



INVOICE

BILL TO:
INTEGRATED CONNECTION LLC
306 6TH AVE SE
CEDAR RAPIDS, IA 52401

INVOICE DATE: 03/28/2025
INVOICE #: R83665
TERMS: NET 30
DUE DATE: 04/28/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
03/28/2025		1700 Eastgate Pkwy, Columbus, OH 43230, USA - 200 Trey St, Jeffersonville, IN 47130, USA			
		Freight Income	1	\$600.00	\$600.00

TOTAL
\$600.00

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

TRUCKLOAD RATE CONFIRMATION

Integrated Connection (TSM)

306 6th Ave SE

CEDAR RAPIDS, IA 52401

(319) 363-1235

**INTEGRATED
CONNECTION**

Your Worldwide Logistics Solution

Carrier Name: ROYAL3 INC**Broker:** melissa rm spot**Ready Date:** 3/28/2025**Date Needed:** 3/28/2025**Service Level:** Normal**Shipper Information:****Name:** COLUMBUS**Address:** 1700 EASTGATE PARKWAY

GAHANNA, OH 43230

Load #: 122539959**Customer PO:** 3028239**Shipper Ref:** pu#38018663**Equipment Type:** 53 ft Van | Dry**Contact:****Phone:****Ready Time:** 2:30 PM -

2:30 PM

Consignee Information:**Name:** NIAGARA N07-JEFFERSONVILLE IN**Address:** 200 TREY STREET

JEFFERSONVILLE, IN 47130

Contact:**Phone:****Close Time:** 10:00 PM -

10:00 PM

Handling Units	Package Type	Pieces	HAZMAT	List of Items	Total Weight
1	Pallet	1,456		ITEMS	24,074

PICKUP INSTRUCTIONS:**DELIVERY INSTRUCTIONS:****Rate:** USD \$600.00**TOTAL:** USD \$600.00

This confirmation is for exclusive truck and guarantee truck service. If there are any problems or delays carrier must call 1-319-363-1235 24/7 to avoid any rate reduction - carrier/driver is to provide verbal POD upon delivery and hard copy POD within 24 hours The confirmation

governs the movement of the above-referenced freight as of the specified and hereby amends, is incorporated by reference and becomes a part of the certain transportation contract by and between "Broker" and "Contract carrier". Carrier Agrees to sign the confirmation and return it to the broker via FAX and carrier shall be conclusively presumed and compensatory that the freight would not have been tendered to Carrier at higher rates and that not shipments handled under such rates will subsequently be subject to a later claim for undercharges. IF AGREED SERVICES ARE FULFILLED, RATES ARE NOT NEGOTIABLE. Carrier is responsible for all delivery appointments.

The undersigned accepts the referenced shipment on behalf of the carrier and acknowledge as correct the information contained herein, the carrier agrees to the terms of the Master agreement previously executed between our companies. Invoicing by the carrier and payment by Integrated Connection (TSM), constitutes acceptance of this agreement and creates a valid contract for carriage shipment.

When loading, the driver must count and inspect his/ her load. The Driver / Carrier is responsible for piece count and condition of load at time of delivery. **For payment of freight charges, we must receive original and signed Bill of landing and Proof of Delivery with a carrier invoice.** Payment will be made 30 days after all required paperwork is received at Integrated Connection (TSM), facilities. We are not responsible for Overweight. If Dimensions, Weight, Quantity or type of commodity are different than those consigned in our Load Confirmation Agreement, the carrier or Broker contracted MUST notify Integrated Connection (TSM) Before picking up and request a WRITTEN AUTHORIZATION. Integrated Connection (TSM) will not pay any extra charges without AUTHORIZATION.

Please sign and return via fax (319) 365-9011 or email to Cargo@IC-L.com

*****Send Invoices to: Accountspayable@IC-L.com*****

Carrier Signature: _____ **Driver Name:** _____

MC#: _____ **Driver Phone#:** _____

Generated on: 3/27/2025

Date: 03/28/25 11:26 AM

SHIP FROM		SHIP TO		SHIPMENT DETAILS				
Bill of Lading Number: 38018663 Master Bill of Lading Number: 58582386 Customer PO#: 3028239 Reference #: Delivery #: 38018663 Shipment #: 58582386		Carrier Name: INTEGRATED CONNECTION LLC Address: 1560 BOYSON City/State/Zip: HIAWATHA IA 52233 SCAC: IGCN Pro number: T5260112 Trailer number: 21224638 Seal Number		Carrier Name: INTEGRATED CONNECTION LLC Address: 1560 BOYSON City/State/Zip: HIAWATHA IA 52233 SCAC: IGCN Pro number: T5260112 Trailer number: 21224638 Seal Number				
Name: COL Address: 1700 Eastgate Parkway City/State/Zip: Gahanna, OH 43230 SID#: 58582386 FOB: <input type="checkbox"/>		Name: NQ7 Location #: 200 Trey Street City/State/Zip: Jeffersonville, IN 47130 CID#: Customer Phone:		Prepaid: <input type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: <input type="checkbox"/> Customer Pick Up: <input type="checkbox"/>				
Freight Charge: (freight charges are prepaid unless marked otherwise) Terms: POD INSTRUCTIONS: Carrier FAX (909) 494-4456 Or Email To : Orders@niagarawater.com TO:								
Customer Order Information								
Qty	Bottles Shipped	Cases Shipped	Pallets Shipped	SKU	Customer Item ID	Item Description	UPC Code	Weight
1456	0	1456	52	PFMV1NB		Preform: Rocky Mountain V1		24074 lbs
Totals								24074 lbs
Receiving Stamp: All overages, under and damage issues/refusals must be populated on this document and communicated via FAX confirmation of POD to (
CARRIER SIGNATURE/PICKUP DATE				CARRIER				
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. Print Name: _____ Date: _____				If the shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: I hereby certify that the above described goods are in good order and condition at the time of shipment and that the consignor is not making delivery of this shipment without payment of freight and all other lawful charges. Consignor Signature _____ Date _____				
COD Amount: \$ _____ NMFC # _____ CLASS _____ 0				FACILITY CHECKOUT Appt Time: 3/28/25 11:30 AM Check In Time: 3/28/25 10:12 AM Check Out Time: 3/28/25 11:26 AM Delivery Time: 3/28/25 7:00 PM Driver Name: Jovica Driver Initials: _____ NBL Initials: _____				
Carrier certifies emergency response information was made available and/or carrier has the U.S.DOT emergency response guidebook or equivalent documentation in the vehicle.								
CARRIER INSTRUCTIONS								
Driver: Should you encounter any delays preventing the on time delivery of this shipment. Please dial 909-230-4486 for assistance.								