Royal 3inc.

Bill to: REHMANN TRANSPORTATION CORP PO Box 1028, Mount Laurel, NJ, 08054 Invoice Date: 08/07/2024 Invoice #: 200 059422 Terms: NET 30 Due Date: 09/07/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
08/06/2024		2708 7 Hills Blvd, Henrico, VA 23231, USA - 890 E Blue Lick Rd, Brooks, KY 40109, 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 To: Royal3 Inc. -ICC No. 0944686 Fax Attn: JANE Fax (888)294-7030 Vc (630)485-7370

APPOINTMENTS - Times are scheduled by Rehmann Transportation Corp. ** ALL Accessorials must be preapproved. **

ALL ACCESSORIAL PAPERWORK MUST BE FAXED TO 1-888-965-2010 WITHIN 24 HOURS. FAILURE TO DO SO WILL RESULT IN NON-PAYMENT.

YOU MUST CALL 1-856-924-5200 TO OBTAIN AN AUTHORIZATION NO. <u>*NO ADVANCES* ALL Comchecks will have a \$17 charge added including Lumpers</u> Carrier to provide driver(s) to affect agreed schedule according to DOT SAFETY REGULATIONS

NO Brokers: by signing this amendment to contract you agree to utilize YOUR equipment. If this load is brokered out you agree to forfeit payment.

BILLING REQUIREMENTS: for Accounting Questions: 856-787-9729

- 1.) Original Bill of Lading/Delivery Receipt.
- 2.) Rate confirmation sheet.
- 3.) Carrier Invoice.
- 4.) <u>ALL ACCESSORIAL PAPERWORK MUST BE TURNED IN WITHIN 24 HOURS</u> <u>FAILURE TO DO SO WILL RESULT IN NON-PAYMENT.</u>
- 5.) Copy of Operating Authority.
- 6.) Complete IRS form W-9.
- 7.) Signed contract.
- 8.) <u>Original</u> certificate of liability & cargo insurance (must be sent from your insurance agent and listing Rehmann Transportation Corp. as Additional Insured).

This Rate Confirmation will be added to the Contract Carrier Agreement

Send invoice and supporting documents to: ap@rtctransportation.com or mail to: Rehmann Transportation Corp., PO Box 1028, Mt Laurel, NJ 08054

> To Secure Order Driver must call <u>1-856-924-5200</u> BETWEEN 7:30-10:00 AM (EASTERN TIME) ON DAY OF PICKUP.

Addendum to Contract

Load Number: 200 059422 (This number must appear on all paperwork)

<u>Pick-up</u>		<u>Consignee(s):</u>
Richmon	d VA 23231	Shepherdsville KY 40165
Appt:	8/06/24 15:00	Appt: 08/07/24 10:00AM
	** HOT HOT ** Must Pick-up &	Deliver ON TIME **

#/Pcs	Commodity	Weight	Equipment	Amount
27	Packaging Material	34,833	VAN ONLY	1,100.00

MUST PU AND DEL ON TIME LATE FEES APPLY

Carrier agrees not to solicit customers according to contract.

Authorized Signature:_____ Date: _____ Dat

Please SIGN and FAX back to <u>1-888-965-2010</u> Attn: CODY

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