



INVOICE

BILL TO:

RTC
2000 CRAWFORD PLACE NUMBER 900
MT LAUREL, NJ 08054

INVOICE DATE: 12/23/2024**INVOICE #:** R70438**TERMS:** NET 30**DUE DATE:** 01/23/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
12/20/2024		819 Middletown Warwick Rd, Middletown, DE 19709, USA - 300 Sarasota Center Blvd, Sarasota, FL 34240, USA			
		Freight Income	1	\$2,600.00	\$2,600.00

TOTAL

\$2,600.00

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: Royal3 Inc. -ICC No. 0944686
Fax Attn: MACK

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@rtcttransportation.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 062161 (This number must appear on all paperwork)

Pick-up(s):

Middletown DE 19709

Appt: 12/20/24 8:00

Consignee(s):

Sarasota FL 34240

Appt: 12/23/24 8:00AM

**** HOT HOT ** Must Pick-up & Deliver ON TIME ****

<u>#/Pcs</u>	<u>Commodity</u>	<u>Weight</u>	<u>Equipment</u>	<u>Amount</u>
	Paper	15,000	V/R	2,600.00

LATE FEES MAY APPLY

Carrier agrees not to solicit customers according to contract.

Authorized Signature: *Mack Potkovic* Date: 12/19/2024
Royal3 Inc. -ICC No. 0944686

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

Attn: CODY

Date: 2024-12-20

BILL OF LADING

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SHIP FROM
Name: Mativ - Middletown DE
Address: 819 Middletown Warwick Rd.
City/State/Zip: Middletown, DE, 19709, US
Contact: Isaiah Stweart - (302) 685-7857

BOL #: SWMDEM10179315



SHIP TO
Name: ASO LLC
Address: 300 SARASOTA CENTER BLVD
City/State/Zip: Sarasota, FL, 34240, US
Contact: RUSSELL HYDE - (941) 378-6644 x1173

CARRIER NAME: Rehmann Transportation - dedicated

Trailer Number:

Seal Number(s): 16679343

MC#: MC2840aa

PRO #:

FREIGHT CHARGES BILL TO
Name: Mativ c/o Superior Transport & Logistics
Address: PO Box 28346
City/State/Zip: Green Bay, WI, 54324, US

BAR CODE SPACE

SPECIAL INSTRUCTIONS:

Freight Charge Terms: PREPAID

☐ Master Bill of Lading: w/ attached underlying BOL's

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
PO# 1102844,1102402,1102816,1102402,1102167,-1102863		15000 lbs		PO# 1102844,1102402,1102816,1102402,1102167,-1102863
GRAND TOTAL		15000 lbs		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT/ LIN. FT.	H.M.	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE			* Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360	NMFC #	CLASS
18				5,000	lbs			
18				5,000	lbs			
GRAND TOTAL								

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: 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 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 / DATE

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.

xT. Isaiah Stweart

Trailer Loaded: Freight Counted:

☒ By Shipper ☐ By Shipper
☐ By Driver ☐ 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 Department of Transportation emergency response guidebook or equivalent documentation in the vehicle.

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

RECEIVER SIGNATURE / DATE

Receiver's signature and date.

X

Condition Received: Good _____ Short _____ Damaged _____

Date: 12/23/24

Demnis Rodriguez
12/23/24