

Carrier Load Tender

Reference: 60108708420 (BOL)

Carrier: ROYAL3 INC. (944686)
Contact: NIKOLA STAMENKOVIC
(ZIGI@ROYAL3INC.COM)
Phone: (630) 485-7370
Fax:

Tender: 10/03/2024 15:53
Contact: Spenser Meyers
Phone: +19206649221
Email: linkt.ops@priority1inc.net

Bill To:	Priority 1 Inc. (P.O. Box 398) North Little Rock, AR 72115
Equipment:	53' Dry Van ,
Service Type:	Full

Stop 1 Pick

Thursday, October 3, 2024 13:00 Appointment	Total Weight:	42000.00 lb	Total Quantity:	37
BARRETT PETFOOD (1348 State Highway 25) Brainerd, MN 56401				
Contact: Carol Volkmuth Phone: +13202773555				
Packaging: 37 Pallet(s)	Total Weight: 42,000 lbs	Dimensions: 40" x 48" x 11"	Linear Feet: 0	Description: Dry Pet Food
Carrier Notes:				
Special Instructions:				

Stop 2 Drop

Friday, October 4, 2024 10:00 Appointment	Total Weight:	0 lb	Total Quantity:	
Smart Warehousing WH18 (16500 E Truman Rd) Independence, MO 64050				
Contact: Shipping Phone: +18005912097				
Carrier Notes:				
Special Instructions:				

Freight Terms

Charge Details			
Description	Rate		Charge
Line Haul	1550.00	Flat Rate	1 \$1,550.00 USD
Total:			\$1,550.00 USD

Freight Terms: \$1,550.00 USD Third Party (lb)

References

Customer Reference: PO 0006 shipper 56926

Carrier Instructions

Carrier or driver is required to call Priority1 when loaded and emptied or load is subject to a \$50 penalty. Detention time starts 2 hours after the driver is on site, or if the driver is early any detention will start 2 hours after the scheduled pickup/delivery time stated on the rate confirmation. Driver must notify us of arrival at shipper/receiver. Detention is paid at \$35 per hour after the 2 free hours. If the load/shipment is double brokered, this agreement is void and the carrier will not receive payment.

Thank you for doing business with Priority 1.

DRIVERS NAME:_____

TRUCK #: _____

TRAILER #: _____

DRIVER CELL#: _____

DISPATCHER / PRIORITY 1

CARRIER SIGNATURE

All invoices & PODs are to be sent to Priority 1 within 72 hours of delivery. Please email invoice and POD to: tlap@priority1.com. Please provide Priority 1's reference number on your invoice.



INVOICE

BILL TO:
Priority1

INVOICE DATE: 10/04/2024
INVOICE #: 60108708420
TERMS: NET 30
DUE DATE: 11/04/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
10/03/2024		1348 State Highway 25, Brainerd, MN 56401 - 16500 E Truman Rd, Independence, MO 64050			
		Freight Income	1	\$1,550.00	\$1,550.00

TOTAL
\$1,550.00

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

BOL NO: 60108708420

BILL OF LADING

Shipper

BARRETT PETFOOD

1348 State Highway 25
Brainerd, MN 56401
Carol Volkmuth
P: +1 (320) 277-3555

Consignee

Smart Warehousing WH18

16500 E Truman Rd
Independence, MO 64050
Shipping
P: +1 (800) 591-2097

3rd Party Bill To

Priority 1 Inc.

P.O. Box 398
North Little Rock, AR 72115
P: +1 (501) 371-9814

Special instructions:

Freight Terms: ☐ Prepaid ☐ Collect ☒ 3rd Party

Units	Type	Weight	Dimensions	HM	Item Description
37	Pallet	42,000 lbs	40" x 48" x 11"		Dry Pet Food
37		42,000 lbs			Grand Totals

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 _____."

Remit COD to: ☐ Collect ☐ Prepaid ☐ Customer check acceptable ☐ COD Amount: \$

Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 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.

Trailer Loaded:

___ by Shipper
___ by Driver

Freight Counted:

___ by Shipper
___ by Driver

The Carrier shall not make delivery of this shipment without payment of and all other lawful charges.

Shipper: _____

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 Department of Transportation.

Shipper: [Signature] 10/3/24
Time In: _____ Time Out: _____

Consignee 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 Department of Transportation.

Consignee: _____
Time In: _____ Time Out: _____

Carrier Signature / Date 10/03/24

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent documentation in vehicle. Property described above is received in good order, except as noted.

Carrier: Royals

[Signature] 10/24/24