



INVOICE

BILL TO:

RTC
2000 CRAWFORD PLACE NUMBER 900
MT LAUREL, NJ 08054

INVOICE DATE: 11/22/2024**INVOICE #:** R66334**TERMS:** NET 30**DUE DATE:** 12/22/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
11/19/2024		3001 Cofer Rd, Richmond, VA 23224, USA - 5490 W Roosevelt Rd, Chicago, IL 60644, USA			
		Freight Income	1	\$1,200.00	\$1,200.00

TOTAL

\$1,200.00

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

To: Royal13 Inc. -ICC No. 0944686
Fax Attn: JOEY

Fax (888)294-7030 Vc (630)485-7370

APPOINTMENTS - Times are scheduled by Rehmann Transportation Corp.

**** ALL Accessorials must be preapproved. ****

**ALL ACCESSORIAL PAPERWORK MUST BE FAXED TO 1-888-965-2010 WITHIN 24 HOURS.
FAILURE TO DO SO WILL RESULT IN NON-PAYMENT.**

YOU MUST CALL 1-856-924-5200 TO OBTAIN AN AUTHORIZATION NO.

***NO ADVANCES* ALL Comchecks will have a \$17 charge added including Lumpers
Carrier to provide driver(s) to affect agreed schedule according to
DOT SAFETY REGULATIONS**

**NO Brokers: by signing this amendment to contract you agree to utilize
YOUR equipment. If this load is brokered out you agree to forfeit payment.**

BILLING REQUIREMENTS: for Accounting Questions: 856-787-9729

- 1.) Original Bill of Lading/Delivery Receipt.
- 2.) Rate confirmation sheet.
- 3.) Carrier Invoice.
- 4.) ALL ACCESSORIAL PAPERWORK MUST BE TURNED IN WITHIN 24 HOURS
FAILURE TO DO SO WILL RESULT IN NON-PAYMENT.
- 5.) Copy of Operating Authority.
- 6.) Complete IRS form W-9.
- 7.) Signed contract.
- 8.) Original certificate of liability & cargo insurance - (must be sent
from your insurance agent and listing Rehmann Transportation Corp.
as Additional Insured).

This Rate Confirmation will be added to the Contract Carrier Agreement

Send invoice and supporting documents to: ap@rtctransportation.com
or mail to: Rehmann Transportation Corp., PO Box 1028, Mt Laurel, NJ 08054

To Secure Order Driver must call **1-856-924-5200**
BETWEEN 7:30-10:00 AM (EASTERN TIME) ON DAY OF PICKUP.

Addendum to Contract

Load Number: 200 061498 (This number must appear on all paperwork)

Pick-up(s):

Richmond VA 23224

Appt: 11/19/24 10:00-15:30

Consignee(s):

Chicago IL 60644

Appt: 11/20/24 15:00PM

<u>#/Pcs</u>	<u>Commodity</u>	<u>Weight</u>	<u>Equipment</u>	<u>Amount</u>
	Paper	42,000	VAN ONLY	1,200.00

MUST PU AND DEL ON TIME

Carrier agrees not to solicit customers according to contract.

Authorized Signature: Joey Cimbaljevic Date: _____
Royal13 Inc. -ICC No. 0944686

Please SIGN and FAX back to 1-888-965-2010

Attn: CODY

UNIFORM STRAIGHT BILL OF LADING

ORIGINAL - NOT NEGOTIABLE

TIME IN: 00/00/0000 00:00:00

TIME OUT: 11/19/2024

Carrier SabertNJ

BOL No. 81533924

PO# 1638626

Delivery No.

81533924

81533924

From
Sabert Corporation
 3001 Cofer Rd
 Richmond VA 23224

To (Consignee and Destination)
 Sabert 5490 WH (Formerly LBP)
 5490 W. Roosevelt Rd
 Chicago IL 60644

Req Deliv Date: 00/00/0000 **PRO#: 123456**

Quote No:

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SEAL No: **5967354**

Carrier instructions

PRO# Barcode: 123456

No. Packages	Pkg Type	NMFC Article	Sub	Description of Article, Special Marks and Exceptions	Weight (Subj to Corr.)	Rate	Ch
26,400	EA	153900		Paper goods	2,552 LB	70	
1,219	MSF	153900		Paper goods	28,916 LB	55	

Received By: *DD*
Date: *11/28/24*
Appointment Time: *3pm*
Time In: *4:55pm*
Time Out:

Subject to Section 7 of conditions, 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.
//Sabert Corporation
[Signature]
 (Signature of Consignor)

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

C.O.D Charge to be paid by:

Shipper ☐
 Consignee ☐

Product Safety
 Vehicle Inspection
 This vehicle was inspected prior to loading for proper door alignment preventing gapping, cleanliness and structural defects, free of rodent / insect infestation as per Sabert's Vehicle Inspection Checklist and was found to be acceptable. The trailer was properly secured / checked prior to load / unload.
 Inspector: *[Signature]* Date: *11-19-24*

-DO NOT BREAK STRETCH WRAP-
-CARRIER/CUSTOMER MUST REPORT SHORTAGE WITHIN 24 HOURS-

Note -- 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 or declared value of the property is hereby stated by the shipper to be not exceeding

\$ per

Remit
 C.O.D. to:
 Address:

COD AMOUNT

11/28/24

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned, and destined as shown below, which said company (the word company being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agree to carry to its usual place of delivery at said destination, if on its own railroad water line, highway route or routes, or the territory of its highway operations, 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 conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns.

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.

* Mark with "X" to designate Hazardous Materials as defined in the Department of Transportation Regulations governing the transportation of hazardous materials. The use of this column is an optional method for identifying hazardous materials on bills of lading per Section 172.201(a)(1)(iii) of Title 49, Code of Federal Regulations. Also, when shipping hazardous materials, the shipper's certification statement prescribed in Section 172.204(a) of the Federal Regulations must be indicated on the bill of lading, unless a specific exception from this requirement is provided in the Regulations for a particular material.

Shipper's Agent	Date	Pallets	Packages	Weight	Carrier	Driver	Date
<i>[Signature]</i>	11-19-24	16	27,619	31,468 LB			