



## INVOICE

**BILL TO:**  
TA SERVICES INC  
241 REGENCY PARKWAY  
MANSFIELD, TX 76063

**INVOICE DATE:** 04/21/2025  
**INVOICE #:** R87034  
**TERMS:** NET 30  
**DUE DATE:** 05/21/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
04/18/2025		625 S Edgewood Ave, URBANA, OH 43078 - 1315 Hickman Ave, ELBA, AL 36323			
		Freight Income	1	\$1,600.00	\$1,600.00

<b>TOTAL</b>
\$1,600.00

### 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**

**Shipment Confirmation**

1419238

**TA#:1419238**

Driver must call TA Services for Dispatch

Page 1

**Fax or Email signed confirmations to:**

John Sellers

Email: [jsellers@taservices.com](mailto:jsellers@taservices.com)

Phone: (463) 219-6756 or fax:

Carrier: ROYAL3 INC  
CHICAGO

IL 60638

Contact: Milo

Phone: 630-566-1286

Email: [Milo@ROYAL3INC.COM](mailto:Milo@ROYAL3INC.COM)

Fax:

Driver: Byron Foley

Driver Cell: (504) 208 8416

Truck #: 744

TA #: 1419238

Miles: 713.0

Items: 11

Commodity: Tanks Air Pressure Tank

Weight: 6500.0

Trailer: Van (DAT)

**PU 1**

Name: Jwp

Address: 625 S Edgewood Ave

City/State/Zip URBANA

OH 43078

Pallets: In Out

Cases/Pieces: 11

Weight: 6500.0

Date/Time: 04/18/2025 1400

04/18/2025 1630

Phone: (937) 652-1242

**SO 2**

Name: Dorsey Trailer

Address: 1315 Hickman Ave

City/State/Zip ELBA

AL 36323

Pallets: In Out

Cases/Pieces: 11

Weight: 6500.0

Date/Time: 04/21/2025 0800

04/23/2025 1400

Phone: 334-897-2525

**ROYAL3 INC**

Freight Pay:

\$1,450.00

Payments are managed through Triumph Pay:

Electronic Tracking Charge

150.00

Total Carrier Pay:

\$1,600.00

Website: [triumphpay.com](http://triumphpay.com)

Phone: (469) 312-7222

Please submit invoices and paperwork to [accounting@taservices.com](mailto:accounting@taservices.com)Submit all NOA's to [TAServices@NOA.TriumphPay.com](mailto:TAServices@NOA.TriumphPay.com)For payment inquiries not available in Triumph Pay, please email [Payables@TAServices.com](mailto:Payables@TAServices.com)For rate verifications, please email [Verification@TAServices.com](mailto:Verification@TAServices.com)

For any additional matters, please call (659) 217-7388

For communication after normal business hours

please contact [afterhours@taservices.com](mailto:afterhours@taservices.com)**Special Instructions**

**Terms & Conditions**

This contract is bound by the terms and conditions as stated in our carrier/broker agreement on file with your company. The TA Control Number listed above along with a SIGNED PROOF OF DELIVERY will be necessary for payment on this shipment. Your signature on this agreement acknowledges the required terms as stated on this load including pickup and delivery times. Any changes need to be communicated to TA services Inc dispatch to avoid late charges. \*\*\*It is the driver's responsibility to stay in compliance with FMC Guidelines as it relates to WEIGHT, WIDTH, and LENGTH of all cargo loaded from TA Services. Drivers will be responsible for all charges associated with any WEIGHT, WIDTH and LENGTH issues.\*\*\*

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**Driver Name:****Driver Cell:****12792585****Driver Email:****Tractor:****Trailer:***Milo Morrison***Byron Foley  
(504) 208 8416****(X) Accept****( ) Decline****744  
h03236**



## BILL OF LADING

Page 1

<b>SHIP FROM</b>		<b>Bill of Lading Number:</b> LD0749924	
Name:	Johnson Welded Products		
Address:	625 S Edgewood Ave		
City/State/Zip:	Urbana, OH 43078		
Contact Name:		<b>CARRIER NAME:</b> TA SERVICES INC	
Phone:	9376521242	<b>SCAC:</b> TASW	
Comments:			
<b>SHIP TO</b>		<b>Trailer Number:</b>	
Name:	Dorsey Trailer	<b>PRO NUMBER:</b>	
Address:	1315 Hickman Ave.		
City/State/Zip:	Elba, AL 36323		
Contact Name:	Lindsey Jared		
Phone:	334-897-2525 x206		
Comments:	Receiving MON-THURS, 6:15 am-2:00pm		
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>		<b>Customer Ref 1:</b> 034236	
Name:	TA Services, Inc.	<b>Quote Number:</b>	
Address:	PO Box 2127	<b>Freight Charge Terms:</b> (freight charges are prepaid unless marked otherwise)	
City/State/Zip:	Birmingham, AL 35201	Prepaid Collect 3rd Party X	
<b>Special Instructions:</b> Upon receipt perform a 360 degree inspection of the freight & note any specific damage on the POD and contact customer service.			
		<input type="checkbox"/> Master Bill of Lading: with attached Underlying Bills of Lading	
		(check box)	

Load ID: LD0749924

Accessorial:

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	Handling Units	WEIGHT	Quantity	ADDITIONAL SHIPPER INFO
SN0759479	11	6500 lb	11	
GRAND TOTAL	11	6500 lb		

## CARRIER INFORMATION

ITEM INFORMATION					COMMODITY DESCRIPTION		LTL ONLY	
ITEM ID	UOM	QTY	WEIGHT	H.M. (X)	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		NMFC #	CLASS
508744	PLT	11	6500 lb	7074	Tanks: Air pressure tank cylindrical less than 96 inches		180790-02	125.0
		11	6500 lb		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: Collect: ☐ Prepaid: ☐  
Customer check acceptable: ☐

NOTE Liability Limitation for loss or damage is 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. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.

Consignee Signature

## SHIPPER SIGNATURE / DATE

This is to certify that the above-named materials are properly classified, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

## Trailer Loaded:

- ☒ By Shipper  
☐ By Driver

## Freight Counted:

- ☒ By Shipper  
☐ 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.

JK 4/16/25