

**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**For Notice of Assignments please email to [NOA@taservices.com](mailto:NOA@taservices.com)

Page 1

**Fax or Email signed confirmations to:**

Karissa Mirvis  
Email: [kmirvis@taservices.com](mailto:kmirvis@taservices.com)  
Phone: 858-369-6110 or fax:

<b>Carrier:</b> ROYAL3 INC CHICAGO IL 60638	<b>Driver:</b> Jorge
<b>Contact:</b> Robert	<b>Driver Cell:</b> 862-668-5247
<b>Phone:</b> 630-485-7370 x302	<b>Truck #:</b>
<b>Email:</b> <a href="mailto:robert.j@royal3inc.com">robert.j@royal3inc.com</a>	
<b>Fax:</b>	

<b>TA #:</b> 1259665	<b>Commodity:</b> PP Shake 11.5oz 12ct CAR	<b>BOL#:</b> 7140580
<b>Miles:</b> 1132.0	<b>Weight:</b> 41512.6	
<b>Items:</b> 3744	<b>Trailer:</b> Van (DAT)	
<b>Temp:</b> -		

<b>PU 1</b>	Name: Niagara Bottling NO9	Date/Time: 07/30/2024 0800
	Address: 55 Transfer Way	07/30/2024 2000
	City/State/Zip TEMPLE TX 76501	
<b>Pallets:</b>	<b>In</b>	<b>Out</b>
	<b>Cases/Pieces:</b>	<b>Weight:</b>

<b>Pickup #:</b> 36655864	<b>C/P:</b> 0	<b>Weight:</b> 0.0
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<b>SO 2</b>	Name: ODW Logistics DC2	Date/Time: 08/01/2024 1400
	Address: 1590 Williams Rd	
	City/State/Zip COLUMBUS OH 43207	
<b>Pallets:</b>	<b>In</b>	<b>Out</b>
	<b>Cases/Pieces:</b>	<b>Weight:</b>

<b>ROYAL3 INC</b>	<b>Freight Pay:</b>	\$2,500.00
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<b>Total Carrier Pay:</b>	\$2,500.00
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**Payments are managed through Triumph Pay:**Email: [triumphpay.com](mailto:triumphpay.com)

Phone: (469) 312-7222

Please submit invoices and paperwork to [Accounting@TAServices.com](mailto:Accounting@TAServices.com).Submit all NOA's to [TAServices@NOA.TriumphPay.com](mailto:TAServices@NOA.TriumphPay.com).For payment inquiries not available in Triumph Pay, please email [Payables@TAServices.com](mailto:Payables@TAServices.com).For rate verifications, please email [Verification@TAServices.com](mailto:Verification@TAServices.com).

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

**Special Instructions**

## 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.\*\*\*

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### Driver Name:

Driver Cell:

Driver Email:

Tractor:

Trailer:

12290695

Date: 07/31/24 01:55 AM CST

## BILL OF LADING

## SHIP FROM

Name: N09  
Address: 55 Transfer Way  
City/State/Zip: Temple, TX 76501  
SID#: 57100156

FOB: ☐

Bill of Lading Number: 36655864  
Master Bill of Lading Number: 57100156  
Customer PO#: 7140580  
Reference #:  
Delivery #: 36655864  
Shipment #: 57100156

## SHIP TO

Name: PREMIER NUTRITION  
Location #:  
Address: 1580 WILLIAMS ROAD ODW LOGISTICS DC-1  
City/State/Zip: COLUMBUS, OH 43207  
CID#: FOB: ☐  
Customer Phone:

## CARRIER DETAILS

Carrier Name: CUSTOMER PICKUP  
Address: 2560 PHILADELPHIA AVE.  
City/State/Zip: ONTARIO CA 91761  
SCAC: CPU Pro number:  
Trailer number: 94932  
Seal Number 1035742

Freight Charge (freight charges are prepaid unless marked otherwise)  
Terms:

Prepaid ☐ Collect ☐ 3rd Party ☐ Customer Pick Up ☐

POD INSTRUCTIONS: Carrier FAX (909) 494-4456 Or Email To : Orders@niagarawater.com

## Customer Order Information

Qty Order	Bottles Shipped	Cases Shipped	Pallets Shipped	SKU	Customer Item ID	Item Description	UPC Code	Weight
3744	44928	3744	26	PNC115Z12PCMPB	P2A070012US0501	P2A070012US0501 115Z. AS.PREMIER PROTEIN CARAMEL.12P.BOX.144.PB	00643843716976	41433 lbs

## Totals

3744	44928	3744	26					41433 lbs
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All overages, under and damage issues/refusals must be populated on this document and communicated via FAX confirmation of POD to (909) 494-4456

Receiving Stamp:

## CARRIER

## CARRIER SIGNATURE/PICKUP DATE

*gabriel fernandez*

Property described above is received in good Order, except as noted.

Print

Name: gabriel fernandez

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.

If the 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.

Consignor Signature

Date

## FACILITY CHECKOUT

Appt Time: 07/30/24 08:00 AM CST

Check In Time: 07/31/24 01:11 AM CST

Check Out: 07/31/24 01:55 AM CST

Delivery Time: 07/31/24 06:14 PM CST

Driver Name: gabriel

Driver Initials: *gabriel fernandez*

NBL Initials:

COD Amount: \$

LTL ONLY

NMFC #

0

CLASS

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S.DOT emergency response guidebook or equivalent documentation in the vehicle.

## CARRIER INSTRUCTIONS

Driver: Should you encounter any delays preventing the on time delivery of this shipment. Please dial 909-230-4486 for assistance.

Date: 07/31/24 01:55 AM CST

## BILL OF LADING

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City/State/Zip: Temple, TX 76501  
SID#: 57100156

FOB: ☐

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*gabriel fernandez*

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Name: gabriel fernandez

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LTL ONLY

NMFC # CLASS

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*Carina Richmond**8/1/24*