



## INVOICE

**BILL TO:**

LANDSTAR RANGER INC  
13410 SUTTON PARK DRIVE SOUTH  
JACKSONVILLE, FL 32224

**INVOICE DATE:** 02/27/2025**INVOICE #:** R78910**TERMS:** NET 30**DUE DATE:** 03/27/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
02/25/2025		1801 Pine St, Seward, NE 68434 - 13000 Midlantic Dr, Mt Laurel, NJ 08054			
		Freight Income	1	\$2,900.00	\$2,900.00

**TOTAL**

\$2,900.00

**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**



LANDSTAR RANGER INC. Broker DOT#2212928

# Carrier Load Tender & Rate Confirmation

Any questions or concerns about this load please contact the Landstar Agent at:(830) 208-2151

Important: Carrier must call agent if your dispatch instructions below differ from the bill of lading.

Carrier shall not in any way subcontract, broker, or arrange for freight to be transported by a third party.

Download the free Landstar Connect™ App prior to pick up to view below load details, transmit automated status updated & submit paperwork while under Landstar load only. Available in Google Play and Apple App stores.



## LOAD VERIFICATION

To verify this load originates from a Landstar agency, please visit the Landstar load verification site at <https://www.landstar.com> and select "Verify" from the homepage.

**Freight Bill #: 4671989**

**Date:** 2/24/2025

**Equipment:** VAN

**Total Miles:** 1,288

**Tarp:**

### Sent From:

**Posting Code:** WNP

**Contact Name:** Dan

**Contact Phone:** (830) 208-2151

**Contact Email:** dan@wnpagency.com

### References:

**Customer Reference Number:**

## Route Details

### Stop #1 Origin

**Target Window:** 02/25/2025 08:00 - 02/25/2025 14:00

**Location:** PETSOURCE

**Address:** 1801 PINE ST

**Address:** SEWARD NE 68434

**Contact:**

**Phone:**

**Directions:**

**Comment:**

### Stop #2 Destination

**Target Window:** 02/27/2025 08:00 - 02/27/2025 14:00

**Location:** WILLING NUTRACEUTICAL

**Address:** 13000 MIDLANTIC DR

**Address:** MT LAUREL NJ 08054

**Contact:**

**Phone:**

**Directions:**

**Comment:**

Notes

TOTAL CARRIER PAYS ALL INCLUSIVE.

Any fees accrued by the customer will be passed along to the carrier.

Check calls are required every morning by 8 am CST. Failure to do so will result in a \$250 fine.

Drivers must call LANDSTAR upon arrival and departure of each shipping point and must call upon arrival at destination. This is the exclusive use of equipment unless otherwise noted. Only Consignee can break a seal. Failure to do so will result in a fine.

LANDSTAR must be notified of any overages, shortages, or damaged products immediately upon delivery. Failure to do so will result in a 50% fine.

LANDSTAR must be made aware of any problems during transit that may result in a delay in delivery/ missed pick up. Failure to do so will result in a 50% fine.

The carrier shall be liable to LANDSTAR for all economic loss, including consequential damages that are incurred by Broker or the Customer for any freight loss, damage or delay.

Unloading must be reported within 2 hrs. The driver must call upon arrival at the shipper and receiver also a departure of the shipper and receiver along with the pieces, weight, BOL and POD information. Failure to do so will result in a 50% fine.

Loading/unloading receipts must be provided within 24 hours or they won't be paid.

POD must be emailed or faxed within 24 hrs, failure to do so will result in a 25% fine.

Any fees accrued by the customer will be passed along to the carrier.

Agreed Rate	
Description	Charge
Pay Capacity	\$2,900.00
	Total \$2,900.00

Item ID	Hazmat	Description	Qty	Weight	Class	Dimensions
FDA	No	FOOD/MEDICINE(HUMAN OR ANIMAL)		15,000	C	

Important Billing Instructions

- Invoice, bill of lading (for each stop) and proof of delivery (for each stop) required. Documents must be legible.
- Invoices must include Landstar’s freight bill number.
- The rate on the carrier’s invoice must match the rate confirmation and any accessorials must be authorized in writing by the agent in order to prevent delays in payment.
- Receipts (lumper, tolls, etc.) and permit and/or escort invoices must be submitted.
- For carrier payable questions call: 800-435-1791, opt 2

PAPERWORK SUBMISSION OPTIONS

Send electronically by 2:00pm EST for same day receipt via:

Transflo Mobile +

Go to your app store to download to your mobile device.  
Enter LCGB as the Recipient ID when registering.  
Cost: \$2.00 per trip.

Transflo Express

To find a participating truck stop go to:  
<https://www.transflo.com/transflo-service-locations/>  
Cost: 2.00 per trip with cover sheet  
For a cover sheet call 800-435-1791, opt 5

Landstar Savings Plus Members Send To:		
<b>Mailing address:</b> Landstar Transportation Logistics Attn: Imaging P.O. Box 19139 * Jacksonville, FL 32245-9139	<b>For Express Mailing:</b> Landstar Transportation Logistics Attn: Brokerage Billing - LSP 1000 Simpson Rd * Rockford, IL 61102	<b>Regular Mail:</b> Landstar Transportation Logistics Attn: LSP - Imaging P.O. Box 19119 * Jacksonville, FL 32245-9119
	Call 866-321-PLUS (7587) to learn how to get paid in 2 days	

## Tracking

Capacity must comply with all requested load tracking requirements. If Capacity is unable to comply with requested load tracking requirements, communicate with the Landstar Agent immediately. Capacity is subject to rate reduction in an amount up to 15% of line-haul in the event of non-compliance with requested load tracking requirements.

**CARRIER certifies it is aware of the California Air Resources Board's Truck and Bus, Drayage and Greenhouse Gas Rules and that, on all loads originating in, destined for, or passing through California, CARRIER will utilize only vehicles that are compliant with those rules. Please see CARB regulations available at [Http://www.arb.ca.gov](http://www.arb.ca.gov)**

Full terms and requirements are within the Landstar TBA. The Transportation Brokerage Agreement between CARRIER and BROKER provides that CARRIER shall refrain from all collection efforts against the shipper, receiver, consignor, consignee, or the customer. CARRIER acknowledges that any effort by CARRIER or any representative of CARRIER to contact any such third party to collect on freight charges relating to this shipment shall constitute a material breach of the Transportation Brokerage Agreement between CARRIER and BROKER.

### FSMA

CARRIER certifies it is aware of, and compliant with, all regulations and requirements regarding the sanitary transportation of human and animal food, including the federal food safety and modernization act (FSMA).

### Electronic Rate Confirmations

CARRIER acknowledges that Load or Rate Confirmations may be submitted by BROKER to the CARRIER via electronic means and such shall constitute the CARRIER's binding acceptance of such Load or Rate Confirmation upon the earlier to occur of (a) the CARRIER's electronic acceptance of the Load or Rate Confirmation as verified by the BROKER's Information Services System, or (b) the CARRIER's pick up of the shipment in question.

Nothing herein is intended to modify or amend the terms and conditions of the Transportation Brokerage Agreement between CARRIER and BROKER.

**Thank you for doing business with Landstar.  
To confirm please accept using the link in the tender email.**

**Carrier:** ROYAL3 INC

**Signature**

**Contact:** PHIL VUKOVIC

**Phone:** (630) 485-7370

**Email:** phil@royal3inc.com

TARGET TRANSPORTATION  
536 SOUTH AVE EAST  
CRANFORD NJ 07016  
(800) 966-0008  
(908) 709-4411 Fax

STRAIGHT BILL of LADING

Carrier : *Royal 3*  
Date : 02/25/25  
Trailer # :  
Pro # : 312620

SHIPPER		CONSIGNEE		INSTRUCTIONS	
PETSOURCE 1801 PINE ST  SEWARD NE  Ref # P/U Appt : 02/25/25		WILLINGS NUTRACEUTICAL 13000 MIDLANTIC DR  MOUNT LAUREL NJ  Ref #		NO REFERENCE #: JUST MENTION MYOS CORP.  <i>Seal # 6382934</i>	
Description	Class	Pcs	Weight	Plts	Additional Info
15 PALLETS		15 15	15000		
Totals		15	15000		
Additional Ref #'s	Prepaid XXX Collect ____ 3rd Party ____			Carrier Please Put TARGET TRANSPORTATION Pro # 312620 on Your Invoice to Ensure Prompt Payment	
Please fax copy of BOL to TARGET TRANSPORTATION @ (908) 709-4411 after Pickup & Delivery					

\*\*\*\* NOTE TO CARRIER \*\*\*\* ANY questions or problems with this call TARGET TRANSPORTATION @ (800) 966-0008  
NOTE : Liability limitation for loss or damage in this shipment may be applicable pursuant to an agreement between the parties or under applicable law including, but not limited to, See 49 USC Section 101 et seq.

Subject to Section 7 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. Shipper : PETSOURCE Signature _____ 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 about is received in good order, except as noted. Carrier Driver Signature _____ Trailer # _____ License Plate _____ Pieces _____ Date <i>02/25/25</i> MC # _____
This is to certify that the above named materials are classified, marked and labeled and are in proper condition for transportation according to the applicable regulations of the DOT.  Shipper : PETSOURCE Name of Signor: _____ Signature <i>Jim Vance</i> Date <i>2/25/25</i> Time In _____ Time Out: _____	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 that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations. Consignee : WILLINGS NUTRACEUTICAL Name of Signor: _____ Signature <i>[Signature]</i> Date <i>2/27/25</i> Time In: _____ Time Out: _____

*Diego.*