

**Bill to:**

TRAFFIX
141 W Jackson BLVD Suite #300A,
Chicago,
IL,
60604

Invoice Date: 07/30/2024

Invoice #: T00685071

Terms: NET 30

Due Date: 08/30/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
07/29/2024		1325 Baker Rd, High Point, NC 27263, USA - 18881 IMMI Way, Westfield, IN 46074, USA			
			1	\$1,800.00	\$1,800.00

TOTAL
\$1,800.00

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.

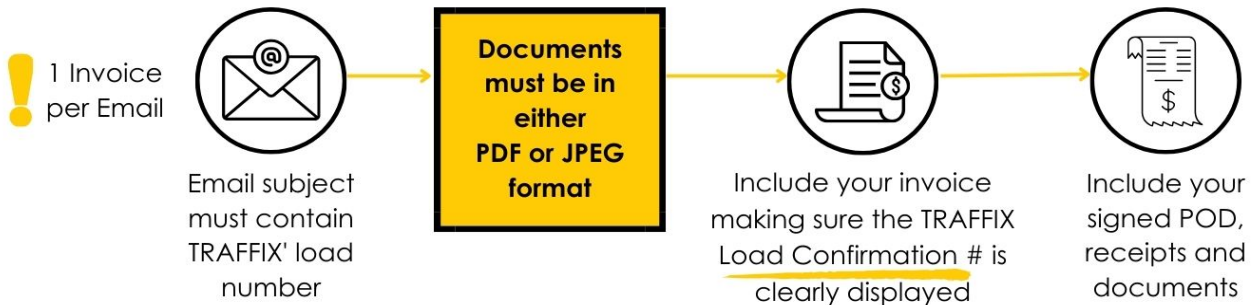
Remittances to other than CFS do not constitute payment of this invoice. CFS must be given
notification of any claims, agreements or merchandise returns which would affect the payment
of all or part of this Invoice on the due date.

COMPASS FUNDING SOLUTIONS LLC**P.O.BOX 205154****DALLAS, TX 75320-5154****Tel: 844-899-8092**

TRAFFIX
**CARRIER PAYMENT
APP**

COMING SOON *Stay Tuned!*

To receive payment, you **MUST follow** these instructions:



REGULAR PAYMENT: Paid within 30 days of successful invoice and documentation submission.

Email:
carrierpayment@traffix.com

Subject:
Regular - TRAFFIX Load #
<<Insert your load
confirmation number>>



IMPORTANT

Payment aging will begin
on the date complete
documentation is received.



**Payment related questions
can be directed to:**
ap@traffix.com
or
+1 855 240 0730

FES Pay Clients: Please follow the instructions below to be paid within 12 business hours.

1

Email:
fespay@smartfleetfunding.com
Subject:
FES Pay - TRAFFIX load # <<Insert Load #>>

2

SUBMISSIONS MUST INCLUDE:

- Invoice with TRAFFIX load #
- TRAFFIX load confirmation
- Proof of Delivery
- Void Cheque (for first time users only)



FES Pay powered by

**SMART FLEET
FUNDING**

**Get paid within 12 business
hours for only 2.99%!***

Signup for FES Pay today! It's fast, easy,
and secure! Rates as low as 2%*!
fespay@smartfleetfunding.com

Talk to us about dispatch, insurance,
and fuel savings!
1-888-875-5506 Option 1

**Terms & Conditions Apply*

Traffix Load #: T00685071

Date Tendered: 07-29-2024



Accept/Decline/View Tender

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Carrier Information

Carrier:944686 Royal3 Inc

Contact:Luc Sipovac

Email:kelly@royal3inc.com

Traffix Contact

Contact:Jake Adams

Phone:312 820 5750 x1345

Email:jadams@traffix.com

Division:DALLAS ST

Rate Confirmation Information

Cost Type	Accessorial Desc.	Amount
Freight		\$900.00 USD
	Total	USD \$900.00

Load Summary

Picks / Drops:	1 Pick(s) 1 Drop(s)
Equipment Required:	Dry Van- 53 FT
Mode:	TL
Service:	OTR
Total Miles:	559.7 Mi
Total Weight:	8,000 Lb
Total Pallets:	16
Total Pieces:	16
Total Shipment Value:	\$100,000.00 USD

Notes

Special Instructions: 53' DRY VAN W/ SWING DOORS REQUIRED. NO REEFER, NO ROLL UP DOORS. TRAILER MUST BE CLEAN, DRY, AND ODOR-FREE. TONU WILL NOT BE ISSUED FOR REJECTED EQUIPMENT. DETENTION IS PAID AFTER 2 FREE HOURS AT A RATE OF \$50/HOUR, THE POD MUST HAVE IN / OUT TIMES NOTATED AND SIGNED OFF ON. DELIVERY IS CRITICAL AND MUST BE MADE ON-TIME. FAILURE TO MEET ON-TIME DELIVERY WILL RESULT IN \$200 LATE DELIVERY FEE.

Shipper - Pickup 1 OF 1								
Shipper: HSM SOLUTION-TRIAD FABCO Address: 1325 Baker Road HIGH POINT, NC 27263 Telephone: Contact:					Reference Numbers			
					Pickup#: R5790376 PO Number: 072924HSM-1, 072924HSM-1 BOL#: R5970376			
Pickup Date: 07-29-2024								
Appointment Time: 14:00								
Items								
Confirm Receipt Of								
Commodity	Handling Units	Unit Type	Stackable	Pieces	Pieces Type	Weight	DIMS (L x W x H)	Temperature
FOAM	16	Pallet	Yes	16	Piece	8000 Lb		

Consignee - Delivery 1 OF 1	
Consignee:IMMI WESTFIELD. Address:18881 IMMI WAY Westfield, IN 46074 Telephone: Contact:	Reference Numbers
	Pickup#:R5790376 PO Number:072924HSM-2, 072924HSM-2 BOL#:R5970376
Delivery Date: 07-30-2024	
Appointment Time: 08:00 - 12:00	

Items Confirm Receipt Of								
Commodity	Handling Units	Unit Type	Stackable	Pieces	Pieces Type	Weight	DIMS (L x W x H)	Temperature
FOAM	16	Pallet	Yes	16	Piece	8000 Lb		

Terms and Conditions

FAILURE TO COMPLY WITH THESE TERMS & CONDITIONS WILL RESULT IN NON PAYMENT OF INVOICE:

1. CARRIER MUST ADVISE TRAFFIX OF ANY DELAYS OR DISCREPANCY ATLEAST 2 HOURS PRIOR TO PICK UP / DELIVERY APPOINTMENT TIME. MISSED OR LATE APPOINTMENTS MAY BE SUBJECT TO FINES AND/ OR CHARGE BACK BY TRAFFIX.
2. DOUBLE BROKERING OF TRAFFIX FREIGHT IS STRICTLY PROHIBITED. TRUCK/TRAILER INFORMATION ON BOL MUST MATCH CARRIER CONFIRMATION.
3. TEAM SERVICE REQUIRES A MINIMUM OF 1000 MILES OF TRAVEL PER 24 HOUR PERIOD. LESS THEN 1000 MILES MAY BE SUBJECT TO FINES AND/ OR CHARGE BACK BY TRAFFIX.
4. BACK SOLICITATION WILL RESULT IN LEGAL ACTION AND NON PAYMENT.
5. CARRIER IS RESPONSIBLE FOR ALL LOADING AND UNLOADING CHARGES.
6. CARRIER MUST PULP ALL PRODUCT DURING LOADING AND ENSURE TEMPERATURE MATCHES THEIR BILL OF LADING AND LOAD CONTRACT. DISCREPANCY MUST BE REPORTED TO TRAFFIX DISPATCH IMMEDIATELY AND MUST BE APPROVED BY TRAFFIX PRIOR TO DEPARTURE FROM SHIPPER.
7. CARRIER AGREES THAT THIS CONTRACT IS LIMITED TO THE CARRIER BROKER RELATIONSHIP AND ALSO AGREES TO HOLD THE SHIPPER, CONSIGNEE, AND OTHER BENEFICIAL PARTIES HARMLESS AGAINST ANY DISPUTES ARISING FROM PAYMENT OR SERVICE.
8. ANY ADDITIONAL CHARGES MUST BE APPROVED BY TRAFFIX PRIOR TO INVOICING. CARRIER MUST OBTAIN A REVISED LOAD CONTRACT FROM TRAFFIX DISPATCH FOR THE EXPENSE TO BE PROCESSED.
9. CARRIER IS RESPONSIBLE FOR ALL ASSOCIATED BOND CHARGES AND FINES. PROOF OF BOND CANCELLATION MUST BE PRESENTED FOR PAYMENT.
10. CLAIMS AND DAMAGES WILL BE HELD AGAINST CARRIER ACCOUNT IN ARREARS UNTIL THE CLAIM IS SETTLED. TRAFFIX SHALL HAVE ALL THE RIGHTS AND REMEDIES OF CARRIER UNDER CANADIAN AND UNITED STATES LAW TO PURSUE THE CONSIGNEE/BENEFICIAL RECIPIENT FOR UNPAID FREIGHT IN THE EVENT THAT THE CARRIER HAS BEEN PAID FOR THE LOAD BUT TRAFFIX HAS NOT.
11. ORIGINAL SIGNED PROOF OF DELIVER, CUSTOMS CLEARANCE, AND TRAFFIX LOAD CONTRACT ALL REQUIRED FOR INVOICE SUBMISSION. ALL CARRIER DOCUMENTATION SHOULD BE SUBMITTED TO CARRIERPAYMENT@TRAFFIX.COM WITHIN 72 HOURS OF DELIVERY. IF CARRIER DOCUMENTATION IS RECEIVED MORE THAN 60 DAYS AFTER LOAD HAS DELIVERED, CARRIER WILL HAVE TO GO THROUGH AN APPEAL PROCESS TO BE PAID ON LOAD
12. JURISDICTION WILL BE DETERMINED BY THE TRAFFIX BILL-TO: CITY / STATE (PROVINCE) AS REFERENCED IN THIS CONTRACT.
13. FUEL ADVANCES OF 40% ARE CHARGED A FEE OF 5% OF THE REQUESTED ADVANCE AMOUNT.
14. IF DETENTION OCCURRED, TIMES MUST BE STAMPED AND SIGNED BY PICKUP AND/OR DELIVERY FACILITY IN ORDER TO BE PAID. CARRIER IS ALSO REQUIRED TO NOTIFY TRAFFIX PRIOR TO DETENTION OCCURRING TO ASSIST WITH THE LOADING/UNLOADING PROCESS.
15. IF LUMPER OCCURRED AT DELIVERY, CARRIER MUST NOTIFY TRAFFIX OF AMOUNT PAID & SUBMIT RECEIPT WITHIN 48 BUSINESS HOURS OF DELIVERY OR LUMPER WILL NOT BE REIMBURSED.
16. SEAL MUST REMAIN INTACT AT ALL TIMES AND MAY NOT BE BROKEN WITHOUT CONSENT FROM TRAFFIX. IN THE EVENT THAT A SEAL IS BROKEN BY CANADIAN BORDER SERVICES OR UNITED STATES CUSTOMS & BORDER PROTECTIONS, PLEASE ADVISE TRAFFIX IMMEDIATELY WITH THE NEW SEAL INFORMATION. ANY SEAL BROKEN BY THE CARRIER WILL RESULT IN AN INSURANCE CLAIM FOR THE FULL VALUE OF THE PRODUCT ONBOARD.


The link provided below contains important information regarding the FDA's new regulations for the transportation of food for human and animal consumption. As a carrier you are responsible for meeting the regulations that are outlined in the attached documents. Please go to the attached link and read the documents. <https://traffix.com/media/download/68>

Accept/Decline/View Tender

Please click this link to Accept a Tender: [Click to Accept](#) Please click this link to Decline a Tender: [Click to Decline](#) Please click this link to View a Tender: [Click to View](#)

Bill of Lading

Ship From: HSM SOLUTION-TRIAD FABCO 1325 Baker Road HIGH POINT, NC 27263 US SID#: <input type="checkbox"/> FOB				Date: 29-July-2024 Bill of Lading No: R5790376 <div style="text-align: center; font-weight: bold; font-size: 1.2em;">BARCODE SPACE</div>			
Ship To: Location No: IMMI WESTFIELD. 18881 IMMI WAY Westfield, IN 46074 US CID#: <input type="checkbox"/> FOB				Carrier Name: Trailer No: Seal Number(s): SCAC: Pro No: T00685071 <div style="text-align: center; font-weight: bold; font-size: 1.2em;">BARCODE SPACE</div>			
Third Party Freight Charges - Bill To: PO BOX 9319 DES MOINES, IA 50306 US				Freight Charge Terms (prepaid unless marked otherwise) <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/> Master BOL: w/attached underlying BOLs			
Special Instructions:							
Customer Order Information							
Customer Order No.	# Pkgs.	Weight	Pallet/Slip (Y/N)	Additional Shipper Info			
	20	8000.00		FOAM			
Totals		20	8000.00				
Carrier Information							
Handling Unit		Package		Commodity Description			LTL Only
QTY	TYPE	QTY	TYPE	Weight	H.M. (X)	Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. <small>See Section 2(e) of NMFC Item 360</small>	NMFC No.
		20		8000.00		FOAM	
		20		8000.00		Totals	
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 _____ FOB _____.							
NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B).				COD Amt. \$ _____ Fee Terms: <input type="checkbox"/> Collect <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer Check Acceptable			
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.				The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature _____			
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 DOT.				Trailer Loaded <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
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 or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.				Carrier Signature _____		Pickup Date _____	

 7/29/24
 Shipper Signature Date

Driver Copy

Date: 29-July-2024			
Bill of Lading No: R5790376			
BARCODE SPACE			
Carrier Name: Trailer No: Seal Number(s):			
SCAC: Pro No: T00685071			
BARCODE SPACE			
Freight Charge Terms (prepaid unless marked otherwise) <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/> Master BOL: w/attached underlying BOLS			

Ship From: HSM SOLUTION-TRIAD FABCO 1325 Baker Road HIGH POINT, NC 27263 US		<input type="checkbox"/> FOB	
Ship To: IMMI WESTFIELD. 18881 IMMI WAY Westfield, IN 46074 US	Location No:		
CID#:		<input type="checkbox"/> FOB	
Third Party Freight Charges - Bill To: PO BOX 9319 DES MOINES, IA 50306 US			
Special Instructions:			

Customer Order Information				
Customer Order No.	# Pkgs.	Weight	Pallet/Slip (Y/N)	Additional Shipper Info
	10	8000.00		FOAM
Totals	10	8000.00		

Carrier Information								
Handling Unit		Package		Weight	H.M. (X)	Commodity Description <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of MNMFC Item 360</small>	LTL Only	
QTY	TYPE	QTY	TYPE				NMFC No.	Class
10				8000.00		FOAM		
10				8000.00		Totals		

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 _____ FOB _____.

COD Amt. \$_____
Fee Terms: ☐ Collect ☐ Prepaid
☐ Customer Check Acceptable

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.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

 Shipper Signature _____

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 DOT.	Trailer Loaded <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	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 or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
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Shippin Lambert
Date 7/29/24

Carrier Signature _____

Pickup Date _____