



INVOICE

BILL TO:

RTC
2000 CRAWFORD PLACE NUMBER 900
MT LAUREL, NJ 08054

INVOICE DATE: 01/29/2025**INVOICE #:** R75055**TERMS:** NET 30**DUE DATE:** 03/01/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
01/28/2025		4730 W Division St, Chicago, IL 60651, USA - 52342 Main St, Sayreville, NJ 08872, USA			
		Freight Income	1	\$2,100.00	\$2,100.00

TOTAL

\$2,100.00

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: SAM

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 062812 (This number must appear on all paperwork)

Pick-up(s):

Chicago IL 60651

Appt: 1/28/25 10:00-15:00

Consignee(s):

Sayreville NJ 08872

Appt: 01/29/25 11:30AM

<u>#/Pcs</u>	<u>Commodity</u>	<u>Weight</u>	<u>Equipment</u>	<u>Amount</u>
32	Packaging Material	19,047	VAN ONLY	2,100.00

MUST PU AND DEL ON TIME
LATE FEES MAY APPLY

Carrier agrees not to solicit customers according to contract.

Authorized Signature: Samm Stanojevic Date: _____
Royal3 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: 01/28/2025 15:55:57

TIME OUT: 01/28/2025 17:33:38

BOL No. 81557476

Delivery No. 81557476

Carrier REHMANN TRANSPORTATION CORP PO# 1651407

From
Sabert Corporation
 1401 N. Cicero Ave.
 Chicago IL 60651

To (Consignee and Destination)

Sabert Corporation
 2288 Main St Extension
 Sayreville NJ 08872

Req Deliv Date: 00/00/0000 PRO#: 20062812 H03257

Quote No:

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SEAL No: 645783

Carrier instructions

PRO# Barcode:

No. Packages	Pkg Type	* HM	NMFC Article	Sub	Description of Article, Special Marks and Exceptions	Weight (Subj to Corr.)	Rate	Ck	
38	CS		156600		Plastic Trays/Lids	408 LB	70		<p>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.</p> <p>//Sabert Corporation</p> <p><i>[Signature]</i></p> <p>(Signature of Consignor)</p> <p>If charges are to be prepaid, write or stamp here "To be Prepaid"</p> <p>C.O.D Charge to be paid by:</p> <p>Shipper <input type="checkbox"/></p> <p>Consignee <input type="checkbox"/></p>
509	CS		153900		Paper goods	8,812 LB	200		
64	CS		156600		Plastic Trays/Lids	197 LB	85		
270	CS		156600		Plastic Trays/Lids	3,852 LB	125		
41	CS		156600		Plastic Trays/Lids	196 LB	250		
228	CS		153900		Paper goods	3,729 LB	70		
54	CS		153900		Paper goods	659 LB	100		
74	CS		153900		Paper goods	1,155 LB	125		
<div><div><div>RECEIVED</div><div><i>[Signature]</i></div><div>1/29/25</div></div><div><div>Product Safety Vehicle Inspection</div><div>This vehicle was inspected prior to loading for proper door alignment preventing gapping, cleanliness and stuctural defects, free of rodent / insect infestation as per Sabert's Vehicle Inspection Checklist and was found to be acceptable. The trailer was properly secured / chocked prior to load / unload.</div><div>Inspector: <i>[Signature]</i> Date: 1/28/25</div></div></div>									
<div><div>-DO NOT BREAK STRETCH WRAP-</div><div>-CARRIER/CUSTOMER MUST REPORT SHORTAGE WITHIN 24 HOURS-</div></div>									

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

Remit
 C.O.D. to:
 Address:

COD AMOUNT

\$ per

\$

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) agrees 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
m	1/28/25	31	1,278	19,008 LB	ROYAL3	Johnny Eline	1/28/25