

**Bill to:**

Jake Trans LLC

,
,
,

Invoice Date: 01/30/2024

Invoice #: PRO # 162884

Terms: NET 30

Due Date: 03/01/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
01/29/2024		2727 Henderson Way, Plant City, FL 33563 - 2819 Wade Hampton Blvd, Building A, Taylors, SC 29687			
			1	\$550.00	\$550.00

TOTAL
\$550.00

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



JAKE TRANS
1486 GREENBRIER PLACE
CHARLOTTESVILLE VA 22901

PRO # 162884

Rate Confirmation

01/29/24 09:04:01 (EST)

F
R
O
M

DANNY PAVLOVIC
(434) 214-4878 X 1009 (p)
danny.pavlovic@jaketrans.com

C
A
R
R
I
E
R

ROYAL3 INC
(630) 485-7370 (p)
(630) 485-6980 (f)
MC # 944686
DOT 2828543
Driver LOUIS
Truck # 771
Trailer # W94931
Cell # (704) 724-3937

Size & Type: 53' VAN OR REEFER
Pieces: 23
Hot Load

Description: ENERGY DRINKS
Weight: 44000

Miles: 602

CHARGES		DISPATCH NOTES
LINE HAUL RATE	550.00	MC on the truck must match COMPANY'S MC / MUST ACCEPT TRACKING OR FEE WILL APPLY (\$250) / CARRIER INFO WILL BE PROVIDED TO THE SHIPPER
TOTAL RATE	550.00	

PICK 1

STAR DISTRIBUTION
2727 HENDERSON WAY
PLANT CITY FL 33563

Appointment 01/29/24 @ 13:00

STOP 1

SUNLAND WHSE
2819 WADE HAMPTON BLVD
BLDG A
TAYLORS SC 29687

Appointment 01/30/24 @ 10:00

Ref # 430250327

NOTE: ALL BA LOADS MUST BE ON MACROPOINT TRACKING OR \$250 FINE WILL APPLY!
DRIVER INSTRUCTIONS: MUST PROVIDE VALID DL, PHONE NUMBER, PICK UP#, DEL LOCATION, MC# ON THE TRUCK THAT MUST MATCH WHATS ON OUR RATE TENDER!
DRIVER WILL BE REJECTED IF ALL INFO IS NOT PROVIDED. PROTECT FROM FREEZE!
MUST TURN IN ALL PAGES OF THE POD INCLUDING SCALE TICKETS AND RECEIPTS
Failure to do so will result in a delayed payment or rejected invoice

Requirements:

- 53' Dry Van
 - 10 years or newer, Food Grade
 - no rollup doors
 - Macropoint
- *Carrier will be taken off the load if Macropoint is not accepted*
- *A \$250 fine will be applied if Macropoint is canceled during the transit*

ATTENTION

DRIVER MUST CONFIRM THAT THE BILLS ARE MATCHING THE RATE CONFIRMATION BEFORE LEAVING THE SHIPPER. FAILURE TO SO WILL RESULT IN A REJECTED INVOICE AND POSSIBLE RE-DELIVERY CHARGES AT CARRIER'S COST.

Detention:

- Detention paid after 3h at a rate of \$30 per hour, not exceeding \$150 per 24h
- Layover not exceeding \$150 per 24h
- Must show IN and OUT times.
- We must be notified 60 minutes prior to the shipment going into detention.

(Continued On Next Page)

Carrier Signature _____

Date _____ / _____ / _____
M D

Doc ID: 26240129085541137
Send Carrier Bills to the Address Above
Sertifi Electronic Signature

PRO # 162884

must appear on all Invoices



JAKE TRANS
1486 GREENBRIER PLACE
CHARLOTTESVILLE VA 22901

PRO # 162884

Rate Confirmation

01/29/24 09:04:01 (EST)

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DANNY PAVLOVIC
(434) 214-4878 X 1009 (p)
danny.pavlovic@jaketrans.com

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ROYAL3 INC
(630) 485-7370 (p)
(630) 485-6980 (f)
MC # 944686 Truck # 771
DOT 2828543 Trailer # W94931
Driver LOUIS Cell # (704) 724-3937

Failure to notify the customer will result in non-payment of detention charges.
Must provide copy of BOL within 24h of delivery.

Billing:

- ALL PAGES OF PODs MUST BE TURNED IN WITHIN 48h OF DELIVERY
 - PODs MUST BE CLEAN AND LEGIBLE OR WILL NOT BE PROCESSED FOR PAYMENT.
 - BOL NUMBERS AND DESTINATION MUST MATCH THE RATE CONFIRMATION
 - MUST TURN IN SCALE TICKETS AND RECEIPTS.
 - If lumper is paid by Jake Trans, receipt must be sent within 24h otherwise lumper fee will be deducted from the rate.
 - Quick Pay 5% fee
 - If BOL is not received within 48h, each day \$50 will be deducted from the rate.
 - There is \$30 fee for every issued EFS code
 - All accessorial charges must be invoiced otherwise it will not be processed for payment.
 - Any accessorial charge (lump, esco, etc) will not be reimbursed if the receipts are not received within the 24h of delivery
 - Must receive invoice within 1 month from delivery date
 - Failure to do any of the above may result in a delayed payment or a rejected invoice.
 - Please send all billing to CARRIERINVOICES@JAKETRANS.COM
- ATTENTION: Some customers take 6-8 weeks to approve accessorial.

The confirmation governs the movement of the above-referenced freight as of the date specified and hereby amends, is incorporated by reference and becomes a part of that certain Transportation Contract by and between 'Broker' and 'Contract Carrier'. Carrier agrees to be conclusively presumed to have agreed to the rates set forth herein. By its signature below Carrier further represents and warrants that said mutually agreed upon rates are reasonable and compensatory, that the freight would not have been tendered to CARRIER at higher rates, and that no shipments handled under such rates will subsequently be subject to a later claim for undercharges. FACSIMILE SIGNATURES ARE LEGAL AND THEREFORE BINDING. It is agreed that you and your driver are responsible for all shortages, damages, and any late delivery fees assessed to us due to failure to deliver when due.

Carrier Signature _____

Date _____ / _____ / _____
M D

E-Signed : 01/29/2024 08:04 AM CST

James Riggs

james.r@royal3inc.com
IP: 62.4.32.19

Sertifi Electronic Signature

DocID: 20240129080344157

Uniform Straight Bill of Lading

Page 1 of 1

Ship From:

BA SPORTS NUTRITION LLC
c/o Star Distribution
2727 Henderson Way
Plant City, FL 33563

As Agent for the Shipper/Consignee whose name appears below

Ship To:
Stanland WHSE
2819 WADE HAMPTON BLVD BLDG A
TAYLORS, SC 29687

Shipper's Instructions

WHSE B/L
86640-1
Arrival Date
1/31/2024
Ship Date
1/29/2024
Order Date
1/23/2024
Route
Truckload
Freight Charge
Prepaid
COD Amount:

The property described below, in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned, and destined as shown below, which said carrier agrees to carry to destination, if on its route, or otherwise to deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns. Carrier acknowledges that Star Distribution, as agent for the disclosed shipper/consignee, has no liability for payment of freight or any other charges, and the transportation contract evidenced by this bill of lading is between the carrier and the designated shipper/consignee.

Vehicle Number W94931		Carrier SEE BELOW		SCAC MISC	PO Number 430250327	
Scale 3786346		Vendor Ship Point #		Pro Number	Load# 68986	
Shipper's Reference Number 80515970						
HM	Quantity	Item Number	Lot Number	Description	Cubic Feet	Gross Weight in lbs.
	2016 CS	100070-1.1		Case - 3x8/12oz - Retail Case - UPC-A - Mamba Forever LOT/BATCH# 1/17/2024 QTY: 2016 WGHT: 42848 Cube: 430.89 ***** END-OF-ORDER ***** **** Pallets Returned (In): _____ **** Pallets Out: _____	430.89	42848
				N.M.F.C. / L.T.L.F.C.		
Qty	2,016	72160-00		BEVERAGES CARBONATED FLAVORED CL 60.00		
				Order Totals	Cube 430.89	Wt 42848
<p>Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignee, the carrier shall sign the following statement:</p> <p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p>(Signature of Consignee)</p> <p>IF EMERGENCY ASSISTANCE IS REQUIRED REGARDING THESE PRODUCTS, TELEPHONE CHEMTRIC/CHEMICAL TRANSPORTATION EMERGENCY CENTER: 800-424-9300. EMERGENCY INFORMATION IS AVAILABLE 24 HOURS A DAY. ALSO ADVISE SHIPPER.</p> <p>Carrier certifies emergency response information was made available and/or carrier has the DOT Emergency Response Guidebook or equivalent document on his possession.</p> <p>(Signature)</p>						

For the Account of (Shipper)

BA SPORTS NUTRITION LLC (BODYARMOR)
1720 WHITESTONE EXPRESSWAY
SUITE 401
WHITESTONE, NY 11357 USA

W94931 1/30/24 @
8:30

Send freight bill with copy of Bill of Lading to:

BA SPORTS NUTRITION LLC
1720 WHITESTONE EXPRESSWAY
SUITE 401
WHITESTONE, NY 11357 USA

I have received the above in good order. Date: _____ Agent for: _____ By: _____
Carrier: Above shippers Ref and Whse B/L number must appear on all freight bills.

Agent or Driver