



## INVOICE

**BILL TO:**

RTC  
2000 CRAWFORD PLACE NUMBER 900  
MT LAUREL, NJ 08054

**INVOICE DATE:** 01/14/2025**INVOICE #:** R72853**TERMS:** NET 30**DUE DATE:** 02/14/2025

| DATE       | CUSTOMER<br>REF# | ORIGIN - DESTINATION   | QUANTITY | RATE       | AMOUNT     |
|------------|------------------|--|----------|------------|------------|
| 01/13/2025 |                  | 568 Central Ave, Bridgewater, NJ 08807, USA - 1737 Whites Kennel Rd, Burlington, NC 27215, USA |          |            |            |
|            |                  | Freight Income   | 1        | \$1,500.00 | \$1,500.00 |

**TOTAL**

\$1,500.00

**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: ASTA

Fax (888)294-7030 Vc (630)485-6980

**APPOINTMENTS - Times are scheduled by Rehmann Transportation Corp.**

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

**ALL ACCESSORIAL PAPERWORK MUST BE FAXED TO 1-888-600-2151 WITHIN 24 HOURS.  
FAILURE TO DO SO WILL RESULT IN NON-PAYMENT.**

**YOU MUST CALL 1-800-206-3500 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](mailto:ap@rtctransportation.com)  
or mail to: Rehmann Transportation Corp., PO Box 1028, Mt Laurel, NJ 08054

To Secure Order Driver must call **1-800-206-3500**  
**BETWEEN 7:30-10:00 AM (EASTERN TIME) ON DAY OF PICKUP.**

**Addendum to Contract**

**Load Number: 001 488247** (This number must appear on all paperwork)

**Pick-up(s):**

**Bridgewater NJ 08807**  
Appt: 1/13/25 8:00-14:00  
**Keasbey NJ 08832**  
Appt: 01/07/25 16:00

**Consignee(s):**

**Burlington NC 27215**  
Appt: 01/14/25 9:30AM

| <u>#/Pcs</u> | <u>Commodity</u> | <u>Weight</u> | <u>Equipment</u> | <u>Amount</u> |
|--------------|------------------|---------------|------------------|---------------|
| 1,182        | Juice            | 43,697        | V/R              |               |

**PROTECT FROM FREEZING, TRL MUST BE CLEAN! RATE \$1500**  
**DRIVERS MUST TRACK VIA MACRO-POINT FINES APPLY**

**Carrier agrees not to solicit customers according to contract.**

Authorized Signature: *Asta Mijao* Date: \_\_\_\_\_  
Royal3 Inc. -ICC No. 0944686

**Please SIGN and FAX back to 1-888-600-2151 Attn: BILL**

Date: 1/7/2025

## BILL OF LADING

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## SHIP FROM

Name: ABUSA Keasbey Warehouse  
Address: One Arizona Way  
City/State/Zip: KEASBEY NJ 08832  
SID#: AB31 FOB: ☐

Bill of Lading Number: 06130080000269421



Shipment No: 227446987

Carrier Name: REHMANN TRANSPORTATION CORP.

Trailer Number: 201801

Seal Number(s): 427695

## SHIP TO

Name: SHEETZ INC. BURLINGTON  
Address: 1737 WHITES KENNEL ROAD  
City/State/Zip: BURLINGTON NC 27215  
CID#: 20010477  
Attention: FOB: ☐

SCAC: REHM

Pro Number:

Delivery Date: 1/8/2025 12:00:00 AM

Load No:

## THIRD PARTY FREIGHT CHARGES BILLED TO:

Name: BETTAWAY TRAFFIC SYSTEMS INC.  
Address: 110 SYLVANIA PLACE  
City/State/Zip: SOUTH PLAINFIELD NJ 07080

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

Prepaid: XX Collect: \_\_\_\_\_ 3rd Party: \_\_\_\_\_

☐ Master Bill of Lading: with attached  
(Check Box) underlying Bills of Lading

CHEP: \_\_\_\_\_ PECO: 12 GMA/Whitewood: 9  
AIR BAGS \_\_\_\_\_ VOID FILLERS \_\_\_\_\_

NOTE: PREVENT FROM FREEZING

## CUSTOMER ORDER INFORMATION

| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT   | PALLET/SLIP<br>(CIRCLE ONE) | ADDITIONAL SHIPPER INFO  |
|-----------------------|--------|----------|-----------------------------|--------------------------|
| 8635719               | 1182   | 43757.07 | Y N                         | <i>APR 1/14/25</i>       |
| GRAND TOTAL           | 1182   | 43757.07 |                             | Weights are shown in lbs |

## CARRIER INFORMATION

| PACKAGE     |      | WEIGHT   | H.M.<br>(X) | COMMODITY DESCRIPTION<br><small>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.</small> | LTL ONLY |       |
|-------------|------|----------|-------------|--|----------|-------|
| QTY         | TYPE |          |             |  | NMFC #   | CLASS |
| 1182        | CASE | 43757.07 |             | Beverage-Full goods  | 72160    | 60    |
| GRAND TOTAL |      |          |             |  |          |       |

Appointment ID:  
Appointment: 1/7/2025 4:00:00 PM  
Check In: 1/7/2025 5:03:06 PM  
Completed: 1/7/2025 6:40:07 PM

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 the rates, classifications and rules have been established by carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.

Driver: ROAD SIGNATURE  
License: /  
Tel: 732-425-1324

## 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 DOT.

Signature: \_\_\_\_\_

Date: 1/7/25

## 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 good order, except as noted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_