must tarp! Term and Conditions 1. Broker will remit payment to Carrier for the underlying freight charges within 30 days of receipt of invoice and all required documents. For all detention and truck ordered not used charges, Broker will remit payment to Carrier within 30 days after Broker receives payment from its customers. Broker may offset any cargo claims or other penalties/damages Carrier is responsible for from Carrier's freight charges. 2. Documents required to process payment: a. Invoice b. Original Proof of Delivery w/3 signatures (Shipper, Consignee, and Carrier's driver) c. Signed Rate Confirmation d. Any and all required receipts that Broker requires to invoice its customer e. Arrival and departure times signed by the Shipper and/or Consignee. 3. Carrier or Carrier's driver must fax (317-324-9919) or scan/email proof of delivery within 72 hours of delivery of freight. Failure to send in proof of delivery with 72 hours will result in a \$25 rate reduction. After 3 days, Carrier agrees to a \$5/day rate reduction for each day Carrier does not provide Broker with a proof of delivery. Carrier is responsible for maintaining proof, via fax or email receipt, or submission of POD. 4. Carrier must count and verify the shipment before loading. Carrier must contact Broker re: any discrepancies and must obtain a new confirmation in writing before Carrier's driver departs from Shipper. 5. Carrier agrees that Broker is not liable for any shortages, loss, or damage to cargo transported by Carrier. 6. Unless written waiver is obtained from Broker, Carrier shall look only to Broker, and not to the involved Shipper, Consignee, or customer of Broker, for payment of Carrier's freight charges. Broker shall be entitled to deduct any damages or claims against all of Carrier's outstanding receivables from Broker and shall not be limited to deducting the damage charges solely from the load resulting in the damage and/or claim. No Cargo liability limitations shall apply with respect to this shipment, and Carrier shall be responsible for the full actual cost of any damage or loss to the cargo being transported regardless of the amount of cargo insurance required. 7. Carrier must report any delays in pickup or delivery to Broker. Carrier must obtain a revised rate confirmation from Broker reflecting the revised pickup and/or delivery time(s). 8. Carrier agrees that unauthorized delays in pickup and delivery may result in a rate reduction of greater of 25% of the original agreed rate or the amount that the Broker forfeits on the load. 9. Carrier must tarp all flatbed loads unless authorized on the rate confirmation by Broker that the load does not require tarps. 10. By signing below, Carrier warrants that it is duly and legally qualified to provide transportation services and that it holds auto liability insurance of a minimum of \$1 million and cargo of at least \$100,000. Carrier agrees to notify Broker immediately re: any material changes in Carrier's safety record. 11. Carrier shall also be subject to the Terms and Conditions set forth in the Transportation Brokerage Contract executed with Broker. 12. FATIGUE - Drivers may not operate, nor shall a motor carrier require or permit a driver to operate, a CMV if they are too tired or sick to drive safely. Operation may be discontinued at the driver's discretion. 13. MOBILE PHONE AND TWO-WAY COMMUNICATION DEVICE - Drivers shall not use a hand-held nor a hands-free mobile telephone while driving a CMV. Use of a mobile telephone is permissible by drivers of a CMV when necessary to communicate with law enforcement officials or other emergency services. 14. LOAD SECUREMENT - A driver may not operate a CMV and a motor carrier may not require or permit a driver to operate a CMV unless the CMV's cargo is properly distributed and adequately secured. 15. SEATBELTS - No driver shall operate a commercial motor vehicle, and a motor carrier shall not require or permit a driver to operate a commercial motor vehicle, that has a seat belt assembly installed at the driver's seat unless the driver is properly restrained by the seat belt assembly. 16. RECOMMENDED TRAINING FOR DRIVERS: DEFENSIVE DRIVING TRAINING - Defensive driving training would teach drivers how to recognize potentially hazardous situations sufficiently in advance to allow time to safely maneuver past them. FATIGUE AWARENESS TRAINING - Fatigue awareness training for drivers would teach drivers about the factors contributing to fatigue and their impact on performance along with fatigue awareness and avoidance techniques. 17. When applicable, Carrier agrees to follow the C-TPAT 7/8 and 17/18 Point Container Inspection Process. Carrier also agrees to follow both the C-TPAT Agricultural Processes and the C-TPAT Seal Processes when required.

Quick Pay: Please initial the option of your choice. Email Invoice, B.O.L., Proof of Delivery, and Rate Confirmation to quickpay@circledelivers.com.

Option #1 _____ Get paid in 48 hours 5% discount.

Option #2 _____ Get paid in 7 days 2% discount.

*** Cash Advance Fee - \$ 2.75 +
Mandatory 48 Hour Quick Pay 5%**

Amount to invoice Circle Logistics, Inc: \$1,200.00

Carrier: ROYAL3 INC

MC #: 944686

By: Asta Mijao

Title: _____

Invoicing Methods

1. Email (preferred): freightpay@circledelivers.com
2. Fax: (317) 324-9919
3. US Mail: Circle Logistics
Attn: Billing Dept.
P.O. Box 8067
Fort Wayne, IN 46898-8067

DATE: 6/24/2024

THE ULTIMATE
SURFACE EXPERIENCE

CP: 44697

NUMBER OF
ATTACHMENTS: _____FORM: WD-F01
REV: 0

SHIP TO:

CONSIGNEE: JCPS Moore High School
ADDRESS: 6415 Outer Loop
CITY, ST, ZIP: Louisville KY USA 40228181
CONTAINER# _____ BOOKING# _____ SEAL# _____

SHIP FROM:

NAME: FIELDTURF PLANT
STREET ADDRESS: 175 N. INDUSTRIAL, BLVD. N.E.
CITY, ST, ZIP CODE: CALHOUN, GA, 30701

LOAD ORDER: _____

CARRIER NAME: XSHIPPED PER: X

S/O # 000000000185133

Freight Charge Terms (Freight charges are not prepaid unless marked otherwise):

Prepaid ☐ Collect ☐ 3rd Party ☐ COD ☐ Amount \$ _____

CONTACT NAME:
PHONE #:
EMAIL:

MASTER BILL OF LADING - NOT NEGOTIABLE - With Attached Copies

#	Qty	STOCK CODE AND DESCRIPTION OF ARTICLES	Weight
	1830	88012139027	911.00
	1830	88012139029	947.00
	1830	88012139033	916.00
	1913	88012139032	997.00
	1956	88012139030	971.00
	2295	88012139028	1,036.00
	2358	88012139031	1,041.00
	2430	88012139005	1,214.00
	2430	88012139006	1,091.00
	2430	88012139009	1,246.00
	2430	88012139010	1,160.00
	2430	88012139013	1,204.00
	2430	88012139015	1,136.00
	2430	88012139016	1,193.00
	2430	88012139019	1,075.00
	2430	88012139020	1,061.00
	2432	88012139023	1,171.00
	2501	88012139002	1,117.00
	2502	88012139001	1,245.00
	2519	88012139021	1,160.00

BOL TOTAL : NET 36,864.56 ; GROSS 37,844.00 lbs

Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC SS 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.

Carrier Signature: XDate: X

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 documentation in the vehicle. Property described above is received in good order, except as noted.

Shipper Signature: [Signature]Trailer
Loaded
by:
Fieldturf

Freight Counted

- ☐ By shipper
☐ By driver/pallets
said to contain
☐ By driver/pieces

All packages shipped received in: {Good ☐ Fair ☐ Poor ☐Damaged ☐ } condition.

Consignee Signature \ Date: _____ 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 applicable regulations of the DOT.

DATE: 6/24/2024

THE ULTIMATE
SURFACE EXPERIENCE

CP: 44697

NUMBER OF
ATTACHMENTS: _____FORM: WD-F01
REV: 0

SHIP TO:	
CONSIGNEE:	JCPS Moore High School
ADDRESS	6415 Outer Loop
CITY, ST, ZIP:	Louisville KY USA 40228181
CONTAINER#	BOOKING# SEAL#

SHIP FROM:	
NAME: FIELDTURF PLANT STREET ADDRESS: 175 N. INDUSTRIAL, BLVD. N.E. CITY, ST, ZIP CODE: CALHOUN, GA, 30701	LOAD ORDER: _____ CARRIER NAME: _____ SHIPPED PER: <i>X</i>
S/O # 00000000185133	
CONTACT NAME: PHONE #: EMAIL:	Freight Charge Terms (Freight charges are not prepaid unless marked otherwise): Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> COD <input type="checkbox"/> Amount \$ MASTER BILL OF LADING - NOT NEGOTIABLE - With Attached Copies

#	Qty	STOCK CODE AND DESCRIPTION OF ARTICLES	Weight
	1830	88012139027	911.00
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	2430	88012139006	1,091.00
	2430	88012139009	1,246.00
	2430	88012139010	1,160.00
	2430	88012139013	1,204.00
	2430	88012139015	1,136.00
	2430	88012139016	1,193.00
	2430	88012139019	1,075.00
	2430	88012139020	1,061.00
	2432	88012139023	1,171.00
	2501	88012139002	1,117.00
	2502	88012139001	1,245.00
	2519	88012139021	1,160.00

BOL TOTAL : NET 36,864.56 ; GROSS 37,844.00 lbs

Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC SS 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.		Carrier Signature: <i>[Signature]</i> Date: <i>X</i>
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 documentation in the vehicle. Property described above is received in good order, except as noted.		
Shipper Signature: <i>[Signature]</i>	Trailer Loaded by: Fieldturf	Freight Counted <input type="checkbox"/> By shipper <input type="checkbox"/> By driver/pallets said to contain <input type="checkbox"/> By driver/pieces
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 applicable regulations of the DOT.		All packages shipped received in: {Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Damaged <input type="checkbox"/> } condition. Consignee Signature \ Date: _____