

**Bill to:**

Priority1

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,

Invoice Date: 07/03/2024

Invoice #: 60107902438

Terms: NET 30

Due Date: 08/03/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/27/2024		4500 12th Street Extension, West Columbia, SC 29172 - 4500 12th Street Extension, West Columbia, SC 29172			
			1	\$9,500.00	\$9,500.00

TOTAL
\$9,500.00

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

Carrier Load Tender

Reference: 60107902438 (BOL)

Carrier: ROYAL3 INC. (944686)

Contact: Bill (bill@ROYAL3INC.COM)

Phone: 6305661257

Fax:

Tender: 06/27/2024 13:18

Contact: Devin Simpson

Phone: (501) 487-6718

Email: Devin.Simpson@priority1.com

Main Line: 501-372-3925

Bill To:	Priority 1 Inc. (P.O. Box 398) North Little Rock, AR 72115
Equipment:	53' Dry Van ,
Service Type:	Full

Stop 1 Pick

Thursday, June 27, 2024 08:00 - 16:00	Total Weight:	8400.00 lb	Total Quantity:	15
Nephron Pharmaceuticals (4500 12th Street Extension) West Columbia, SC 29172				
Contact: Phone:				
Packaging: 15 Pallet(s)	Total Weight: 8,400 lbs	Dimensions: " x " x "	Linear Feet: 0	Description: Packaging Material
Carrier Notes: **Attention Carriers** Drivers are not allowed to stop for the first 200 miles of transit. No drivers with Felony Background permitted. Drivers must present picture of Driver's license to Priority1 for verification. Trailers must be Padlocked and sealed by driver. Seal number must be reported to Priority1 prior to departure of the shipper and trailer cannot be left unattended at any time.				
Special Instructions: **Attention Carriers** Drivers are not allowed to stop for the first 200 miles of transit. No drivers with Felony Background permitted. Drivers must present picture of Driver's license to Priority1 for verification. Trailers must be Padlocked and sealed by driver. Seal number must be reported to Priority1 prior to departure of the shipper and trailer cannot be left unattended at any time.				

Stop 2 Drop

Monday, July 1, 2024 08:00 - 16:00	Total Weight:	0 lb	Total Quantity:	
Reliant Pharmacy (2335 Camino Vida Roble) Carlsbad, CA 92011				
Contact: Phone:				
Carrier Notes:				
Special Instructions: This will be a round-trip shipment. We are asking for the driver to get within the zip code listed below for 30-45 minutes allowing data loggers to ping in zip code 92011 in California. Once complete the driver will need to return the pallet to Nephron				

Stop 3 Drop

Friday, July 5, 2024 08:00 - 16:00	Total Weight:	0 lb	Total Quantity:	
Nephron Pharmaceuticals (4500 12th Street Extension) West Columbia, SC 29172				
Contact: Phone:				
Carrier Notes:				
Special Instructions: This will be a round-trip shipment. We are asking for the driver to get within the zip code listed below for 30-45 minutes allowing data loggers to ping in zip code 92011 in California. Once complete the driver will need to return the pallet to Nephron				

Freight Terms

Charge Details			
Description	Rate		Charge
Line Haul	9500.00	Flat Rate	1
			\$9,500.00 USD
		Total:	\$9,500.00 USD

Freight Terms: \$9,500.00 USD Third Party (lb)

References

Carrier Instructions

Carrier or driver is required to call Priority1 when loaded and emptied or load is subject to a \$50 penalty. Detention time starts 2 hours after the driver is on site, or if the driver is early any detention will start 2 hours after the scheduled pickup/delivery time stated on the rate confirmation. Driver must notify us of arrival at shipper/receiver. Detention is paid at \$35 per hour after the 2 free hours. If the load/shipment is double brokered, this agreement is void and the carrier will not receive payment.

Thank you for doing business with Priority 1.

DRIVERS NAME: _____

TRUCK #: _____

TRAILER #: _____

DRIVER CELL#: _____

DISPATCHER / PRIORITY 1

Bill Carson

CARRIER SIGNATURE

All invoices & PODs are to be sent to Priority 1 within 72 hours of delivery. Please email invoice and POD to: tlap@priority1.com. Please provide Priority 1's reference number on your invoice.

BILL OF LADING				Carrier: ROYAL3 INC., 944686	
Shipper				Pickup Date: 06/27/2024	
Nephron Pharmaceuticals 4500 12th Street Extension West Columbia, SC 29172				Origin Terminal	
				West Columbia, SC 29172	
				Phone: P:	
				Destination Terminal	
				Carlsbad, CA 92011	
				Phone: P:	
Consignee				Tracking ID: K193998 SEAL: 0028306	
Reliant Pharmacy 2335 Camino Vida Roble Carlsbad, CA 92011					
3rd Party Bill To					
Priority 1 Inc. P.O. Box 398 North Little Rock, AR 72115 P: +1 (501) 371-9814					
Special instructions: Pickup - **Attention Carriers** Drivers are not allowed to stop for the first 200 miles of transit. No drivers with Felony Background permitted. Drivers must present picture of Driver's license to Priority1 for verification. Trailers must be Padlocked and sealed by driver. Seal number must be reported to Priority1 prior to departure of the shipper and trailer cannot be left unattended at any time. , Delivery - This will be a round-trip shipment. We are asking for the driver to get within the zip code listed below for 30-45 minutes allowing data loggers to ping in zip code 92011 in California. Once complete the driver will need to return the pallet to Nephron					
Freight Terms: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party					
Units	Type	Weight	Dimensions	HM	Item Description
15	Pallet	8,400 lbs			Packaging Material
15		8,400 lbs			Grand Totals
<small>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 ____."</small>					
Remit COD to:					
Collect _____ Prepaid _____ Customer check acceptable _____ COD Amount: \$					
Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 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.			Trailer Loaded:		Freight Counted: The Carrier shall not make delivery of this shipment without payment of and all other lawful charges.
			___ by Shipper ___ by Driver		
Shipper Signature / Date <i>Chris Conder 06/27/24</i>			Consignee 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 Department of Transportation.		
Shipper: _____ Time In: _____ Time Out: _____			Consignee: _____ Time In: _____ Time Out: _____		
Carrier Signature / Date					
Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent documentation in vehicle. Property described above is received in good order, except as noted.					
Carrier: _____					

Frank Russo, ~~FR~~, 7-1-24 @ 8:40 am
 @ Reliant Carlsbad Pharmacist
 - 619-244-0347
 - Seal was intact, removed in front of me

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