

**Bill to:**

Rehmann Transportation Corp.

,  
,  
,

Invoice Date: 07/02/2024

Invoice #: 200 058761

Terms: NET 30

Due Date: 08/02/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
07/01/2024		2708 7 Hills Blvd, Henrico, VA 23231, USA - 4730 W Division St, Chicago, IL 60651, USA			
			1	\$1,300.00	\$1,300.00

<b>TOTAL</b>
\$1,300.00

**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**

To: Royal3 Inc. -ICC No. 0944686  
Fax Attn: KELLY

Fax (888)294-7030 Vc (630)485-7370

APPOINTMENTS - Times are scheduled by Rehmann Transportation Corp.

**\*\* ALL Accessorials must be preapproved. \*\***

**ALL ACCESSORIAL PAPERWORK MUST BE FAXED TO 1-888-965-2010 WITHIN 24 HOURS.  
FAILURE TO DO SO WILL RESULT IN NON-PAYMENT.**

**YOU MUST CALL 1-856-924-5200 TO OBTAIN AN AUTHORIZATION NO.**

**\*NO ADVANCES\* ALL Comchecks will have a \$17 charge added including Lumpers  
Carrier to provide driver(s) to affect agreed schedule according to  
DOT SAFETY REGULATIONS**

**NO Brokers: by signing this amendment to contract you agree to utilize  
YOUR equipment. If this load is brokered out you agree to forfeit payment.**

**BILLING REQUIREMENTS:** for Accounting Questions: 856-787-9729

- 1.) Original Bill of Lading/Delivery Receipt.
- 2.) Rate confirmation sheet.
- 3.) Carrier Invoice.
- 4.) ALL ACCESSORIAL PAPERWORK MUST BE TURNED IN WITHIN 24 HOURS  
FAILURE TO DO SO WILL RESULT IN NON-PAYMENT.
- 5.) Copy of Operating Authority.
- 6.) Complete IRS form W-9.
- 7.) Signed contract.
- 8.) Original certificate of liability & cargo insurance - (must be sent  
from your insurance agent and listing Rehmann Transportation Corp.  
as Additional Insured).

This Rate Confirmation will be added to the Contract Carrier Agreement

Send invoice and supporting documents to: [ap@rtctransportation.com](mailto:ap@rtctransportation.com)  
or mail to: Rehmann Transportation Corp., PO Box 1028, Mt Laurel, NJ 08054

To Secure Order Driver must call **1-856-924-5200**  
**BETWEEN 7:30-10:00 AM (EASTERN TIME) ON DAY OF PICKUP.**

**Addendum to Contract**

**Load Number: 200 058761** (This number must appear on all paperwork)

Pick-up(s):

**Richmond VA 23231**

Appt: 7/01/24 12:00

Consignee(s):

**Chicago IL 60651**

Appt: 07/02/24 11:00AM

**\*\* HOT HOT \*\* Must Pick-up & Deliver ON TIME \*\***

<u>#/Pcs</u>	<u>Commodity</u>	<u>Weight</u>	<u>Equipment</u>	<u>Amount</u>
28	Packaging Material	20,716	VAN ONLY	1,300.00

**MUST PU AND DEL ON TIME  
LATE FEES APPLY**

**Carrier agrees not to solicit customers according to contract.**

Authorized Signature: \_\_\_\_\_

*Kelly Ivanovic*  
**Royal3 Inc. -ICC No. 0944686**

Date: \_\_\_\_\_

**Please SIGN and FAX back to 1-888-965-2010**

**Attn: CODY**



# UNIFORM STRAIGHT BILL OF LADING

## ORIGINAL - NOT NEGOTIABLE

TIME IN: 07/01/2024 08:00:00

TIME OUT: 07/01/2024 15:47:23

BOL No. 81485462

Delivery No. 81485462

Carrier REHMANN TRANSPORTATION CORPPO# 1609316



**From Sabert Corporation**  
2708 Seven Hills Blvd  
Henrico VA 23231

**To (Consignee and Destination)**

Sabert Corporation  
Plant L040 - Cicero  
1401 Cicero Ave  
Chicago IL 60651

SCS-COC-005461 FSC = FSC MIX 70 %

SCS-PEFC/COC-005461 PEFC = 100% PEFC

Req Deliv Date: 00/00/0000

PRO#: 20058761

Quote No:

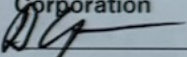
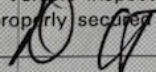
Page 1 of 1

SEAL No: 113603

Carrier instructions

PRO# Barcode:



No. Packages	Pkg Type	HM	NMFC Article	Sub	Description of Article, Special Marks and Exceptions	Weight (Subj to Corr.)	Rate	Gk	
100	CS		153900		Paper goods	2,752 LB	125		Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  //Sabert Corporation  (Signature of Consignor)
900	CS		153900		Paper goods	13,596 LB	100		
200	CS		153900		Paper goods	4,372 LB	70		
<div><div>Product Safety Vehicle Inspection This vehicle was inspected prior to loading for proper door alignment preventing gapping, cleanliness and structural defects, free of rodent / insect infestation as per Sabert's Vehicle Inspection Checklist and was found to be acceptable. The trailer was properly secured / chocked prior to load / unload. Inspector:  Date: <u>7-1-24</u></div></div>									
<div><div>-DO NOT BREAK STRETCH WRAP- -CARRIER/CUSTOMER MUST REPORT SHORTAGE WITHIN 24 HOURS-</div><div><div>C.O.D Charge to be paid by:</div><div>Shipper <input type="checkbox"/></div><div>Consignee <input type="checkbox"/></div></div></div>									

Note -- Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby stated by the shipper to be not exceeding

Remit  
C.O.D. to:  
Address:

**COD  
AMOUNT**

\$ per

\$

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned, and destined as shown below, which said company (the word company being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agree to carry to its usual place of delivery at said destination, if on its own railroad water line, highway route or routes, or the territory of its highway operations, otherwise to deliver to

another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that 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.

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation.

\* Mark with "X" to designate Hazardous Materials as defined in the Department of Transportation Regulations governing the transportation of hazardous materials. The use of this column is an optional method for identifying hazardous materials on bills of lading per Section 172.201(a)(1)(iii) of Title 49, Code of Federal Regulations. Also, when shipping hazardous materials, the shipper's certification statement prescribed in Section 172.204(a) of the Federal Regulations must be indicated on the bill of lading, unless a specific exception from this requirement is provided in the Regulations for a particular material.

Shipper's Agent	Date	Pallets	Packages	Weight	Carrier	Driver	Date
	7-1-24		1,200	20,720 LB			



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Sabert Corporation  
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 Chicago IL 60651

SCS-COC-005461 FSC = FSC MIX 70 %

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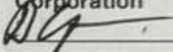
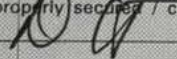
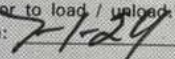
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900	CS	153900		Paper goods	13,596 LB	100		
200	CS	153900		Paper goods	4,372 LB	70		
<div><p><b>Product Safety Vehicle Inspection</b></p><p>This vehicle was inspected prior to loading for proper door alignment preventing gapping, cleanliness and structural defects, free of rodent / insect infestation as per Sabert's Vehicle Inspection Checklist and was found to be acceptable. The trailer was properly secured / chocked prior to load / unload.</p><p>Inspector:  Date: </p></div>								
<p><b>-DO NOT BREAK STRETCH WRAP-</b></p> <p><b>-CARRIER/CUSTOMER MUST REPORT SHORTAGE WITHIN 24 HOURS-</b></p>								

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\$ per

**Remit**  
**C.O.D. to:**  
**Address:**

**COD AMOUNT**

\$

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Shipper's Agent	Date	Pallets	Packages	Weight	Carrier	Driver	Date
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CHECK IN 09:00 AM CHECK OUT: 04:00 PM