

**Bill to:**

FOX LOGISTICS
20086 U.S. Highway,
Strake,
FL,

Invoice Date: 08/05/2024

Invoice #: 119803351

Terms: NET 30

Due Date: 09/05/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
08/02/2024		SONWIL - NIAGARA FALLS 126 MEMORIAL PARKWAY, NIAGARA FALLS, NY 14303 - C0041 COCSWB - ABILENE, TX, P030 1000 E I-20 ABILENE, TX 79601			
			1	\$2,750.00	\$2,750.00

TOTAL
\$2,750.00

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



20086 US HWY 301 N
STARKE, FL 32091
Docket: MC278915
Phone: (904) 579-2814
Email: Ops@foxlogistics.com
Carrier Rep: Monika Stefanovska

LOAD CONFIRMATION

Load #: 119803351
Date: 7/30/2024
Equipment: Van
Weight: 41,308 lbs
Distance: 1550.01

Carrier Information

ROYAL3 INC
6850 W 63RD STREET
CHICAGO, IL 60638

MC Number:
944686
Phone: (630) 485-7370
Fax: (630) 485-6980

Driver: Javier
Driver Phone: (512) 956-3535
Email:
dispatch@royal3inc.com

Reference Numbers

Reference(s) 887775574
Reference(s) 4505665018
Reference(s) 100241386
Reference(s) 80589721

Stops / Actions

Action	Date / Time	Location	Contact
Pickup	8/2/2024 2:00 PM - 3:00 PM	SONWIL - NIAGARA FALLS 126 MEMORIAL PARKWAY NIAGARA FALLS, NY 14303	Primary Contact:Mimi Saddler Phone:
Pickup Instructions: Appt at 1500. Can check in an hour early. Cant be late.			
Delivery	8/5/2024 7:00 AM - 7:00 AM	C0401 CCSWB - ABILENE, TX - P030 1000 E I-20 ABILENE, TX 79601	Primary Contact:David Duttlinger Phone:
Delivery Instructions:			

Description	Notes	Quantity	Handling Units
BodyArmor Water 12/1Liter Morgan		1,380	1

Pay Items

Linehaul	\$2,750.00
Fuel	\$0.00
Total:	\$2,750.00

Quote Terms and Conditions

The above-listed Carrier hereby acknowledges and agrees that by accepting tender of the above-referenced load, and this Confirmation Sheet, that said Carrier is agreeing to the terms, rates, and charges set forth herein, and to all the terms and conditions set forth in any Agreement between carrier and Fox Logistics, Inc., including those found at <https://foxlogistics.com/terms>. The agreed price is for the movement of this shipment from origin to destination, and includes any additional pickups or stops, and all compensation for any associated activity or fee. In accepting tender for the above-referenced load, carrier accepts liability for damage or loss to such load while in Carrier's care, custody, and control, and warrants that it is in possession of insurance covering the same. Carrier agrees to indemnify Fox Logistics, Inc. against any claims resulting from Carrier's performance in the transportation of such load. Carrier's acceptance of this load and signature on the associated Bill of Lading serves as evidence that the load was received in good condition. Carrier's failure to abide by Shipper's instructions concerning the transportation of the load, including temperature and reefer settings, will be viewed as Carrier's negligence and may be used as prima facie evidence of damage to the load. Carrier is responsible to ensure that their trailer is sealed before leaving each shipping point and that the trailer maintains its seal during the entirety of transit until goods have been delivered and a signed BOL can be provided from the receiving party. Carrier should send a picture of both the seal affixed to the trailer and the seal # clearly written on their BOL to tracking@foxlogistics.com before leaving any shipping point. Failure to ensure the trailer is affixed with a seal before leaving any shipping location will cause the carrier to inherit all liability for any OS&D and/or claims that result from the loss of chain of custody. The carrier also agrees to forfeit any pay for transportation of goods and services in regards to this rate confirmation if they fail to maintain chain of custody via seal integrity.

Please send invoice, POD, and NOA (if applicable) to, billing@foxlogistics.com

All payments are issued through TriumphPay. Click [here](#) to navigate to TriumphPay if you have not yet registered.

We are excited to share that we now offer QuickPay through TriumphPayHere is a breakdown of the fees:

- Same-Day QuickPay: 3%
- Select-Carrier QuickPay: 2%
- Standard-Pay (30-day terms): No fee

If you choose QuickPay, please indicate it in the subject line of your emails. We recommend registering on TriumphPay and connecting with Fox Logistics, Inc. (MC# 278915) before sending your invoice. This will ensure your payment method and terms are selected before payment is issued.

Payment of lump sum fees is the sole responsibility of the carrier. A receipt must be provided within 24 hours and reimbursement will occur upon payment of the invoice.

Driver Name


Driver Cell Phone #

Print Name

Signature

Date

2012812145 *								
100710-1.0	1L/pH Water	01	061524	06/15/2026	CS	1710	60	
						1710	60	
2012812146								
100710-1.0	1L/pH Water	01	061524	06/15/2026	CS	1710	60	
						1710	60	
2012812147								
100710-1.0	1L/pH Water	01	061524	06/15/2026	CS	1710	60	
						1710	60	
2012812148								
100710-1.0	1L/pH Water	01	061524	06/15/2026	CS	1710	60	
						1710	60	
2012812149								
100710-1.0	1L/pH Water	01	061524	06/15/2026	CS	1710	60	
						1710	60	
2012812150								
100710-1.0	1L/pH Water	01	061524	06/15/2026	CS	1710	60	
						1710	60	
2012812270								
100710-1.0	1L/pH Water	01	061524	06/15/2026	CS	1710	60	
						1710	60	
2012812331								
100710-1.0	1L/pH Water	01	061524	06/15/2026	CS	1710	60	
						1710	60	
2012812332								
100710-1.0	1L/pH Water	01	061524	06/15/2026	CS	1710	60	
						1710	60	
2012812333								
100710-1.0	1L/pH Water	01	061524	06/15/2026	CS	1710	60	
						1710	60	
2012812334								
100710-1.0	1L/pH Water	01	061524	06/15/2026	CS	1710	60	
						1710	60	
2012812335								
100710-1.0	1L/pH Water	01	061524	06/15/2026	CS	1710	60	
						1710	60	
2012812336								
100710-1.0	1L/pH Water	01	061524	06/15/2026	CS	1710	60	
						1710	60	
2012812338								
100710-1.0	1L/pH Water	01	061524	06/15/2026	CS	1710	60	
						1710	60	
2012812339								
100710-1.0	1L/pH Water	01	061524	06/15/2026	CS	1710	60	
						1710	60	
23 Unit(s)								

A blue plastic identification tag is attached to a metal clamp. The tag has a series of horizontal ridges near the top and the number '6064296' printed in white. The clamp is made of dark, weathered metal and is positioned against a light-colored, textured background.

6064296

Date: 08/02/2024

BILL OF LADING

Page 1

SHIP FROM
 Name: BODY ARMOR LLC (DC26)
 Address: 126 Memorial Pkwy
 City/State/Zip: Niagara Falls, NY 14043
 SID# FOB: ☐

Bill Of Lading Number: 8258810



SHIP TO
 Name: CCSWB - Abilene, TX - P030
 Address: 1000 E I-20
 City/State/Zip: Abilene, TX 79601
 CID# FOB: ☐

CARRIER NAME: FOX LOGISTICS INC

Trailer number: H03262

Seal number(s): 6064296

SCAC: FXLG

Pro number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: PREPAID, THIRD PARTY BILLING
 Address: 20086 US HWY 301 N
 City/State/Zip: STARKE, FL 32091

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

Prepaid ☐ Collect ☐ 3rd Party ☒ X

☐ Master Bill of Lading: with attached underlying Bills of Lading
 (check box)

SPECIAL INSTRUCTIONS Load: BOD6258810 Delivery: 000085128
 CHEP Count: 0

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	CUBE	PALLET/SUP (CHECK ONE)	ADDITIONAL SHIPPER INFO
4505665018	1407	3933		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	RegDelDate 06/07/24 EIO: 80589721 Ord 80589721
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
GRAND TOTAL	1407	3933	0		

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)(c) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
23	WWOO	23	EA	0		- NMFC Not Defined -		
		4	EA	0		Bags, dunnage, disposable, freight loading, inflatable, paper and plastic combined, dunnage	020515	70
		1360	CS	39330		BOTTLED WATER	196500	60
		0		289		PALLETS	150390	100
23		1407		40319		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 ☐ 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.

Signature

Shipper

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, described, packaged, marked and stored, and are in proper condition for transportation according to the applicable regulations of the DOT.

By Driver

By Shipper

By Driver

By Driver

By Shipper

By Driver

By Driver/Pieces

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 emergency response guidebook or equivalent documentation in the vehicle.

APPT TIME

Time in

Time loaded

Time out

30
 28
 300
 305

8/2/24

United States Postal Service

Plant-Verified Drop Shipment (PVDS)
Consolidated Verification and Clearance — DSMS

Requested in-home Delivery Date (3-day window)

Drop Ship Appointment Number
130207303

CONSOLIDATOR: This form is for use by an authorized drop shipment management system (DSMS) consolidator only, for multiple PVDS mailings cleared at origin on the same day for entry at a single destination on the same vehicle.

1. Consolidator's Name
QUAD/GRAPHICS INC.
FAST SCHEDULER ID
530724195001

2a. Consolidator's Contact Name
SHIPPING SUPERVISOR

2b. Consolidator's Contact Telephone
920-269-5180

3. Origin Plant Location (City, state, and ZIP+4)
MARTINSBURG WV 25403

4. Contact and Telephone at Company Making Drop Ship Appointment
(If other than consolidator and if known when completing this form)

5. Individual Mailings

KEY (Used below to describe individual mailings)

Payment Type: P Permit M Metered S Pre-cancelled Stamp
Number of Pallets & Type: PK Pallets w bundles PS Pallets with sacks PT Pallets with trays
PP Pallets with parcels AS Airbox
S Sacks T Trays F Parcels
Number of Non-Palletized Containers & Type: B Bedloaded bundles O Other
Processing category: L Letters F Flats A Automation compatible
I Irregular parcels M Machinable parcels N Nonmachinable parcels

6. Destination Entry Discounts Claimed (Check all that apply)

☐ DOU ☒ DSCF ☐ OFSS
☐ Mailing includes pieces for delivery outside service area ☐ DNOC
☐ DAOC

Product/ Job Name	Product/ Job ID Number	Permit No. and Payment Type (Except PER)	Pallet/ Pallet Group ID	Number of Pallets & Type	DSMS Mailer ID	Total Gross Weight (Verified at origin office)	Class of Mail	Processing Category	DSMS Release Date
Restoration Hardware	Q0001D	86 - P	24942762	PK 23	25403	28421	PVDS	F	08/01/2024
Totals				23		28421			

7. Comments: Record SCF/ADC/NDC/ASF designator(s) and ZIP Code(s) for which mail is destined.
Q3649207 (pos 1) Postal DMU Contact (262) 246-39518. Date This Form 8125-CD Created
08/01/2024

SCF 144, SCF 144, SCF 140 Total eInduction Pallets: 0

This Form 8125-CD was verified and accepted under the Drop Shipment Management System (DSMS). No origin office postal signature or round stamp date is required. Contact the consolidator listed above if there are questions, or refer to Publication 804, Drop Shipment Procedures for Destination Entry.

Destination Entry Post Office or Delivery Unit

9. Entry Office (Facility name, address, city, state and ZIP+4® code as found in the Drop Ship Product.)

NORTHWEST ROCHESTER NY USPS FACILITY
1700 LYELL AVE
ROCHESTER
NY 14606-2393

10a. USPS Receiving Employee's Signature

10b. USPS Receiving Employee's Name

11. Date of Arrival

12. Time of Arrival

13. Date of Departure

14. Time of Departure

15. Load Condition Irregularities (Check all that apply)

☐ Pallets Too Tall (T) ☐ Load Unsafe (U)
☐ Broken Pallets (B) ☐ Overweight Pallets (O)
☐ BUNDLES on NDC Pallets Not Machinable (M)
☐ Separations Do Not Match 8125s (P) ☐ Courtesy Pallets (C)
☐ Container Counts Do Not Match 8125s (P)
☐ Other (Describe in item 17)

16. Appointment

☐ Arrived Early (E) ☐ Arrived Late (L) ☐ No Appointment (N)

17. Comments

18. Scan the barcode upon receipt

Date: 08/02/2024

BILL OF LADING

Page 1

SHIP FROM
Name: BODY ARMOR LLC (DC26)
Address: 126 Memorial Pkwy
City/State/Zip: Niagara Falls, NY 14043
SID#
FOB: ☐

Bill Of Lading Number: 8258810



SHIP TO
Name: CCSWB - Abilene, TX - P030
Address: 1000 E I-20
City/State/Zip: Abilene, TX 79601
CID#
FOB: ☐

CARRIER NAME: FOX LOGISTICS INC
Trailer number: H03262
Seal number(s): 6064296

SCAC: FXLG

Pro number:

PENDING APPROVAL

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: PREPAID, THIRD PARTY BILLING
Address: 20086 US HWY 301 N
City/State/Zip: STARKE, FL 32091

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

Prepaid ☒ Collect ☐ 3rd Party ☒

☐ Master Bill of Lading: with attached underlying Bills of Lading
(check box)

SPECIAL INSTRUCTIONS Load: BOD8258810 Delivery: 000085126
CHEP Count: 0

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	CUBE	PALLET/SLIP (CHECK ONE)	ADDITIONAL SHIPPER INFO
4505665018	1407	3933		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	ReqDelDate: 08/07/24 EID: 80589721 Ord: 80589721
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
GRAND TOTAL	1407	3933 0	0		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
23	WWOO	23	EA	0		- NMFC Not Defined -		
		4	EA	0		Bags, dunnage, disposable, freight loading, inflatable, paper and plastic combined delfa	020515	70
		1380	CS	39330		BOTTLED WATER	196500	60
		0		989		PALLETS	150390	100
23		1407		40319		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 ☐ 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

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

☐ By Shipper
☐ By Driver

Freight Counted:

☐ By Shipper
☐ By Driver/pallets said to contain
☐ By Driver/Pieces

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 emergency response guidebook or equivalent documentation in the vehicle.

Property described above is received in good order, except as noted

APPT TIME
Time in
Time loaded
Time out

3P
2P
300P
305P

8/2/24