

**CARRIER RATE CONFIRMATION**  
**REF LOAD# 3932-0038-0924**

PAGE 1 OF 2  
9/20/24 12:53:13



RFX LLC  
900 TOWN AND COUNTRY LANE  
SUITE #330  
HOUSTON, TX 77024  
DOT# 3814897 MC203507

PHONE: 508-877-3100

DISPATCHED BY: Kevin Dispatch

**Contractor: ZIGI FREIGHT INC**  
**ROYAL3 INC**  
**6850 W 63RD STREET**  
**DOT# 2828543**

| Miles  | Weight | Qty | HazMat |
|--------|--------|-----|--------|
| 676.60 | 40000  | 19  | NO     |

**Equipment : Van or Reefer**  
**Commodity: PAINT SUPPLIES**

**Must Tarp:** NOT REQUIRED..  
**Contact:** KELLY X 100  
**Phone:** 630 566-1288 FAX# 6304856980  
**Email:** Kelly@royal3inc.com

**01 PICKUP VALSPAR MATTESON** **PICKUP# TL1669829**  
21901 CENTRAL AVE  
MATTESON, IL 60443

**LOAD DATE** 9/21/24 **TO** 9/21/24  
**TIME** 0600 **=>** 1400

**LOAD INFO..**  
TL1669829

**02 DELIVER SW FREDERICKSBURG TRAFFIC** **DELIVERY# 80328**  
1 SHERWIN WILLIAMS DRIVE  
FREDERICKSBURG, PA 17026

**DELIVERY DATE** 9/22/24 **TO** 9/22/24  
**TIME** 0900 **=>** 1700

**CONTACT** **PH#** **APPT DATE 24/09/22 1100**  
**LOAD INFO..**  
TL1669829

**APPT# 80328**

|                        |                |
|------------------------|----------------|
| <b>LOAD GROSS</b>      | <b>1600.00</b> |
| <b>CARRIER PAY----</b> | <b>1600.00</b> |

**All invoices must include a signed delivery receipt**

**\*\* SIGNED POD MUST BE SUBMITTED TO DOCS@SHIPRFX.COM WITHIN 24 HOURS OF DELIVERY \*\***

For assistance with Lumpers, please email - [advances@shiprfx.com](mailto:advances@shiprfx.com)  
For assistance after hours, please email - [afterhours@shiprfx.com](mailto:afterhours@shiprfx.com) or call 346-362-1058  
For Rate Verifications, please email - [rateverify@shiprfx.com](mailto:rateverify@shiprfx.com)  
For questions regarding payment status, please email - [payments@shiprfx.com](mailto:payments@shiprfx.com)

Tariffs, service guides or similar publications maintained by carrier are not applicable to transportation provided pursuant to this agreement. Charges due to any variance in weight, size, or classification will not be paid. The rate agreed upon in this rate confirmation super-cedes all other agreements and shall be all inclusive.  
CARRIER will not subcontract, assign, or transfer the transportation to any other motor carrier(s).

# CARRIER RATE CONFIRMATION

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PAGE 2 OF 2  
9/20/24 12:53:13



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SUITE #330  
HOUSTON, TX 77024  
DOT# 3814897 MC203507

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ROYAL3 INC  
6850 W 63RD STREET  
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Phone: 630 566-1288 FAX# 6304856980  
Email: Kelly@royal3inc.com

Carrier has had a full and fair opportunity to review the charges reflected on this final Rate and Load Confirmation Sheet, confirms that such charges are correct and accepts same as the final payment for the transportation services. Carrier accepts all liability related to transportation of shipment covered by this confirmation, including actual value of cargo without limitation. Carrier further warrants and agrees: to assume full liability for all claims, fines, violations or lawsuits related to this shipment; to defend, indemnify and hold RFX harmless from all claims, fines, violations or lawsuits related to this shipment; to use only vehicles covered by valid public liability and cargo insurance; to keep shipment secure until delivery; to maintain seal integrity until delivery and be fully liable for all losses resulting from broken seals; not to re-broker or re-assign the transportation of this shipment to another motor carrier without prior written consent of RFX, but if Carrier does so, RFX may pay any money it owes Carrier directly to the delivering motor carrier, and carrier will not be released from any liability resulting from "re-brokering" of a shipment ;to reimburse RFX for all costs and expenses, including attorney's fees, required in enforcing this Confirmation agreement; that the acceptance of this shipment for transportation constitutes Carrier's agreement to these terms even without Carrier's signature; that all equipment operating in California is compliant with requirements of California Resources Board and Transport Refrigeration Unit and Airborne Toxic Control Measure programs. Carrier warrants its driver is compliant with all FMCSA and U.S. DOT safety regulations and that, in the event shipment is hazmat, Carrier certifies it is in compliance with all hazmat regulations from FMCSA. Carrier also warrants that Carrier and its drivers are in compliance with the Food Safety Modernization Act pertaining to sanitary transportation of human and animal food, and the Sanitary Food Transportation Act of 2005

CARRIER: ROYAL3  
SIGNED BY  
AUTHORIZED OFFICER

X Kelly Ivanovic

DATE \_\_\_\_\_

CO NAME: RFX, LLC  
SIGNED BY  
AUTHORIZED REPRESENTATIVE

ERIC W

9/19/24

YOUR INVOICE MUST REFERENCE THIS LOAD#--> 3932-0038-0924



## INVOICE

**BILL TO:**  
RFX LLC  
100 COMMERCE DR  
PITTSBURGH, PA 15275

**INVOICE DATE:** 09/22/2024  
**INVOICE #:** 3932-0038-0924  
**TERMS:** NET 30  
**DUE DATE:** 10/22/2024

| DATE       | CUSTOMER<br>REF# | ORIGIN - DESTINATION  | QUANTITY | RATE       | AMOUNT     |
|------------|------------------|---|----------|------------|------------|
| 09/21/2024 |                  | 21901 Central Ave, Matteson, IL 60443 - SW Fredericksburg Traffic, Fredericksburg, PA 17026 |          |            |            |
|            |                  | Freight Income  | 1        | \$1,600.00 | \$1,600.00 |

| TOTAL      |
|------------|
| \$1,600.00 |

**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**



## THIS MEMORANDUM

is an acknowledgement that a bill of lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

RECEIVED, subject to the classifications and tariffs in effect on the date of the receipt by the carrier of the property described in the Original Bill of Lading.

CARRIER: For prepaid shipments attach this memorandum to your prepaid freight bill.

Timestamp: 09/21/2024 13:06:52

Matteson, IL 60443

AT

BOL: 03577768500818126



|                          |  |
|--------------------------|--|
| PAGE<br>1<br>OF<br>1     | BILL OF LADING NO<br>03577768500818126 |
| MASTER BILL OF LADING NO |  |

|         |  |                    |  |
|---------|--|--------------------|--|
| SHIPPER | Sherwin Williams<br>21901 Central Avenue<br>708-720-3129<br>Matteson, IL | DATE<br>09/21/2024 | SHIP TO<br>SHERWIN-WILLIAMS CO.<br>TSD-NE REG<br>220 SHERWIN WILLIAMS DRIVE<br>FREDERICKSBURG, PA 17026-<br>717-865-4111 |
|         |  |                    |  |
|         |  |                    |  |
|         |  |                    |  |

|                      |                       |                                 |                      |                      |
|----------------------|-----------------------|---------------------------------|----------------------|----------------------|
| ORDER NO.<br>MC81812 | FREIGHT CODE %<br>100 | CARRIER<br>Refrigerated Food Ex | TRAILER NO<br>W94949 | SEAL NO.<br>10372205 |
|----------------------|-----------------------|---------------------------------|----------------------|----------------------|

| NUMBER OF PACKAGES | TYPE                 | H M | ARTICLE DESCRIPTION  | UNITS        | B/L CODE       | PRODUCT BATCH  | NUMBER SIZE | FULL PALLETS        | BROKEN PALLETS | WEIGHT (LBS) (SUB TO CORR.) |
|--------------------|----------------------|-----|--|--------------|----------------|--|-------------|---------------------|----------------|-----------------------------|
| 335                | CTNS                 |     | TLT Load ID: SW1396735<br>TLT Order ID: TL1669829  |              |                |  |             |                     |                |                             |
| 720                | CTNS                 |     | PAINT AND RELATED MATERIALS,<br>** DO NOT FREEZE **<br>PAINT AND RELATED MATERIALS,<br>** DO NOT FREEZE ** | 1340<br>2880 | 23874<br>23874 | K37B01760<br>MS2624CJ 14<br>K38W02751<br>MS2624PJ 16 |             | 0<br>24             | 3<br>0         | 3731<br>32763               |
| TOTAL<br>1055      | PAL WGT TOTAL<br>675 |     |  |              |                |  |             | TOTAL PALLETS<br>27 |                | TOTAL WEIGHT<br>37169       |

|  |  |                             |
|--|--|-----------------------------|
| <p>Subject to section 1 of Conditions of Applicable bill of lading. 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.</p> <p>(Signature of Consignor)</p> <p>If charges are to prepaid, write or stamp here TO BE PREPAID</p> <p>TO BE PREPAID</p> <p>Rec'd \$</p> <p>Apply in prepayment of the charges on the property described herein.</p> <p>Agent or Carrier</p> <p>Per</p> <p>(The signature here acknowledges only the amount prepaid)</p> <p>Charges Advanced</p> <p>\$</p> | <b>NOTICE TO ALL CARRIERS</b><br>MATCH AND ATTACH THE NO. 3 COPY OF THE B/L TO THE FREIGHT BILLS. WE REQUIRE THE ORIGINAL AND ONE COPY OF THE FREIGHT BILLS.   | <b>SPECIAL INSTRUCTIONS</b> |
|  | FOR PAYMENT ATTACH COPY OF THE B/L TO FREIGHT BILL AND MAIL TO<br>Sherwin Williams Co.<br>c/o Trax Technologies Inc.<br>4770 Hinckley Industrial Pkwy Suite 40<br>Cleveland, OH 44109  |                             |
|  | FREIGHT BILL WITHOUT B/L COPY WILL BE RETURNED   |                             |
|  | Shippers responsibility: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/picarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |                             |

The Sherwin-Williams Company, SHIPPER

PER

Permanent Post Office Address of Shipper 84485

FORM 14888-BCS PLANT 06/11 21901 Central Avenue  
Matteson, IL 60443

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AGENT

PER

CHEMTREC EMERGENCY 24-HOUR NUMBER  
(800)-424-9300 or 703-527-3887