

# LOAD AGREEMENT



Carrier: ROYAL3 INC

Attention:

Phone: 630-485-7370

Fax: 630-485-6980

Email: SAMM@ROYAL3INC.COM

Driver:

Truck #:

Trailer #:

Weight:  
41,000.00

Pieces: 0

Pallets: 0

Commodity: FAK

Temperature Controlled: No

Required Equipment: 53' DRY VAN

**DRIVER MUST CALL AT 904-224-7292 FOR DISPATCH ON TRIP # 806574**

## \*\*\*\*\* NOTES AND SPECIAL INSTRUCTIONS \*\*\*\*\*

-153' DRY VAN W/ SWING DOORS REQUIRED FOR LOADING\*\*\*\*

\*TRACKING MUST BE SET UP OR NO ACCESSORIALS WILL APPLY\*\*

\*\*\*TRUCKER TOOLS TRACKING REQUIRED, IF NOT KEPT ON FOR THE DURATION OF THE TRIP, THERE IS A \$100 FINE\*\*\*

\*\*\*PRODUCTION SHIPMENT, MUST DELIVER AS SCHEDULED OR LATE CHARGES WILL APPLY FOR DOWNTIME IN PRODUCTION \$200 FEE PER DELIVERY MISSED\*\*\*\*

\*\*\*FOOD GRADE TRAILER REQUIRED\*\*\*\*\*

\*\*\*TRAILER MUST BE CLEAN, DRY, ODOR FREE\*\*\*\*

\*\*\*POSSIBLE LUMPER AT DELIVERY, PLEASE PAY AND WILL REIMBURSE\*\*\*

\*\*\*SEAL MUST BE INTACT, IF FOR ANY REASON THE SEAL IS NOT INTACT UPON ARRIVING AT DELIVERY IT WILL BE REJECTED AND WILL RESULT IN A CLAIM\*\*\*\*\*

\*\*\*\* Delivery Confirmation Report, Gate Pass, and Stamped/Signed Pages for all PO's \*\*\*\*

\*\*\*EMERGENCY # 904-868-3086

## Shipper #1

Address: ACCO  
941 ACCO Way  
OGDENSBURG, NY 13669

Pickup Date & Time: 9/5/2024 9:00:00AM To 9/5/2024 2:00:00PM

Pickup #: 6105325283

Directions: \*Routing instructions, if any, are for informational purposes only\*  
No Directions

**All Carrier Payments are going to be processed through TriumphPay.com starting 12/8/2022**

Please register online in order to receive payments:

1. Go to [www.secure.TriumphPay.com](http://www.secure.TriumphPay.com)
2. Register your company
3. Connect with **Corporate Traffic**
4. Add your payment information
5. Control your money!



**Get Paid Now!**

Login to TriumphPay.com to set up your default payment method.



9/5/2024 10:50:03AM

**Consignee #1****9/5/2024 5:30:00PM APPOINTMENT**

**Address:** SID RAW WH  
101 O'NEIL RD  
SIDNEY, NY 13838

**Delivery Date & Time:** 9/5/2024 5:30:00PM Appt.

**Delivery #:**

**Directions:** \*Routing instructions, if any, are for informational purposes only\*

No Directions

**Rates & Instructions for Payment**

Charge Description	Qty	Rate	Sub-Total
BASE AMOUNT			\$900.00
Total Due (USD): \$900.00			

We require legible copies of paperwork to process your payment. Please reference bill # **11495669** and **include this form with your invoice.**

**E-Mail All Invoices & POD's to:** carrierinvoices@corporatetraffic.com

**E-Mail All Other Inquiries to:** carrierinquiries@corporatetraffic.com

**Terms & Conditions**

**Agreed Rates and Charges:** Pursuant to Paragraph (III) titled "Rates and Charges" of the existing contract between the parties this rate confirmation shall be a modification of and addendum to said contract. Parties hereby mutually agree to the charges stated below and applying only to the shipment identified below. This rate confirmation includes all accessorial charges and surcharges. Including but not limited to stop-offs, unloading, or fuel surcharges.

**Exclusive Use of Trailer:** Shipment is booked as 'Exclusive Use'. Putting additional Freight with this shipment is prohibited. If carrier violates this condition it is agreed that, at Corporate Traffic's sole discretion, carrier's settlement may be offset/reduced.

**OS&D / Unloading Fees:** All OS&D / Unloading must be approved by Corporate Traffic at time of occurrence. B.O.L.'s must be marked 'Driver Unload' and a receipt must accompany original invoice. We will not honor or pay unloading fees that do not accompany the original invoice. Failure to notify Corporate Traffic regarding OS&D will result in carrier being held 100% responsible. Carrier authorizes Corporate Traffic to deduct any claims from agreed rates/settlement.

**No Double Brokering:** Carriers must use own equipment. Violation of this will result in payment being made directly to the actual carrier performing the work with this agreement being voided.

**Hours of Service:** The carrier acknowledges that driver has the available hours of service to make pickup and delivery as scheduled and will not require the Carrier to violate hours of service regulations as established by the FMCSA.

**FSMA Transporting Guidelines**

Carrier agrees and will ensure that shipments are being transported, pursuant to this Agreement, under conditions that are in compliance with the written food safety related instructions or requirements set forth in the Shipping Document, including any seal, temperature, quality control standards and delivery date requirements, will be considered "adulterated" within the meaning of the Food Drug & Cosmetic Act (21 U.S.C. §§ 342(a)(i)(4), 342(i)). Carrier understands that adulterated shipments may be refused by the Shipper, consignee or receiver upon their tender for delivery at destination, with or without inspection. Carrier will assume Full liability and Full Loss for loss or damage to cargo resulting from the breach of any of the foregoing requirements specified in this Section.

**Required Documents**

All BOL/POD's and accessorial receipts are required to be submitted 24-48 hours after delivery to the following email: carrierinvoices@corporatetraffic.com

**We only accept 1 invoice for each load and will not accept rebills so everything must be included on the initial invoice for**

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**Get Paid Now!**

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9/5/2024 10:50:03AM

**X**

Rates, Terms, and Conditions Signed and Accepted by ROYAL3 INC

11495669

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## INVOICE

**BILL TO:**  
CORPORATE TRAFFIC INC  
6500 BOWDEN ROAD SUITE 202  
JACKSONVILLE, FL 32216

**INVOICE DATE:** 09/08/2024  
**INVOICE #:** 806574  
**TERMS:** NET 30  
**DUE DATE:** 10/08/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
09/05/2024		941 ACCO Way, Ogdensburg, NY 13669 - 101 O'NEIL RD, SIDNEY, NY 13838			
		Freight Income	1	\$900.00	\$900.00

<b>TOTAL</b>
\$900.00

### 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**



Date: 09/05/2024		BILL OF LADING		Page 1 / 1					
<b>SHIP FROM</b> ACCO Brands USA LLC 941 Acco Way OGDENSBURG NY 13669 USA			Bill of Lading Num: 6105325283_01  6105325283_01						
SID#: _____		FOB: <input type="checkbox"/>		Carrier: LOGISTICS GROUP INTERNATIONAL, INC Trailer: ROYAL #3 #95941					
<b>SHIP TO</b> ACCO Brands USA LLC Sidney Raw Materials 101 O'Neil Rd SIDNEY NY 13838 CID#:990245      Ph:607-563-9411			Location#: _____ Seal Number(s): 0007377 SCAC: LGII PRO Number: 6105325283  LGII 6105325283						
<b>SEND FREIGHT BILL TO</b>			Freight Charge Terms (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect _____ 3rd Party _____						
<b>SPECIAL INSTRUCTIONS</b> Confirmation Number/Date: 09/04/2024 000000			Liftgate Required <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading with attached (Check box) underlying Bills of Lading						
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	Pallet/slip (CIRCLE ONE)	DELIVERY WINDOW OPEN	DELIVERY DATE	DELIVERY WINDOW CLOSE	ADDITIONAL SHIPPER INFO		
	2,926	7,573.64	Y N	00/00/0000	09/04/2024	09/04/2024			
TOTAL AMOUNT		2,926	7,573.64						
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M (X)	COMMODITY DESCRIPTION		LTL/FTL LOAD	
QTY	TYPE	QTY	TYPE			<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 360.</small>		NMFC #	CLASS
		2,926	CA	7,573.64		Calendars/Planners		178910.02	70
<div style="font-size: 2em; font-family: cursive;">             Raymond Patrick 26 pallets 9/5/24           </div>									
Pal(s) 26.00				8,483.64		TOTAL AMOUNT			
<small>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 _____"</small>						COD Amount: \$ _____ Fee Terms: Collect <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer check acceptable <input type="checkbox"/>			
<small>NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).</small>									
<small>RECEIVED, subject to the transportation agreement between the shipper and the carrier, if applicable, otherwise to the terms and conditions of the shipper's standard transportation contract in effect on the date of shipment which is available to the carrier on request, the property described herein, in apparent good order and condition unless otherwise noted, which the carrier agrees to transport and deliver to the consignee at destination. This Bill of Lading is not subject to any classification or tariffs except as specifically agreed to in writing by the shipper and the carrier.</small>						<small>NON-RECOURSE: If the shipment is to be delivered to the consignee without recourse on the shipper, the shipper shall sign the following statement: "The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges". Signature of Shipper: _____ (can be preprinted)</small>			
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packed, labeled, and marked in accordance with the regulations of the DOT. <b>ACCO Brands Inc.</b> <b>SEP 05 2024</b>			Trailer Loaded <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver / pallets said to contain <input type="checkbox"/> By Driver / Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of property described above in good order and condition unless otherwise noted. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent document in the vehicle. Number of pieces: _____ Date and Time: _____ Carrier Name: _____ Driver Name: _____ Driver Signature: _____		