

## Rate Confirmation

Load ID: **LD273010**

Please sign and return immediately or accept via Email

Date: 09/24/2024

BILL TO (MAILING ADDRESS)		Contact Information	
BILL TO NAME:	Wagner Logistics	FOR CLIENT:	Wagner Logistics
CONTACT:		CONTACT NAME:	Tina Meek
ADDRESS:	1201 E. 12 <sup>th</sup> Ave.	PHONE NUMBER:	8164741110
CITY, STATE, ZIP:	North Kansas City, MO 64116	REPLY FAX NUMBER:	8168428377
E-MAIL ADDRESS:	<a href="mailto:carrierpayables1946@wagnerlogistics.com">carrierpayables1946@wagnerlogistics.com</a>	E-MAIL ADDRESS:	tina.meek@wagnerlogistics.com
ALL invoices to Wagner Logistics must reference Load ID #			
<b>LD273010</b>			
<b>Settlement</b>			
Submit carrier invoice, POD, and load tender by mail or email per BILL TO details above. Wagner payment policy is remittance within 30 days after receipt of a properly submitted, valid, and correct freight bill with signed POD. Wagner Load ID number must appear on submitted invoice to ensure timely payment.			
<b>Carrier Instructions</b>			
You must immediately return a signed copy of this document to fax# 816-842-4330 & driver must fax POD upon delivery Toll Free (1-866-478-1748). This load cannot be double brokered. You must call Wagner immediately if your driver or equipment cannot service this move on stated dates & times. Driver is responsible for signing the shipper's Bill of Lading. Carrier agrees to notify Wagner Logistics immediately if there are any delays in movement. Failure to obtain authorization, when extra charges occur, will result in non-payment of said charges.			
<b>Special Instructions: Trailer Must Be Clean, Dry, &amp; Odor Free with No Holes and No Missing Rivets</b>			
<b>Rate Confirmation Agreement</b>			
This Rate Confirmation Agreement is binding between Wagner Logistics and the listed Carrier and their respective successors and assigns, including, but not limited to, third party collection companies, factoring companies, or accounts receivable financing companies, and supersedes any and all rate or tariff schedules on file or listed in prior agreements between the same or other parties.			
<b>Additional Services Requested</b>			
<b>Carrier Information</b>		<b>Freight Bill Summary</b>	
Carrier Name/SCAC	Royal3 Inc / 944686	Picks/Total Stops	1 / 2
Contact Name	DAN	Total Mileage	270.0
Phone Number	630-485-7370	Total Pieces	22.0 unknown
Fax Number		Total Weight	43,178
Equipment	Truck, Van (TV)		
Hazmat Load:	No		
<b>Pickup</b>			
<b>Earliest Pickup Date/Time:</b> 09/24/2024 16:30		<b>Latest Pickup Date/Time:</b> 09/24/2024 16:30	
Name	Northeast RDC	Pickup Number: 7000427463	
Address	1500 John Galt Way		
Address			
City, State, Zip	Florence, NJ 08518		
<b>Drop</b>			
<b>Earliest Drop Date/Time:</b> 09/25/2024 11:00		<b>Latest Drop Date/Time:</b> 09/25/2024 11:00	
Name	VERITIV OPERATING COMPANY	Appointment Number:	
Address	2600 DISTRIBUTION DR		
Address			
City, State, Zip	RICHMOND, VA 23231-5410		
<b>Special Instructions:</b>			
		Total Rate	<b>\$750.00</b>
		Total Line Haul	<b>\$750.00</b>
<b>SIGNATURE:</b>			<b>DATE:</b>

## Instructions for Sending Email Invoices

Invoices should be sent to [carrierpayables1946@wagnerlogistics.com](mailto:carrierpayables1946@wagnerlogistics.com)

- 1) Send one PDF per invoice to include carrier invoice, PODs, rate confirmation sheet and any and all receipts eligible for reimbursement
- 2) You can send up to five attachments in one email
- 3) Name your PDF with your invoice # and our LD#
- 4) Invoices can be sent daily, as billed
- 5) Invoice date in our system will be the date email is received and paid thirty days of this date
- 6) NOA's and all documents must be sent with the invoice and POD to update; do not email separately
- 7) For received confirmation, use the received receipt in your email settings

**This email is for invoices only**

**To avoid payment delays please follow these instructions and do not send duplicate emails**



## INVOICE

**BILL TO:**  
WAGNER LOGISTICS  
1201 E 12TH AVE  
NORTH KANSAS CITY, MO 64116

**INVOICE DATE:** 09/25/2024  
**INVOICE #:** LD273010  
**TERMS:** NET 30  
**DUE DATE:** 10/25/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
09/24/2024		1500 John Galt Way, Florence, NJ 08518 - 2600 DISTRIBUTION DR, RICHMOND, VA 23231-5410			
		Freight Income	1	\$750.00	\$750.00

<b>TOTAL</b>
\$750.00

**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: 09/24/2024

## BILL OF LADING

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SHIPPER NAME: Sylvamo

BOL Number: 03686370004274635

North East Regional Distribution Center  
1500 John Galt Way  
Florence NJ 08518

(402)03686370004274635

SID #: 9012

FOB: ( )

## SHIP TO

VERITIV OPERATING COMPANY  
2600 DISTRIBUTION DR  
RICHMOND VA 23231-5410

CARRIER NAME: WAGNER LOGISTICS

Trailer number: ROYAL 3 H03250

Seal Number(s): 0018943

Location #:

CID#: 593851

FOB: ( X )

## THIRD PARTY FREIGHT CHARGES BILL TO

SYLVAMO  
ATTN: MATCH PAY  
6077 PRIMACY PARKWAY  
MEMPHIS TN 38119

SCAC: WGII

Shipment: 7000427463

Pro number:

## Freight Charge Terms:

(freight charges are prepaid unless marked otherwise)

Prepaid ( X ) Collect ( ) 3rd Party ( X )

( ) Master Bill of Lading: with attached  
underlying Bills of Lading

## SPECIAL INSTRUCTIONS:

SEE ATTACHED SUPPLEMENTAL PAGE FOR ADDITIONAL  
SPECIAL INSTRUCTIONS

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	GROSS WT(LB)	PALLET/SKID	ADDITIONAL SHIPPER INFO
SEE ATTACHED SUPPLEMENTAL PAGE(S)				
GRAND TOTAL	748	43,174		

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		GROSS WT(LB)	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	P	12	CTN	768		PAPER AND FIBER PRODUCTS		
20	P	712	CTN	40,297		PRINTING PAPER		
1	P	24	CTN	2,109		PULPBOARD PAPER		
22		748		43,174		GRAND TOTAL		

Name VeritivDate 9-25-24Pieces 748Skids 22

Other \_\_\_\_\_

Customer  
Signature \_\_\_\_\_

Date \_\_\_\_\_

COD Amount: \$

Fee Terms: Collect ( ) Prepaid ( )

Customer check acceptable: ( )

The carrier shall not make delivery of this shipment without payment of freight and all other lawful  
charges and shall have no recourse against consignor for unpaid freight charges.Shipper  
Signature \_\_\_\_\_

Date \_\_\_\_\_

## SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are in proper  
condition for transportation according to the applicable regulations of the U.S. DOT.Stephen 9/24/2024

## 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 U.S. DOT emergency response guidebook or  
equivalent documentation in the vehicle.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

Property described is received in good order, except as noted.