



Bill to:
TA SERVICE

Invoice Date: 07/23/2024
Invoice #: TA#: 1252663
Terms: NET 30
Due Date: 08/23/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
07/22/2024		2925 Fairfax Trafficway, Kansas City, KS 66115 - 9801 Airport Dr, Fort Wayne, IN 46809, USA			
			1	\$1,100.00	\$1,100.00

TOTAL
\$1,100.00

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



Shipment Confirmation

**TA#:1252663**

Driver must call TA Services for Dispatch

Page 1

Fax or Email signed confirmations to:

Kristofer Robert
Email: kr Robert@taservices.com
Phone: 659.217.7277 or fax: 2057884400

Carrier: ROYAL3 INC
CHICAGO

IL 60638

Contact: sam
Phone:

Email: dispatch@royal3inc.com
Fax:

Driver: javier
Driver Cell: 5129563535
Truck #:

TA #: 1252663
Miles: 575.0
Items: 52

Commodity: Candles
Weight: 37800.0
Trailer: Van (DAT)

PU 1

Name: Empire Candle CO., LLC
Address: 2925 Fairfax Trafficway
City/State/Zip KANSAS CITY KS 66115
Pallets: In Out **Cases/Pieces:** **Weight:**

Date/Time: 07/22/2024 1300
07/22/2024 1300
Phone: 913-621-4555

SO 2

Name: PEYTON'S NORTHERN-AIRPORT
Address: 9801 Airport Drive
City/State/Zip FORT WAYNE IN 46809
Pallets: In Out **Cases/Pieces:** **Weight:**

Date/Time: 07/23/2024 1030
07/23/2024 1030
Phone: 260-747-2516

ROYAL3 INC

Freight Pay: \$1,100.00
Total Carrier Pay: \$1,100.00

Payments are managed through Triumph Pay:

Website: triumphpay.com

Phone: (469) 312-7222

Please submit invoices and paperwork to accounting@taservices.com

Submit all NOA's to TAServices@NOA.TriumphPay.com

For payment inquiries not available in Triumph Pay, please email Payables@TAServices.com

For rate verifications, please email Verification@TAServices.com

For any additional matters, please call (659) 217-7388

For communication after normal business hours
please contact afterhours@taservices.com

Special Instructions

Empire Candle CO., LLC - Driver must call TA Services for pick up info before arriving at the shipper!! Driver must be capable of macropoint tracking. Pickup numbers will not be given to the driver until Macropoint is accepted.

POD must be sent to TA Services within 24hrs of the delivery.

PEYTON'S NORTHERN-AIRPORT - If appointment is missed there will be a \$100 late fee added to rate.

PEYTON'S NORTHERN-AIRPORT - Lumper fee will be reimbursed with receipt**

Terms & Conditions

This contract is bound by the terms and conditions as stated in our carrier/broker agreement on file with your company. The TA Control Number listed above along with a SIGNED PROOF OF DELIVERY will be necessary for payment on this shipment. Your signature on this agreement acknowledges the required terms as stated on this load including pickup and delivery times. Any changes need to be communicated to TA services Inc dispatch to avoid late charges. ***It is the driver's responsibility to stay in compliance with FMC Guidelines as it relates to WEIGHT, WIDTH, and LENGTH of all cargo loaded from TA Services. Drivers will be responsible for all charges associated with any WEIGHT, WIDTH and LENGTH issues.***

Driver Name:


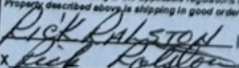
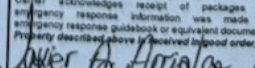
Driver Cell:

12526629

Driver Email:

Tractor:

Trailer:

SHIP FROM				Bill of Lading Number: 0644124240019368			
Name: EMPIRE CANDLE CO., LLC							
Address: 3100 FAIRFAX TRAFFICWAY							
City/State/ZIP: KANSAS CITY / KS / 66115							
SID#: _____				CARRIER NAME: TA Services SCAC: TASW TRAILER: H03262 SEAL: 2283171			
SHIP TO				B A R C O D E S P A C E			
Name: PEYTON'S NORTHERN-AIRPORT							
Address: 9801 AIRPORT DRIVE							
City/State/ZIP: FT. WAYNE / IN / 46809				Pro Number: _____ Freight Charge Terms: (collect unless marked otherwise) <input checked="" type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading			
CID#: _____							
THIRD PARTY FREIGHT CHARGES BILL TO Name: _____ Address: _____ City/State/ZIP: _____							
SPECIAL INSTRUCTIONS: <p style="text-align: center;">72 HR ADVANCE DELIVERY APPT REQD @ 260-747-2516 *** MUST ARRIVE BY 7/26/2024 ***</p>							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER (PO Number)		# PKGS	WEIGHT (Packages ONLY)	PALLET/SLIP (Circle One)		ADDITIONAL SHIPPER INFO	
PO# 77960		208	35,720 lbs	<input checked="" type="radio"/> Y <input type="radio"/> N		***DO NOT DOUBLE STACK*** ***DO NOT BREAK DOWN*** SIGN FOR ATTACHED PACKING SLIP _____ Carrier Signature	
GRAND TOTAL		208	35,720 lbs				
CARRIER INFORMATION							
HANDLING UNIT (Skids, etc.)		PACKAGE (Boxes on skid, etc.)		COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT (Packages + Pallets)	H.M. (X)	NMFC #	TYPE
52	Pallet(s)	208	Box(es)	37,800 lbs		39810-09	70
52		208		37,800 lbs		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.							
Appointment Info Driver Initials X _____ P.U. Appt. Time: _____ AM / PM Departed Time: _____ AM / PM				The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. X _____ Shipper Signature Carrier Comments X _____ Carrier Signature			
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. Properly described above in shipping in good order, except as noted.  Date: <u>7, 22, 24</u>				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 Property described above in good order, except as noted.  Date: <u>7/22/24</u>			
Trailer Loaded By <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver PIECE COUNT 208 Box(es)				Freight Counted By <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver (pallets said to contain) <input type="checkbox"/> By Driver (pieces)			

Page 1 of 1
VICS Bill of Lading
24001936