Royal 3inc.

Bill to: TA SERVICES INC 280 WARD RD., Mansfield, TX, 76063 Invoice Date: 08/01/2024 Invoice #: 1259665 Terms: NET 30 Due Date: 09/01/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
07/30/2024		55 Transfer Way, TEMPLE, TX 76501 - 1590 Williams Rd, COLUMBUS, OH 43207			
			1	\$2,500.00	\$2,500.00

TOTAL	
\$2,500.00	

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



**Shipment Confirmation** 

**TA#:1259665** 

SERVICES	For Notice of Assignments please email to NOA@taservices.com Page 1								
Fax or Email signed	confirmations t	Email	Karissa Mirvis : kmirvis@taserv : 858-369-6110	ices.com or fax:					
Carrier: ROYAL3 INC CHICAGO Contact: Robert Phone: 630-485-7370		robert.j@royal3in	c.com	Driver: Jorge Driver Cell: 862-668-5247 Truck #:					
TA #: 1259665 Miles: 1132.0 Items: 3744 Temp: -	Weigh	<b>y:</b> PP Shake 11.5 nt: 41512.6 er: Van (DAT)	5oz 12ct CAR	BOL#: 7140580					
Addres	ne: Niagara Bottling NG ss: 55 Transfer Way Zip TEMPLE In Out	D9 TX 76501 Cases/Pieces:	Weight:	Date/Time: 07/30/2024 0800 07/30/2024 2000					
Pickup #: 36655864			<b>C/P:</b> 0	Weight: 0.0					
Addres	ne: ODW Logistics DC ss: 1590 Williams Rd Zip COLUMBUS In Out	2 OH 43207 Cases/Pieces:	Weight:	Date/Time: 08/01/2024 1400					
ROY	AL3 INC		Freight Pay	: \$2,500.00					
Payments are managed thro Email: triumphpay.com	ugh Triumph Pay:	т	otal Carrier Pay						
Phone: (469) 312-7222 Please submit invoices and pap Submit all NOA's to TAServices For payment inquiries not avail For rate verifications, please en For any additional matters, please	s@NOA.TriumphPay.com able in Triumph Pay, plea nail Verification@TAServ	ase email Payables	@TAServices.com.						

## **Special Instructions**

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: Driver Email: Tractor: Trailer:

12290095



Date:       07/31/24 01:55 AM CST       BILL OF LADING         SHIP FROM       36655864         Name:       N09       Master BIII of Lading Number: 57100156         Address:       55 Transfer Way       Customer PO#:       7140580         City/State/Zip:       Temple, TX 76501       Bell       Dellvery #:       36655864         SID#:       57100156       FOB:□       Dellvery #:       36655864         Shipment #:       57100156       Stripto       Stripto         CARRIER DETAILS         Name:       PREMIER NUTRITION       Carrier Name:       CUSTOMER PICKUP         Location #:       Address:       2560 PHILADELPHIA AVE.       City/State/Zip:       ONTARIO       CA         Address:       1580 WILLIAMS ROAD ODW LOGISTICS DC-1       City/State/Zip:       ONTARIO       CA         City/State/Zip:       COLUMBUS, OH 43207       SCAC:       CPU       Pro number:         CID#:       FOB:□       Trailer number:       94932       Stripto	Page 1 of1
SHIP FROMBill of Lading Number:Name:N09Address:55 Transfer WayCity/State/Zip:Temple, TX 76501SID#:57100156FOB:Delivery #:36655864Shipment #:57100156CARRIER DETAILSName:PREMIER NUTRITIONLocation #:Carrier Name:Address:1580 WILLIAMS ROAD ODW LOGISTICS DC-1City/State/Zip:COLUMBUS, OH 43207City/State/Zip:COLUMBUS, OH 43207City/State/Zip:ONTARIOCARCity/State/Zip:COLUMBUS, OH 43207	
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City/State/Zip: COLUMBUS, OH 43207	91761
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Customer Phone: Seal Number 1035742	
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POD INSTRUCTIONS: Carrier FAX (909) 494–4456 Or Email To: Orders@niagarawater.com	
Customer Order Information	and the second second
Qty Bottles Cases Pallets SKU Customer Item Item Description UPC Code	Weight
Order Shipped Shipped ID	
3744 44928 3744 26 PNC115Z12PCMPB 501 AS PERMIER PROTEIN 76	41433 lbs
501 AS.PREMIER PROTEIN 76 CARAMEL.12P.BOX.144.PB	
Totals	
3744 44928 3744 26	41433 lbs
All overages, under and damage issues/refusals must be populated <b>Receiving Stamp</b> :	
on this document and communicated via FAX confirmation of POD	
o ( )09) 494-4456	
CARRIER	
CARRIER SIGNATURE/PICKUP DATE If the shipment is to be delivered to the consignee without recourse on the FACILITY CH	HECKOUT
consignor, the consignor shall sign the	
The carrier shall not make delivery	0/24 08:00 AM CS
of this shipment without payment Check In Time07/31 of treight and all other lawful Check In Time07/31	
rint Charges. Check Out 07/31	1/24 01:55 AM CS
ame: Delivery Time 07/3	1/24 06:14 PM CS
9.	abriel
hat have been agreed upon in writing between the carrier and	formandez
hipper, if applicable, otherwise to the rates, classifications and lies that have been established by the carrier and are available to NMFC # CLASS	
e shipper, on request, and to all applicable state and federal NBL Initinals:	
arrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made avai	
and/or carrier has the 0.5,001 emergency response guidebook of equivalent documentation in the vehicle.	llab
CARRIER INSTRUCTIONS	
Driver:Should you encounter any delays preventing the on time delivery of this shipment. Please dial 909–230–448	



Niagara Bottling, LLC

SHIP FROM     Bill of Lading Number:     36655864       Name:     N09       Vame:     N09       Vame:     N09       Address:     55 Transfer Way       ChryState/Zip:     Transfer Way       ChryState/Zip:     FOB:       Still:     57100156       Still:     57100156       Still:     57100156       Still:     FOB:       Carrier Name:     CUSTOMER PICKUP       Address:     2560 PHILADELPHIA AVE.       Cutivers:     1560 PHILADELPHIA AVE.       Cutivers:     2560 PHILADELPHIA AVE.       Cutivers:     2560 PHILADELPHIA AVE.       Cutivers:     2560 PHILADELPHIA AVE.       Cutivers:     2560 PHILADELPHIA AVE.       Cutivers:     24922       State:     COLUMBUS. OH 43207       TOD:     FOB:     Trailer number:       Trailer number:     94932       Seal Number     1035742       States:     States:       Cutioner Order Information     Customer Pick Up       Cutioner Order Information     1000       Other States:     Prepaid       Corder Shipped     Stulped       Other States:     Stulped       States:     States:       States:     States: <td< th=""><th>Date:</th><th>07/31</th><th>/24 01:55 A</th><th>MCST</th><th>FORM - Not negotia</th><th>ILL</th><th>OF LAD</th><th>DING</th><th></th><th></th><th></th><th></th><th>Page 1 of 1</th></td<>	Date:	07/31	/24 01:55 A	MCST	FORM - Not negotia	ILL	OF LAD	DING					Page 1 of 1
Name:       N09         Matter Bill of Lading Number: 57100156         Charling POP:       7140580         Reference #:       36655864         Delivery #:       36655864         Strip To       CARRIER DETAILS         Name:       PREMIER NUTRITION       Carrier Name:       CUSTOMER PICKUP         Scaling       FOB::::::::::::::::::::::::::::::::::::	- 110.	0//3//		and an and the					r:	36655	6864		
Name       S5 Transfer Way         States       S5 Transfer Way         Chylister/Zip       Temple, TX 75501         StDip:       S7100156         FBEMER NUTRITON       Carrier Name:         Location *:       S5 Transfer Way         Location *:       CUSTOME PICKUP         Location *:       CUSTOME PICKUP         Location *:       CUSTOME PICKUP         Location *:       CUSTOME PICKUP         Location *:       FOB:         Location *:       FOB:         Location *:       FOB:         Location *:       FOB:         Proper charges are presed unless moned       Prepaid © Collect © 3rd Party © Customer Pick Up ©         Constructions:       Carrier Name:         Constru			Sru	PFROM			Manter Bill	of Lading	Numb	er: 57100	0156		
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Seal Number       1035742         Prepaid       Collect       3rd Party       Customer Pick UP         Provider       Origen charges are prepaid unless marked otherwised       Prepaid       Collect       3rd Party       Customer Pick UP         POD INSTRUCTIONS: Carrier FAX       (909) 494-4456       Or Email To: Orders & niagarawater.com       UPC Code       Weight         Ory       Bottles       Shipped       SKU       Customer Order Information       UPC Code       Weight         Ory       Bottles       Shipped       SKU       Customer Item       Item Description       UPC Code       Weight         Ory       Bottles       Stape       Pallets       SKU       Customer Item       UPC Code       Weight         Ory       Bottles       Stape       Pallets       SKU       Customer Item       UPC Code       Weight         01       Ory       Bottles       Stape       Pallets       Code 38437169       41433       Item         04       Overrages, under and damage issues/refusals must be populated       Receiving Stamp:       Orders aniger without payment       Code College       Colege       Consigner Withour payment	-	Zip:	COLUMBUS	S, OH 432							num	ber:	
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erms:       otherwise)         20D INSTRUCTIONS: Carrier FAX       (909) 494-4456       Or Email To: Orders@niagarawater.com         Customer Order Information         OUD INSTRUCTIONS: Carrier FAX       (909) 494-4456         OUD INSTRUCTIONS: Carrier FAX       (909) 494-4456       Or Email To: Orders@niagarawater.com         OUD INSTRUCTIONS: Carrier FAX       (909) 494-4456       Or Email To: Orders@niagarawater.com         OUD INSTRUCTIONS: Carrier FAX         OUD INSTRUCTIONS: Carrier FAX       (909) 494-4456         OUD INSTRUCTIONS: Carrier FAX         OUD INSTRUCTIONS         OUD INSTRUCTIONS: Carrier FAX         OUD INDE INFORMENCIAL PROVINCIAL PROVINCIAL PROVINCIAL PROVINCI	Customer	Phone	:	1			Seal Numb	er	1035	742			
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Totals       Totals         Ar44       44928       3744       26         All overages, under and damage issues/refusals must be populated in this document and communicated via FAX confirmation of POD       Receiving Stamp:         0       09/494-4456       CARRIER         CARRIER SIGNATURE/PICKUP DATE         gbriel fernandez       If the shipment is to be delivered to the consignee without recourse on the consignee without recourse on the consignee without payment to this shipment without payment to the state and all other lawful charges.       FACILITY CHECKOUT         raperty described above is received in good Order, except as noted.       If the shipment without payment to thout payment to this shipment without payment to thou all agains and all other lawful charges.       Consignor Signature         Date       Date       Date       Driver Name: gabriel         Col Amount:       LTL ONLY       NMFC # CLASS       NBL Initials:         Net thave been established by the carrier and are available to shipper, on request, and to all applicable state and federal       Carrier certifies emergency response information was made available         of carrier tas the U.S.DOT emergency response guidebook or equivalent documentation in the vehicle.       CARRIER INSTRUCTIONS         river:Should you encounter any delays preventing the on time delivery of this shipment. Please dial 909-230-4486 for ass	3744 44	928	3744	26	PNC115Z12PCMPE	P2A					006		41433 II
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