



INVOICE

BILL TO:

BROCK TRANSPORTATIONS LLC
7683 SOUTHFRONT ROAD SUITE 260
LIVERMORE, CA 94551

INVOICE DATE: 12/11/2024**INVOICE #:** R68833**TERMS:** NET 30**DUE DATE:** 01/11/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
12/09/2024		2285 Michael Faraday Dr, San Diego, CA 92154 - 49 Pioneer Pkwy, Sulphur Springs, TX 75482			
		Freight Income	1	\$3,700.00	\$3,700.00

TOTAL

\$3,700.00

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



PRO # 704750 Rate Confirmation

BROCK, LLC MC # 375005
EMAIL TO PACKETS@BROCKWEB.COM
7683 SOUTHFRONT RD STE 260
LIVERMORE CA 94551

FROM	FROM	DATE	TIME
	THOMAS SZOTKO	12/09/24	14:57:24
	(317) 930-1505 (p) (925) 371-7036 (f) tjohn@brockweb.com		
	TO		
CARRIER	ATT		
	ROYAL3 INC	MISHA	
	PHONE		FAX
	(630) 485-7370	(630) 485-6980	

PICK UP			
From Address	ALLIED PACKAGING 2285 MICHAEL FARADAY D	Phone/Contact	(317) 930-1505 JENI
Address		Ship Date/Time	12/09/24 @ 15:00
City, State, Zip	SAN DIEGO CA 92154	Appt Date/Time	12/09/24 @ 15:00
Hours		Special Inst.	FCFS 1300-1530
		Special Inst.	

MC #	DOT #	TRUCK #	TRAILER #	DRIVER	DRIVER CELL	PU REF
944686	2828543			ROLANDO	(432) 517-7640	564343
SIZE & TYPE		DESCRIPTION		PIECES	WEIGHT	MILES
'53 VAN ONLY		PAPER PRODUCTS		24	25200	

FINAL DESTINATION			
Company Address	MY PERFECT PET LLC 49 PIONEER PKWY HC	Phone Contact	(317) 930-1505
City, State, Zip	SULPHUR SPRINGS TX 75482	Appt Date/Time	12/11/24 09:00 APPOINTMENT IS FIRM
Hours		Ref #	564343

CHARGES		DISPATCH NOTES
LINE HAUL RATE	3700.00	* MUST DELIVER BY 12/11/24 * NO DRIVER ASSIST REQUIRED. ALL DELIVERIES MUST BE MADE ON TIME. THERE WILL BE A FINE OF \$175 IF THE SHIPMENT IS NOT PICKED UP/DELIVERED BY THE DATE AND TIME SHOWN ON THE RATE CON (FOR EACH APPOINTMENT). ALL PODs MUST BE SIGNED AND RETURNED TO THE BROKER WITHIN 12 HRS UPON DELIVERY OF THE LAST STOP OF THE SHIPMENT.
TOTAL RATE	\$ 3700.00	A FINE OF \$150 WILL BE ADDED FOR PODS NOT RECEIVED WITHIN 12 HRS OF DELIVERY. ACCEPTANCE & CONTINUOUS USE OF MACROPOINT IS MANDATORY, IF NOT ACCEPTED OR MACROPOINT DOES NOT REMAIN IN USE, A FEE OF \$100 WILL BE ADDED.

All accessorial charges must be preapproved in writing. BOL must accompany invoice for payment & must reference Brock's PRO number. This confirmation is for a dedicated truck; exclusive use of vehicle. Back solicitation is forbidden by contract. Service delays may result in penalties. For reefer moving on

(Instructions Continue On Next Page)

Carrier Signature _____

Date ____/____/____
M D YYYY

Send Carrier Bills to the Address Above

PRO #

must appear on all Invoices



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LIVERMORE CA 94551

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	(317) 930-1505 (p) (925) 371-7036 (f)		
CARRIER	TO	ATT	
	ROYAL3 INC	MISHA	
	PHONE	FAX	
	(630) 485-7370	(630) 485-6980	

*California highways, carrier certifies that any TRU equipment furnished will be in compliance with the in-use requirements of California's TRU regulations. DRIVER MUST email POD IMMEDIATELY AFTER DELIVERY! \$25.00 FINE PER DAY FOR NON-COMPLIANCE. Cover letter within all e-mails*Bill loadings/text messages* any and all communications are addendum to this rate contract*

Send Carrier Bills to the Address Above

PRO # 704750

must appear on all Invoices

E-Signed : 12/09/2024 01:58 PM CST

ASTA MIJAC

asta@royal3inc.com
IP: 77.222.24.82

Sertifi Electronic Signature
DocID: 20241209135725776

Date: 120924

STANDARD TRUCKLOAD BILL OF LADING

Page 1 of 1

SHIP FROM

Name: ALLIED PACKAGING
Address: 2285 Michael Faraday Drive, Suite 12
City/State/Zip: SAN DIEGO CA 92154
SID#:

FOB:

Bill of Lading Number: 564343

Billing PO Number: 347345

BAR CODE SPACE

SHIP TO

Name: MY PERFECT PET LLC Location #:
Address: 49 PIONEER PKWY hc
City/State/Zip: SULPHUR SPRINGS TX 75482-6637
CID#:

FOB:

CARRIER NAME: BROCK TRANSPORTATION

Trailer number:

Seal number(s):

SCAC:

Pro number:

BAR CODE SPACE

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

ALLIED HOURS: 12pm, and 4pm.
MY PERFECT PET Delivery Hours: M-F | 7a-1p | APPT- JON 858-231-2024

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

Prepaid Collect 3rd Party

(check)

Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
1494628A.2 = QTY 31,920			Y	N	Customer PO JON ALLIED PO 346630
1494628B.2 = QTY 31,910			Y	N	
1494628C.2 = QTY 21,840			Y	N	
1494628D.2 = QTY 21,630			Y	N	
1494628E.2 = QTY 21,630			Y	N	
GRAND TOTAL					

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION
QTY	TYPE	QTY	TYPE			
24				25,200 lbs		40x48x65
						Customer PO JON
						CLASS 55
				25,200 lbs		

RECEIVING
STAMP SPACE

TOTAL PALLETS

24 PLTS

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 _____."

COD Amount: \$

Fee Terms: Collect: Prepaid: Customer check acceptable:

NOTE Liability Limitation for loss or damage in 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.

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

Shipper Signature

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 DOT.

Trailer Loaded:

By Shipper
By Driver

Freight Counted:

By Shipper
By Driver/pallets said to contain
By Driver/Pieces

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 DOT emergency response guidebook or equivalent documentation in the vehicle.

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