



INVOICE

BILL TO:

MEDALLION TRANSPORT & LOGISTICS LLC
309 FELLOWSHIP ROAD EAST GATE CENTER
SUITE 200
MT LAUREL, NJ 08054

INVOICE DATE: 11/25/2024**INVOICE #:** R66592**TERMS:** NET 30**DUE DATE:** 12/25/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
11/22/2024		421 E 500 S, Jerome, ID 83338, USA - 3045 Bartlett Corporate Dr, Bartlett, TN 38133			
		Freight Income	1	\$3,900.00	\$3,900.00

TOTAL

\$3,900.00

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**

Medallion Transport & Logistics, LLC
1210 Northbrook Drive Ste 420
Trevose, PA 19053



Dispatcher

Dispatcher: Lanae Sullivan
Phone: 662-932-2032
Fax: 866-331-3551
Emergency Phone: 662-932-2032

Load and Rate Confirmation Agreement Load #3391998

To accept load please sign and email this sheet back to: truck@medtransvc.com

Carrier Information

Load Number:	3391998	Driver Name:	Dispatcher:	BILL CARSON
Carrier Number:	19192	Truck Number:	Dispatcher Phone:	630-485-7370 ext. 126
MC Number:	944686	Trailer Number:	Carrier Phone:	630-485-7370
DOT Number:	2828543		Carrier Fax:	630-485-6980
Carrier Name:	Royal3 Inc			
Attention:	BILL			
Confirmation Sent To:	bill@royal3inc.com			

Load Information

Commodity:	FAK	Piece Count:	21
Dimensions:	L:53';	Ref Number:	52468
Load Size:	Truckload	Trailer Req:	Van
Miles:	1,709.00	Weight:	44,310

#1 Shipper

Friday, 11/22/2024 from 08:00 - 17:00

Company:	Commercial Creamery	Contact:	Lindsey
Address:	421 E 500 S suite 200 North Bridge	Phone:	800-548-8921
Location		Service Level:	Flexible / FCFS
City/St/Zip:	Jerome, ID 83338		
Appointment Required			

#2 Consignee/Final Destination

Monday, 11/25/2024 at 08:00

Company:	Brimmhall Foods	Contact:	Stacy Mayo
Address:	3045 Bartlett Corporate Dr	Phone:	901-273-2122
City/St/Zip:	Bartlett, TN 38133	Service Level:	Firm Appointment

Additional Information

DRIVER MUST ACCEPT MACROPOINT

Customer Dispatch Notes: MUST HAVE FOOD GRADE TRAILER POD MUST BE FAXED OR EMAILED WITHIN 24 HOURS OF DELIVERY TO 866-331-3551 OR TRUCK@MEDTRANSVC.COM

P/U & DEL appt must be kept & can only be changed by Medallion. If there are any delays, Medallion must be notified immediately or charges will apply. Any deviation from load instructions may result in a 25% deduction of the load payment. For proper payment of accessorial, Medallion must be notified at the time of occurrence and the BOL must be notated properly. Failure to report OS&D may result in additional charges to the carrier. The POD must be faxed to 866-331-3551 within 24 hrs of delivery. Rebrokering or reassigning this load will void our obligation to pay freight charges.

Must load on ready date - DO NOT GO IN EARLY.

TRAVELS IN THE STATE OF CALIFORNIA, THE VEHICLE(S) USED ARE IN FULL COMPLIANCE WITH THE CURRENT CALIFORNIA AIR RESOURCES BOARD (CARB) REGULATIONS INCLUDING, BUT NOT LIMITED TO, THE TRUCK AND BUS RULE, TRANSPORT REFREIGERATION UNIT (TRU) AND AIRBORNE TOXIC CONTROL MEASURE (ATCM).

Contract Carrier Agreement Supersedes this rate confirmation.

Amount to invoice : \$3,900.00

Carrier: Royal3 Inc

MC #: 944686

USDOT #: 2828543

By: _____

Title: _____

Submit Invoice, Rate Confirmations, Original BOL/POD'S to:

- Email (preferred): carrierpayables@medalliontrans.com
- US Mail: Medallion Transport & Logistics, LLC
1210 Northbrook Drive Ste 420
Trevose, PA 19053

||DOCID: 696373-673f3d4c9ca21651018744

Load Rate Confirmation #3391998

Signed By:

Bill Carson

bill@royal3inc.com

11/21/2024 8:02:56 AM CT

50.76.79.115

Medallion Transport & Logistics, LLC
1210 Northbrook Drive Ste 420
Trevose, PA 19053

Bill Of Lading

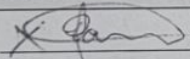
 ORIGINAL

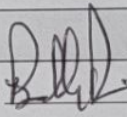


Origin	Consigned To	Load Information
Name: Commercial Creamery Address: 421 E 500 S suite 200 North Bridge Location City, St: Jerome, ID 83338 Phone: 800-548-8921	Name: Brimhall Foods Address: 3045 Bartlett Corporate Dr City, St: Bartlett, TN 38133 Phone: 901-273-2122	Ship Date: 11/22/2024 Trip #: 3391998 BOL #: Carrier Name: Royal3 Inc Truck #: 736 Trailer #: H03262 Driver Name: Elizander Driver Phone #: 702-980-6369

# of Pieces	Description of the goods, marks, exceptions	Weight in LBS.	Serial/ VIN #
21	FAK	44,310	
Total Pieces 21		Total Weight 44,310 LBS.	Emergency Response Phone

Original Inspection

Driver Signature: 

Shipper Signature: 

Date: 11/22/24

Final Inspection

Damages which occur in transit must be noted here and signed for by dealer and driver.

Transit Damage as Follows:

SEAL 11197830

Johnny Ortiz
Date: 11/25/24

Driver Signature: _____

Receiver Signature: _____

Date: _____

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid Collect 3rd Party

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 _____"

NOTE: Liability Limitation for loss or damage on this shipment may be applicable. See 49 U.S.C. 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 the terms and conditions set forth on the reverse side hereon as well as to all applicable state and federal regulations.

Subject to Section 7 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.

Shipper Signature

COD Amount: \$ _____

Fee Terms: Collect: _____ Prepaid: _____ Customer check acceptable: _____