



## INVOICE

**BILL TO:**

RTC  
2000 CRAWFORD PLACE NUMBER 900  
MT LAUREL, NJ 08054

**INVOICE DATE:** 03/07/2025**INVOICE #:** R80216**TERMS:** NET 30**DUE DATE:** 04/07/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
03/05/2025		401 South St, Dalton, MA 01226, USA - 1220 W Railroad St, Duluth, MN 55802, USA			
		Freight Income	1	\$2,200.00	\$2,200.00

**TOTAL**

\$2,200.00

**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: SASHA

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@rtctransportation.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 063618** (This number must appear on all paperwork)

Pick-up(s):

**Dalton MA 01226**

Appt: 3/05/25 9:00-13:00

Consignee(s):

**Duluth MN 55802**

Appt: 03/07/25 9:00-11:00

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

<u>#/Pcs</u>	<u>Commodity</u>	<u>Weight</u>	<u>Equipment</u>	<u>Amount</u>
	Paper	17,000	VAN ONLY	2,200.00

**MUST PU AND DEL ON TIME**

Carrier agrees not to solicit customers according to contract.

Authorized Signature: Sasha Jones Date: 03/05/2025  
Royal3 Inc. -ICC No. 0944686

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

Attn: CODY

Date: 2025-03-05

## BILL OF LADING

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## SHIP FROM

Name: Neenah Inc. - MA  
Address: 401 South St.  
City/State/Zip: Dalton, MA, 01226, US  
Contact: Peggi Massey - (413) 553-4357

BOL #: SWMNMA10539079



## SHIP TO

Name: Arclin Surfaces LLC Hayward c/o Railroad Street Properties  
Address: 1220 W Railroad Street  
City/State/Zip: Duluth, MN, 55802, US  
Contact: Steve Sandoval - (715) 416-8061

CARRIER NAME: REHMANN TRANSPORTATION CORP.

Trailer Number:

Seal Number(s):

MC#: MC284072

PRO #:

## FREIGHT CHARGES BILL TO

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

## 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
PU# ARCH2030525 PO# 156589	34	17000 lbs		PU# ARCH2030525 PO# 156589
GRAND TOTAL	34	17000 lbs		

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT/ LIN. FT.	H.M.	COMMODITY DESCRIPTION <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. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		34		17000 lbs				
		34		17000 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.

## 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 *John Emerson*

Condition Received: Good Short Damaged

Date: 3 / 7 / 25