



INVOICE

BILL TO:

SCHNEIDER NATIONAL CARRIERS INC
3101 SOUTH PACKERLAND DRIVE
GREEN BAY, WI 54313

INVOICE DATE: 05/02/2025**INVOICE #:** R88573**TERMS:** NET 30**DUE DATE:** 06/02/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
04/29/2025		218 W 36th St, Garden City, ID 83714, USA - 120 Commercial Dr, Cabot, AR 72023, USA			
		Freight Income	1	\$3,200.00	\$3,200.00

TOTAL

\$3,200.00

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

Sent at: 04/28/2025 10:40 CST



Download the FreightPower carrier app to provide tracking updates.

Schneider
FreightPower



Contact your Schneider Rep, Tanner Decker

Email: DeckerT2@schneider.com

Phone: +19203574626

Questions: Call at: +1 (855) 476-4786

Schneider's customers require that carriers provide electronic tracking (status updates) via API, EDI, ELD, or mobile app tracking. All loads without successfully accepted electronic tracking will be subject to rejected accessorial payment (including, but not limited to: labor, detention, layover charges, etc.). Receipts will be required for payment verification, even when electronic tracking was successfully accepted.

Rate Confirmation

Route # 4006894919

Mode: Truck

Size: FTL

Total Weight: 20000

Route Type: OTR

Distance: 1785 Miles

of Stops: 2

Origin

Garden City, ID 83714-6531

Destination

Cabot, AR 72023

Date: 4/29/2025

Equipment: Van 53

Special reqs:

Expected Min Temp:

Expected Max Temp:

Temp Setting:

Carrier: ROYAL3 INC

MC#: 944686

DOT#: 2828543

SCAC#: ZFIH

Contact: DISPATCH TEAM

Phone: +16304857370

Email: dispatch@royal3inc.com

Total Rate: \$3,200.00 USD

Notes:

Route Refs:

Vendor Refs:

Stop 1 - Pick Up

Atlas Resale
218 West 36th Street,
Garden City, ID 83714-6531

Date/Time: 4/29/2025 08:00 - 15:00

Scheduling: Notice

Loading Type: Live

Special Reqs: ;

Pallet Count: Work: No Touch MBOL #: atlas PU #: Gotadental	
Pick Up Instructions:	
Facility Notes:	

Commodity Details													
Handling Unit		Pieces		Hazmat	Description	Dimensions	OD	Temp Control	Temp Setting	Pre-Cool To	Min° Temp	Max° Temp	Weight
Qty	Type	Qty	Type										
24	Pallet			No	Medical Equipment and Accessories and Supplies	0 L x 0 W x 0 H in	No	No					20,000 lb
Total HU: 24				Total Pcs: 0			Total Cmdty: 1			Total Wgt: 20000 lb			

Stop 2 - Delivery	
GotaDental 120 COMMERCIAL DR, CABOT, AR 72023-8688 Date/Time: 5/2/2025 08:00 - 18:00 Scheduling: Notice Loading Type: Live Pallet Count: Work: No Touch	Special Reqs: ;
Delivery Instructions:	
Facility Notes:	

Commodity Details													
Handling Unit		Pieces		Hazmat	Description	Dimensions	OD	Temp Control	Temp Setting	Pre-Cool To	Min° Temp	Max° Temp	Weight
Qty	Type	Qty	Type										
24	Pallet			No	Medical Equipment and Accessories and Supplies	0 L x 0 W x 0 H in	No	No					20,000 lb
Total HU: 24				Total Pcs: 0			Total Cmdty: 1			Total Wgt: 20000 lb			

Carrier Cost Date: 04/28/2025 10:40 CST

Cost Type	Currency	Cost Per	Units	Total Cost
Flat Rate	USD	\$3,200.00	1	\$3,200.00
Total Cost				\$3,200.00

Additional Rate Information

Unless otherwise approved by Schneider, the above rate includes all stop-off charges, fuel surcharges, loading, unloading, etc. This rate cannot be changed, modified, or supplemented by reference to any other rates, rules, classification, schedule, or tariff without Schneider's written permission.

Any accessorial not listed above (including, but not limited to, labor, detention, layover charges, etc.) must be approved by Schneider prior to the charge being incurred; failure to obtain such pre-approval may result in non-payment for the accessorial charge. Schneider is not required to approve any such accessories not listed above. The Carrier must provide supporting documentation reasonably requested by Schneider (such as, without limitation, receipts for all third-party charges, evidence of payment for third-party charges, in and out times on a bill of lading for detention charges, etc.) for all approved accessorial charges no later than five (5) days after the accessorial charge is incurred; failure to provide such supporting documentation within such timeframe may result in non-payment for the accessorial charge. Driver detention times/charges must be clearly noted on the bill of lading and may, at Schneider's discretion, only be authorized on electronically tracked shipments (Schneider's customers require electronic tracking for shipment updates). To the extent of a conflict between the terms of this paragraph and the terms of the Master Transportation Agreement between Broker and Carrier, these terms shall govern.

Invoice & Documentation Requirements

All invoices and shipment documentation (including, without limitation, bill(s) of lading, clear delivery receipts, and supporting documentation for third-party charges) must be submitted to Schneider per tender instructions no later than ninety (90) days after delivery. FAILURE TO PROVIDE ALL SUCH DOCUMENTS (INCLUDING THE INVOICE) WITHIN SUCH NINETY (90) DAY PERIOD WILL RESULT IN NON-PAYMENT FOR SERVICES.

1 TENDER = 1 INVOICE

Please include the following information on the invoice:

1. Route Number - Route Number must be in the upper right hand corner of all invoices
2. Bill of Lading #, Piece Count, Weight, Shipper and Consignee Address including Postal Code.

Please include the following paperwork with the invoice and e-mail to Submit@invoice.schneider.com:

1. Customer Signed Bill of Lading / Proof of Delivery
2. Other pertinent paperwork to include lumper receipts, etc.
3. Must attach and send in this tender sheet/rate contract with invoice.

E-mail invoice and paperwork for payment to: submit@invoice.schneider.com

All Carrier payments are now processed through [TriumphPay.com](https://triumphpay.com)

Please register online in order to receive payments:

1. Go to <https://secure.triumphpay.com>
2. Register your company
3. Connect with Schneider Enterprise Resources
4. Add or change your payment information
5. Control your Money!
6. Must send Notice of Assignment/Release letters to schneider@noa.triumphpay.com



Get Paid Now!

Login to TriumphPay.com to take advantage of our
2 Business Day Quick Pay - 2% fee

Additional Requirements

1. Schneider does not dispatch the driver. Carrier retains sole control and authority over the driver in all respects including, without limitation, dispatching, routes taken, reference numbers, and service expectations.
2. Carrier is required to adhere to all appointment times set by the Customer (and, if requested by the Customer, ensure that the driver has the necessary technology to provide (and agrees to provide) tracking of the Shipment via electronic tracking).
3. Brokerage of this Shipment by Carrier is prohibited. Any brokerage will void Schneider's obligation to pay Carrier.
4. Carrier's dispatch personnel must notify Schneider immediately of any Shipment related issues that will, or are reasonably likely to, cause Carrier to miss the scheduled pick-up or delivery appointment time. Carrier must contact Schneider (do not call the customer) at 855 476 4786 with any Shipment related concerns.
5. Carrier shall not break the seal, partial the Shipment, or move the Shipment via rail without written consent from Schneider. This will result in non-payment, a claim and/or legal action per the terms of the Master Transportation Agreement
6. Carrier will require the driver to scale Shipment prior to departing shipper. Carrier is responsible to ensure the Shipment is safe and of legal weight for transit.
7. If Carrier's cargo or automobile insurance policy contains a schedule of covered vehicles or equipment, Carrier will not transport this Shipment using a vehicle and/or equipment that is not listed as scheduled on Carrier's cargo insurance policy, and Carrier's cargo policy must not exclude from coverage any commodities or cargo transported in this Shipment.
8. If this Shipment involves travelling in the State of California, all equipment utilized by Carrier must meet California Air Resources Board Regulations including, without limitation, the Truck and Bus Rule, the Advanced Clean Fleets Rule, and the Heavy-Duty Inspection and Maintenance Rule. By accepting this tender, Carrier represents that it's equipment will comply with such requirements.

Agreement to be Bound

Carrier has read this entire Shipment tender. By accepting this Shipment Tender and transporting the Shipment (even without a signature on this Shipment Tender), Carrier agrees it is bound to, and agrees to comply with, all statements, special services, work assignments, terms and conditions, and other requirements contained herein. In addition to the terms contained in this Shipment Tender, this Shipment shall be governed by the terms and conditions of the Master Transportation Agreement between Broker and Carrier, which are deemed incorporated herein.

Straight Bill of Lading

Original - Not Negotiable

Ship From:

ATLAS RESELL MANAGEMENT
221 W 37TH ST
STE F
BOISE, ID 83714
SID#:

☐ FOB

Ship To:

Michael Wade Myers
GotaDental
120 Commercial Dr
Cabot, AR 72023
CID#:

Location No:

☐ FOB

Freight Charge Terms (prepaid unless marked otherwise)

☐ 3rd Party

3rd Pty Freight Charges - Bill To:

Date: 29-April-2025

Bill of Lading No: 1618

BARCODE SPACE

Carrier Name: ROYAL 3

Trailer No: W94927

Seal Number(s):

SCAC:

Pro No:

BARCODE SPACE

Special Instructions:

☐ Master BOL

Handling Unit		Package		Weight U.	H.M. (X)	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 MNMFC Item 360</small>	LTL Only	
QTY	TYPE	QTY	TYPE				NMFC No.	Class
10	PALLET	1	UNIT	400		DENTAL CHAIR	79250-5	100
10	PALLET	1	UNIT	150		DENTAL DELIVERIES	56590-5	125
1	PALLET	1	UNIT	150		DENTAL AIR COMPRESSOR	56590-5	125
1	PALLET	1	UNIT	400		DENTAL CABINET	56590-5	125
22		4		1100.00		Totals		

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

\$51500

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature

Chris Woodson

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. The property described above, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown above, which said carrier agrees to carry to destination, if on its route, or otherwise deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to all bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is hereby familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

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 DOT.

Trailer Loaded

☒ By Shipper

☐ By Driver

Freight Counted

☒ By Shipper

☐ By Driver/pallets said to contain

☐ By Driver/Pieces

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 above is received in good order, except as noted.

Carrier Signature

Pickup Date

Shipper Signature

Date

Shayla Lewis
GotaDental LLC