



## INVOICE

**BILL TO:**  
SPARTANNASH LOGISTICS LLC  
3120 NORTH POST ROAD  
INDIANAPOLIS, IN 46226

**INVOICE DATE:** 11/07/2024  
**INVOICE #:** R64555  
**TERMS:** NET 30  
**DUE DATE:** 12/07/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
11/06/2024		7895 Clyde Park Ave SW, Byron Center, MI 49315 - 304 Arcadia Dr, Greenville, SC 29609			
		Freight Income	1	\$2,200.00	\$2,200.00

<b>TOTAL</b>
\$2,200.00

**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**



SpartanNash Logistics  
5752 Wheeler Rd  
Indianapolis, IN 46216  
(317) 600-2300

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### Load Confirmation

0129626

<b>Carrier:</b>	Royal3 Inc Chicago IL 60638	<b>Contact:</b>	Anja Djuric
<b>Date:</b>	11/06/2024	<b>Phone:</b>	(630) 485-7370
		<b>Fax:</b>	(630) 485-6980

<b>Order</b>	<b>Order:</b> 0129626	<b>Commodity:</b>	Freight of All Kinds
	<b>Miles:</b> 698.0	<b>Weight:</b>	41000.0
	<b>Temp:</b>	<b>Trailer:</b>	Van or Reefer (DAT)
	<b>BOL:</b>	<b>Reference:</b>	

<b>PU 1</b>	<b>Name:</b> SN - GRAND RAPIDS	<b>Date:</b> 11/06/2024 1300
	<b>Address:</b> 7895 CLYDE PARK AVE SW	11/06/2024 1400
	BYRON CENTER MI 49315	
	<b>Phone:</b> (616) 878-8788	<b>Pieces:</b>
		<b>Weight:</b>

<b>SO 2</b>	<b>Name:</b> American Red Cross	<b>Date:</b> 11/07/2024 0700
	<b>Address:</b> 304 Arcadia Dr	11/08/2024 1900
	GREENVILLE SC 29609	
	<b>Phone:</b> (407) 586-0000	<b>Pieces:</b>
		<b>Weight:</b>

<b>Payment</b>	<b>Carrier Freight Pay:</b>	\$2,200.00
	<b>Total Carrier Pay:</b>	\$2,200.00

**Carrier Instructions and Requirements: This form must be completed and returned before driver can be loaded.**

SN - GRAND RAPIDS - Due to COVID-19, Please make sure you have a mask and gloves for all pick up locations and delivery destinations.

**SpartanNash Logistics Carrier Broker Agreement:**

- \* I/We agree to deliver this load at the date and time shown.
- \* I/We understand that failure to deliver at the time may expose the carrier to substantial claims charged back to the carrier for sustained damages.
- \* I/We understand that incorrect temperature, damage, & shortages may lead to substantial claims charged back to the carrier.
- \* Driver that fails to comply with location update requirement until empty will result in a \$100 deduction.
- \* Driver must put SpartanNash Logistics Load# reference on all invoices & documents.
- \* Carrier will email Bill of Lading & Proof of Delivery, along with invoice referencing SNL Load# to: snlaccounting@spartannash.com.
- \* For Payment statuses or questions, email: SNLPayInquiry@spartannash.com.
- \* Carrier is required to keep original documents for a minimum of 9 months.
- \* Carrier agrees and acknowledges that they will only utilize drivers who have received their commercial driver's license (C.D.L.) & are in compliance with all D.O.T. regulations.
- \* I/We will not solicit traffic from any shipper, consignor, consignee, or customer of SpartanNash Logistics when the availability of such traffic becomes known to carrier/broker as a result of SpartanNash Logistics efforts.
- \* CARRIER shall submit all freight bills, Bill of Lading with clear delivery receipt and any other necessary billing documents within 120 days of delivery or waive its right to payment for services rendered with respect to such late submitted invoices.
- \* Claims for undercharges must be brought within 180 days of BROKER's receipt of the original invoice giving rise to such undercharge claim.
- \* Assuming CARRIER has complied with the foregoing invoicing obligations, CARRIER shall bring suit related to unpaid freight charges or undercharges within 18 months of the date of delivery or its right to sue or otherwise seek payment shall be waived.

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**Dispatcher:**

Hannah Cordes

Hannah.Cordes@spartannash.com

**Please Sign:** *ASTA MIJAC*

☒ Accept

☐ Decline

**Driver Name:**

**Driver Cell:**

**Driver Email:** ASTA@ROYAL3INC.COM

**Tractor #:**

**Trailer #:**

FREIGHT

# STRAIGHT BILL OF LADING - SHORT FORM - Original - Non Negotiable

Received, subject to the classifications and tariffs in effect on the date of issue of this Original Bill of Lading

Carrier's No. \_\_\_\_\_

RFB \_\_\_\_\_

(Name of Carrier)

96891

20

24

FROM **SPARTANNASH**

P.O. Box 8700 - 850 76th St SW, Grand Rapids, Michigan 49518

The property described below, in accordance with order, receipt or other documents and conditions of contents of package appearing, marked, consigned, and delivered as indicated below, which said carrier (the carrier) being understood throughout this contract as being the carrier of the property under contract, agrees to carry to its usual place of delivery or to such destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Interstate Commerce Commission's Straight Bill of Lading, both (1) in form and (2) in substance. Freight Classification in effect on the date hereof, if this is a bill of lading for a motor carrier shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment. Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

(Mail or street address of consignee - For purposes of notification only.)

Consigned to clo American Red Cross

Attn: Caryl Green

Destination Greenville State SC County \_\_\_\_\_

Delivery Address 304 Aradia Dr. Suite A

(To be filled in only when shipper desires and governing tariffs provide for delivery threat.)

Route \_\_\_\_\_  
Delivery Carrier Royal 3 Inc.

Car or Vehicle Initials WQ4923

No. \_\_\_\_\_

No. Packages	Kind of Package, Description or Articles, Special Marks, and Exceptions	Weight (Lbs. to Cwt.)	Class or Rate	Cl. Col.
	<u>Recycled Cardboard</u>			
	<u>Donations of dry grocery</u>			
	<u>15,843 units.</u>			
	<u>Caryl Green</u>			
	<u>Red Cross</u>			

Subject to Section 7 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.

**SPARTANNASH**

(Signature of Consignor)

If charges are to be prepaid, write or stamp here, "To be Prepaid"

**SPECIAL INSTRUCTIONS**

NOTE - Where the rate is dependent on value or density, state specifically in the space below.

Check One: ☒ Declared ☐ Actual Value is

Per \_\_\_\_\_ lbs.

Density is declared to be \_\_\_\_\_

lbs. per Cu. Ft.

But less than \_\_\_\_\_

lbs. per Cu. Ft.

**SPARTANNASH** Shipper,

Per \_\_\_\_\_  
Permanent post office address of shipper,  
P.O. Box 8700 - 850 76th St. SW, Grand Rapids, Michigan 49518

DRIVER \_\_\_\_\_

11/6/21

Form# FM02450