



Carrier Load Tender

09/18/2024 10:36

Reference: LD53221 (Load ID)

Carrier: Royal3 Inc (8135)

Bill To: Invoice Propak Corp (MC 387908) by portal only (<https://propak.mercurygate.net/MercuryGate/>).
Email portal@propak.com if you did not receive a username. Payment terms are net 30.

Comments

Contact Information: Jay Brown, jbrown@propak.com

Contact Information: Jay Brown

Equipment

Van (TV)

Items

Item ID	HM	Description	Weight	Class	NMFC	Dimensions
Unpalletized Parent Roles			44800.0	85.0		

Stop 1 (pickup)

Appointment: 09/23/2024 12:00PM - 09/23/2024 12:00PM

Marcal-Natchez, 30 Majorca Road, Natchez, MS 39120

Phone:

Comments: Unpalletized Parent Paper Rolls-

SN70555 (Shipment ID) 44,800 lb 1.0 PCS
5WJ6Z9 (SHIPPER REFERENCE)
MS092324NV-1 (SHIPPER BOL)
LD53221 (Load ID)

Stop 2 (drop)

Appointment: 09/25/2024 10:00AM - 09/25/2024 10:00AM

Marcal South- Vegas, 4200 Flossmoor St., Las Vegas, NV 89115

Phone:

Comments: Unpalletized Parent Paper Rolls-

SN70555 (Shipment ID) 44,800 lb 1.0 PCS
5WJ6Z9 (SHIPPER REFERENCE)
MS092324NV-1 (SHIPPER BOL)
LD53221 (Load ID)

Freight Terms

Charge Details

Description	Rate	Quantity	Charge
Total Line Haul	3000.0 Flat Rate		\$3000.0
Total:			\$3000.0

Freight Terms: 3000.0, Third Party (44800.0 lb) (1669.22 miles)

References

Reference Type	Reference Value
SHIPPER REFERENCE	5WJ6Z9
SHIPPER BOL	MS092324NV-1

For payment inquiries email pay@propak.com

For portal invoicing instructions email portal@propak.com



INVOICE

BILL TO:
PROPAK LOGISTICS LLC
1100 GARRISON AVE
FORT SMITH, AR 72901

INVOICE DATE: 09/25/2024
INVOICE #: LD53221
TERMS: NET 30
DUE DATE: 10/25/2024

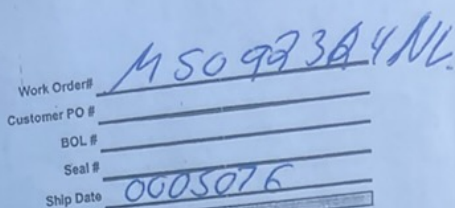
DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
09/23/2024		Marcal-Natchez, 30 Majorca Road, Natchez, MS 39120 - Marcal South- Vegas, 4200 Flossmoor St., Las Vegas, NV 89115			
		Freight Income	1	\$3,000.00	\$3,000.00

TOTAL
\$3,000.00

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



Phone No.	702-644-5065
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TO

TO MARCAL SOUTH Las Vegas

Consignee **MARGAL**
Street **4200 Flossmoor St**

State NV

NV

89115

Destination City	Las Vegas
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Phone No.	601-445-1856
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FROM

FROM Shopper MARCAL SOUTH - Natchez

Shipper	MARCAE SCS
Street	30 Majorca Rd

State	MS
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Zip code	39120
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SHIPPER CITY Natchez

Phone No. _____

FREIGHT CHARGES MARK ONE:

Prepaid ☐Collect ☐Third Party ☒

THIRD PARTY
BILLING

Bill To

Street

[illegible]

NOTE (1) 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 valuation on household goods or personal effects does not exceed 10¢ per lb. per article unless otherwise specified.

*Note: \$25 liability limitation for loss or damage on this shipment may be applicable.

See 49 U.S.C. § 14705(c) (AXIS)

Note (3) Commodities requiring special or additional care or attention in handling or stowing must be marked and packaged as to ensure safe transportation with ordinary care. See Sec. 2(e) of NMFC Item 360.

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation.

Shipper: Marcal South - Natchez

Per

time 0

Time Out

Carrier

Received Per

NO. OF PIECES RECEIVED:

Notice: Except on shipments moving previously signed contracts, freight moving under this BOL is subject to the provisions of carrier's tariffs and discounts applicable for shipper and are available for review by customer at Carrier's Corporate Office. This notice supercedes and negates any claimed oral or written contract, promise, representation, or understanding between the parties, except to the extent of any written contract signed by both parties to the contract.

C.O.D. C.O.D. FEE TO BE PAID BY Shipper N Consignee

Company Check OK

X: 9.25 = Company, check or
Cash or Certified Fund

Consignee (Receiver)	Date
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Remit C.O.D TO:

Name: _____

Address:

City/State/Zip

PULLED

CHECKED

LOADED