

RATE CONFIRMATION

Load # 0041849

MAG Transportation LLC

5400 Adams Chapel Rd
Dearing, GA 30808
Phone: 706-699-7053
Fax: 706-262-2853
ben.huff@magcarriers.com



Total Rate to Pay: **\$1,050.00**

Carrier Name: ROYAL3 INC
Phone/Fax: 630-566-1257
Equipment Required:
BOL: TRHU5429553

MC# 944686
Email: bill@royal3inc.com
Miles: 542.0
Commodity:

***** DRIVER MUST CALL FOR DISPATCH - NO EXCEPTIONS*** DOUBLE BROKERING WILL BE REPORTED TO USDOT**

Pick Up: Evermark
1050 Northbrook Pkwy
SUWANEE, GA 30024

Pick-up Date: 09/18/2024 0800
09/18/2024 1500
Weight:

Delivery: Andros Shipping Warehouse
182 Johns Manville Dr
EDINBURG, VA 22824

Delivery Date: 09/19/2024 0800
09/19/2024 1400

Instructions

PU#EDINBURG

The above rates are mutually agreed upon between carrier and broker. Any problems which cause delays in Pick Up or delivery, **PLEASE CALL BROKER IMMEDIATELY**. Driver must call for dispatch. Check calls/text are required (706-533-6733) daily by 10 AM EST to provide driver location updates. Driver MUST notify broker 1 hour prior to entering into any detention times. All detention times must be documented and signed by shipper and consignee. All proof of delivery must be signed & dated by consignee. Carrier agrees to comply with all DOT and other Governmental regulations when transporting loads for MAG Transportation, LLC.

Quick pay is 5% of Total Carrier Pay via ACH with a 48 Hour Turn Around. Late pickup or delivery can result in reduced rate paid. All Driver Information is Required. Please sign and send back ASAP.

ANY DOUBLE BROKERING WILL NULL AND VOID THIS RATE CONFIRMATION AND NOT BE PAID

Send all Invoices and Billing Inquiries to billing@magtransllc.com - PH# 706-699-7053

Driver Name: _____ Cell: _____ Truck/Trailer # _____

Carrier: Authorized Signature

Broker: Authorized Signature

Marisa S.

Ben Huff

Email: ben.huff@magcarriers.com

*Beloved, I wish above all things that thou mayest prosper and be in health, even as thy soul prospereth.
III John 1:2*



INVOICE

BILL TO:
MAG TRANSPORTATION LLC
5400 ADAMS CHAPEL RD
DEARING, GA 30808

INVOICE DATE: 09/19/2024
INVOICE #: 0041849
TERMS: NET 30
DUE DATE: 10/19/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
09/18/2024		Evermark, 1050 Northbrook Pkwy, SUWANEE, GA 30024 - Andros Shipping Warehouse, 182 Johns Manville Dr, EDINBURG, VA 22824			
		Freight Income	1	\$1,050.00	\$1,050.00

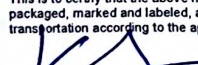
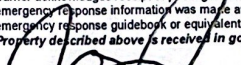
TOTAL
\$1,050.00

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

Page 1 of 1

SHIP FROM						Name: EVERMARK-LNL Address: 1050 NORTHBROOK PARKWAY City/State/Zip: SUWANEE, GA. 30024 SID#: MARIO KEITT FOB: <input type="checkbox"/>						Bill of Lading Number: TRHU5429553 BAR CODE SPACE					
SHIP TO						CARRIER NAME: MAG Trailer number: Seal number(s):											
THIRD PARTY FREIGHT CHARGES BILL TO:						SCAC: Pro number:						BAR CODE SPACE					
Name: EVERMARK - EDINBURG Location #: _____ Address: 182 JOHNS MANSVILLE DR., STE. B City/State/Zip: EDINBURG, VA 22824 CID#: JASON JANITA 540.466.1076 FOB: <input type="checkbox"/>						Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect _____ 3rd Party <input checked="" type="checkbox"/> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading											
SPECIAL INSTRUCTIONS:																	
CUSTOMER ORDER INFORMATION																	
CUSTOMER ORDER NUMBER				# PKGS	WEIGHT	PALLET/SKIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO									
PO #45777						Y N											
16 PALLETS 60X40X24				PALLETS	10,640	Y N											
						Y N											
						Y N											
						Y N											
						Y N											
						Y N											
						Y N											
						Y N											
GRAND TOTAL				16 PLTS	10,640												
CARRIER INFORMATION																	
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION				LTL ONLY							
QTY	TYPE	QTY	TYPE			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. <small>See Section 2(e) of NMFC Item 360</small>				NMFC #	CLASS						
						RECEIVING STAMP SPACE											
						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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>											
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 / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.  9/18/24						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 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.  9/19/24							