

INVOICE

BILL TO: BELLAVANCE LOGISTICS , INC

,

INVOICE DATE: 01/31/2025 INVOICE #: R75124 TERMS: NET 30 DUE DATE: 03/03/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
01/29/2025		9320 West 54th Street, Merriam, KS 66203 - 1000 River Street, Dock 966, Essex Junction, VT 05452-4201			
		Freight Income	1	\$3,650.00	\$3,650.00

TOTAL	
\$3,650.00	

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



BELLAVANCE LOGISTICS, INC.

"Brokerage Services" **PO Box 398** Barre VT 05641

Addendum B RATE CONFIRMATION Load #: L386365

Phone: 802-277-5473

Toll Free: (833) 215-1046

Trip #: 396116

Carrier **ROYAL3 INC (ROYCHIL2)**

Attention: Bill

bill@royal3inc.com

Phone 630-485-7370EXT.

132 Fax

Carrier agrees to notify Bellavance Logistics, Inc. immediately in the event of any delay related to the shipment's pick up and/or delivery. Carrier must provide a vehicle that has satellite, cell phone and/or other technology capable of frequent two way communication.

Van or Reefer MUST be clean, dry and odor free.

Please have Driver call for dispatch and load requirements prior to arriving at Shipper.

Type Stop

PICK

Date

1/29/2025 09:00:00 to 16:00:00 APPT MADE.

FB#: L386365

Email

SDM DIE-CUTTING EQUIPMENT, INC

Shipper/Consignee Address

9320 WEST 54TH STREET MERRIAM, KS 66203

EQUIPMENT; REQUESTED EQUIPMENT: VAN; PCS: 1; WGT: 4,000.0 LB

Type <u>Stop</u>

DROP

Date

1/31/2025 08:00:00 to 16:00:00 APPT MADE.

FB#: L386365

PARAGON-ID

1000 RIVER STREET

DOCK 966

ESSEX JUNCTION, VT 05452-4201

Shipper/Consignee Address

EQUIPMENT; REQUESTED EQUIPMENT: VAN; PCS: 1; WGT: 4,000.0 LB

Submit Freight Bills & POD's To:

Bellavance Logistics, Inc. P.O. Box 398 Barre, VT 05641

Email: LoadDocs@bellavancelogistics.com

Rate: **RATE** 0.00 BASE \$3,650.00 TOTAL PAY: \$3,650.00

	⊑iiiqii.	-caabccs@bcnave		·				
		•	faxed back to Bellavance Logistics at (802) 661-5555 to the terms and conditions of the Broker-Carrier A					
Carrier: ROYAL3 INC			Broker: Bellavance Logistics, Inc.					
Signed by:	Bill Carson	Date: 1/29/2025	Signed by: Bellowave	Date: Jan/29/2025				
Title:	Dispatcher		Title: (Broker)					

Service & Rate Stipulation

This rate is contingent upon the successful and on-time completion of all load terms. Rates are subject to reduction if carrier fails to complete any shipment terms and conditions as provided in this Addendum and/or the Broker Carrier Agreement. Rates may be reduced if load picks up or delivers after originally scheduled time and date. Failure to maintain tracking throughout the duration of the shipment, as provided in the Broker Carrier Agreement, will result in a \$150 deduction. Carrier acknowledges that failure to complete any terms and conditions on this shipment may jeopardize or result in loss of future business opportunities with Bellavance Logistics, Inc.

Accessorial Charges and OS&D Conditions

Accessorial charges (including but not limited to labor, detention, and/or layover charges) must be authorized and approved prior to or at time of occurrence. Bellavance Logistics, Inc. will not provide any reimbursement of any non, prior-approved accessorial charges. Carrier shall ensure the bill of lading is notated either when handling is required or when detention occurs, that a lumper receipt is provided when a lumper is hired, and/or that both are included as supporting documents with the carrier's invoice. All overage, shortage, and damage must be reported to Bellavance Logistics immediately, at the time of the occurrence, and noted on the bill of lading.

Bellavance Log PO Box 398	istics	BOOKING NUMBER		REQUESTE		REQUESTED DELIVERY DATE	DECLARED VALUE
Barre VT 056 PHONE: 802 47 FAX: 802 479 97		L386365		1/29/202		1/31/2025	MAXIMUM LIABILITY \$2.00 PER LB UNLESS DECLARED VALUATION STATES OTHERWISE.
SHIPPER (NAME AND ADDRESS) SDM DIE-CUTTING EQUIPMENT, INC 9320 WEST 54TH STREET MERRIAM KS 66203 Tel: 913-782-3737 Fax:		*1.386365* FREIGHT CHARGE COLLECT SERVICE REQUIRED NEXT DAY SERVICE INSTRUCTIONS:		PICKUP TRAVEL TIME PICKUP TIME TRAVEL TIME TO DELIVER DELIVERY TIME TRAVEL TIME FROM DELIV			
PARAGON-II 1000 RIVER DOCK 966 ESSEX JUNO Tel: (802) 310 BILL TO (NAME) PARAGON-II 1000 RIVER	O STREET CTION VT 05452-4201 8-7466 Fax: AND ADDRESS) D STREET CTION VT 05452-4201	1. EXAMINE ALL MACHINES TO MAKE SURE HAVE BEEN PROPERLY SERVICED. 2. TAG AND LIST EACH ITEM SEPARATELY. 3. RECORD MACHINE TYPE AND SERIAL NO WHENEVER POSSIBLE. 4. NOTE ALL DAMAGES ON THE LISTING US APPROPRIATE LOCATION AND CONDITION. 5. POINT OUT EXCEPTIONS TO THE CUSTO 6. MAKE SURE THE SHIPPER PRINTS NAME SIGNATURE IS OBTAINED. 7. ANY MARKINGS ON CARTONS MUST BE IN SERIAL NUMBER SECTION. 8. ADJACENT TO MACHINE TYPE, INDICATE OR U-USED.	ING THE CODE. MER. AND NCLUDED N-NEW	TIME (FROM AE FIRST ATTEMP) DELAY TIME EXTRA TIME TOTAL TOTAL REGULA OVERTIME CAL EXTRA TEAM O TOTAL TOTAL OVERTI	L L OVERTIM		
NUMBER OF PIECES	DESCRIPTION OF	GOODS AND SPECIAL MARKINGS		VEIGHT TO CORRECTION	CC	NDITION CODE	CONDITION AT ORIGIN
					F B S T BT C CTGL GSS SP FR CTN CR 1 2 3 4 4 5 6 6 7 8 9 10 11 12 13 14 15 16 17	FRONT BACK SIDE TOP BOTTOM CORNER CASTER GLIDER GLASS SWITCH PANEL FRAME CARTON CRATE SCRATCHED BROKEN CHIPPED DENTED GOUGED LOOSE MARKED OWNER'S RISK OWNER PACKED RUBBED STAINED BENT CRUSHED CRACKED SPLIT PUNCTURED ITEM MISSING	
1	<< TOTAL PIECES	TOTAL WEIGHT >>		4,000		CHARGES WILL BE BI	LLED COLLECT UNLESS
							ORDER EXCEPT AS N
THE CONSIGNEE STINATION, SUBJE ALL THE CONDITI	AT THE SAID DESTINATION, IF ON ITS	FROM THE CONSIGNOR MENTIONED HEREIN T UNKNOWN) MARKED, CONSIGNED AND DEST S OWN AUTHORIZED ROUTE OR OTHERWISE T ION IN INTERESTED IN ALL, OR ANY OF THE G THER PRINTED OR WRITTEN, INCLUDING CON	O CAUSE T	O BE CARRIED B	Y ANOT	HER CARRIER ON THI PERFORMED HEREU HICH ARE HEREBY AG	E ROUTE TO SAID INDER SHALL BE SUBJE REED BY THE CONSIGN
THE CONSIGNEE STINATION, SUBJE ALL THE CONDITI	AT THE SAID DESTINATION, IF ON ITS ECT TO THE RATES AND CLASSIFICAT ONS NOT PROHIBITED BY LAW, WHE HIMSELF AND HIS ASSIGNS. HINT) AGENT (PL	CONKNOWN) MARKED, CONSIGNED AND DEST S OWN AUTHORIZED ROUTE OR OTHERWISE T ION IN INTERESTED IN ALL., OR ANY OF THE GITHER PRINTED OR WRITTEN, INCLUDING CON EASE PRINT) AGENT (PPER	O CAUSE T	DICATED BELOW O BE CARRIED B T EVERY SERVIC N THE BACK HER	Y ANOT	RECEIVED IN AP CONSIGNEE: (PL	E ROUTE TO SAID INDER SHALL BE SUBJEI REED BY THE CONSIGN PARENT GOOD ORDER
THE CONSIGNEE STINATION, SUBJE ALL THE CONDITION ACCEPTED FOR	AT THE SAID DESTINATION, IF ON ITS ECT TO THE RATES AND CLASSIFICAT ONS NOT PROHIBITED BY LAW, WHE HIMSELF AND HIS ASSIGNS. HINT) AGENT (PL	CONKNOWN) MARKED, CONSIGNED AND DEST S OWN AUTHORIZED ROUTE OR OTHERWISE T ION IN INTERESTED IN ALL, OR ANY OF THE GITHER PRINTED OR WRITTEN, INCLUDING CON EASE PRINT) AGENT (P	INED AS INT O CAUSE T OODS THA DITIONS OF	DICATED BELOW O BE CARRIED B T EVERY SERVIC N THE BACK HER	Y ANOT	HER CARRIER ON THI PERFORMED HEREL HICH ARE HEREBY AG	E ROUTE TO SAID INDER SHALL BE SUBJE REED BY THE CONSIGN PARENT GOOD ORDER