



RATE CONFIRMATION LOAD #: 18024716

DATE SENT: Tuesday, August 13, 2024 8:04AM

G&D TRANSPORTATION BROKERAGE - LEXINGTON

Contact: VICTORIA DEATON

1828-A TWO NOTCH ROAD

LEXINGTON, SC 29073

Phone: 803-957-6982 Ext 2 Fax: 803.996.3680

Please remit paperwork for payment to the address above or
email to jhall@gdtr.com

CARRIER NAME: ROYAL3 INC
CONTACT: JASON CORKOVIC
PHONE: 630-485-7370
FAX: 630-485-6980
EMAIL: JASON@ROYAL3INC.COM

DRIVER 1:
DRIVER 2:
TRUCK:
TRAILER 1:
TRAILER 2:

PICK UP: 08/13/2024 8:00AM to 08/13/2024 3:00PM

LOCATION	FB#	INFO	DESCRIPTION / INSTRUCTIONS	PCS	PLTS	WGT	TEMP
CMC RECYCLING 590 OLD HULL ROAD ***0800-1500 FCFS*** ATHENS, GA 30601			DRIVERS SET CB TO CHANNEL 4	1 TRKLD	0	44,000.0	

DELIVER: 08/14/2024 8:00AM

LOCATION	FB#	INFO	DESCRIPTION / INSTRUCTIONS	PCS	PLTS	WGT	TEMP
TRIPLE M (US) INC @ OVACO 1100 BROOKS INDUSTRIAL ROAD SHELBYVILLE, KY 40065			DRIVERS SET CB TO CHANNEL 4	1 TRKLD	0	44,000.0	

Notes:

DRIVERS SET CB TO CHANNEL 4

AGREED RATES

Our Reference	Rate Type	Amount
18024716	BASE	\$950.00
TOTAL: \$USD		\$950.00

SPECIAL BILLING NOTES

* 'Load Number' and 'Our Reference Number(s)' must be referenced on your invoice.
* A copy of the Original Bills must be provided with your invoice.
* Rates include all Add-on and Surcharges.
* Any Freight Claims will be deducted from the agreed rates.

Please sign and fax back.

Jason Corkovic
(SIGNATURE)

Jason Corkovic

(PRINTED NAME)

08-13-2024

(DATE)



INVOICE

BILL TO:

G&D TRANSPORTATION BROKERAGE

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INVOICE DATE: 08/14/2024**INVOICE #:** 18024716**TERMS:** NET 30**DUE DATE:** 09/14/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
08/13/2024		CMC Recycling, 5090 Hull Road, Athens, GA 30601 - Triple M (US) Inc @ Ovaco, 110 Brooks Industrial Road, Shelbyville, KY 40065			
		Freight Income	1	\$950.00	\$950.00

TOTAL

\$950.00

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**



590 Old Hull Road
Athens, GA 30601

Phone: 706-613-5201
Fax:

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

REFERENCE: subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading.
The property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each part at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.
Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classifications or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

From **COMMERCIAL METALS COMPANY** (BR.NO. 104) DATE 08/13/2024
DESIGNATE WITH AN (X)

AT Shipper's No. 72175

BY Agent's No. _____

(Mail or street address of consignee-For purposes of notification only).

Consigned to Triple M (US) Inc

Destination _____ State of _____ Country of _____

Route _____

Delivering Carrier _____ Vehicle or Car Initial G&D 748 W94 No. _____

NO. PACKAGES	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	*WEIGHT (Subject to Corr.)	CLASS OR RATE	Check Column	NONRECOURSE - Subject to Section 7 of Conditions, if this 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. The carrier shall not be entitled to recover from the consignor in the event of non-payment.
1 C/N	3205 6063 10/10 AL PO # 1007512 SC# 24077735 RUN# 2374689 Customer Delivery# 1297157-15458 PO# 1007512 G&D 748/W94938 Deliver 8/14/2024 @ 8:00AM SEAL# UL-3271943	24,957			CONSIGNOR'S SIGNATURE <u>Rich. Justice</u> Carrier understands that Shipper will only be liable for payment for property directly tendered by Shipper to Carrier and Shipper will only accept an invoice or request for payment if received within 90 days from the date of shipment.
					Select the applicable charge type below PREPAID <input checked="" type="checkbox"/> COLLECT <input type="checkbox"/> Received \$ _____ to apply in prepayment of the charges on the property described hereon. Agent or Cashier _____ Per _____ The signature here acknowledges only the amount prepaid.) Charges Advanced \$ _____
					C.O.D. SHIPMENT C.O.D. Amt _____ Collection Fee _____ Total Charges _____

† The fibre boxes used for this shipment conforms to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41, of the Consolidated Freight Classifications.

† This is to certify that the above articles are properly described by name and are packed and marked and are in proper condition for transportation according to the applicable regulations of the department of transportation.

† Shipper's imprints in lieu of stamp: not a part of Bill of Lading approved by the Department of Transportation.

† If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

Shipper's imprints in lieu of stamp: not a part of Bill of Lading approved by the Interstate Commerce Commission.

NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of property is hereby specifically stated by the shipper to be not exceeding _____

The Shipment Is Correctly Described,
Correct Weight Is _____ LBS.

Per _____

Shipper

COMMERCIAL METALS COMPANY, Shipper

Per Theresa Green

Agent, Per _____

Permanent post office address of shipper: CMC 457 ATHENS, 590 Old Hull Road, 30601, Athens, GA 30601