



## INVOICE

**BILL TO:**

RTC  
2000 CRAWFORD PLACE NUMBER 900  
MT LAUREL, NJ 08054

**INVOICE DATE:** 06/12/2025**INVOICE #:** R95428**TERMS:** NET 30**DUE DATE:** 07/12/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
06/11/2025		Finksburg, MD 21048 - Lavonia, GA 30553			
		Freight Income	1	\$900.00	\$900.00

**TOTAL**

\$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**

To: Royal3 Inc. -ICC No. 0944686  
Fax Attn: ASTA

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 066218** (This number must appear on all paperwork)

Pick-up(s):

**Finksburg MD 21048**

Appt: 6/11/25 7:00-12:00

Consignee(s):

**Lavonia GA 30553**

Appt: 05/12/25 10:00AM

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

<u>#/Pcs</u>	<u>Commodity</u>	<u>Weight</u>	<u>Equipment</u>	<u>Amount</u>
	Air Conditioners	15,000	VAN ONLY	900.00

**LATE FEES APPLY FOR MISSED DELIVERY**

**Carrier agrees not to solicit customers according to contract.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Royal3 Inc. -ICC No. 0944686

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

**Attn: CODY**

STRAIGHT BILL OF LADING - SHORT FORM  
 NOTICE: Shippers of hazardous materials must enter 24-hour emergency response telephone number in "Other" Emergency Response Phone Number field.

Bill of Lading No. **27495**  
 Date **6/11/25**  
 Shipper No.  
 Carrier No.

Shipping Order

POWRMATIC, INC.  
 2906 BALTIMORE BLVD.  
 FINKSBURG, MD 21048  
 (410)-883-9100

TO: Consignee  
 FROM: Shipper  
 Street **SS GATEWAY AP**  
 City **LAUDONIA, GA**  
 State **GA**  
 Zip **30553**  
 Vehicle No.  
 Origin  
 Emergency Response Phone Number

No. of Packages	Kind of Packaging, Description of Articles, Special Marks and Exceptions	Consolidation (relating to bill of lading only) or other information (relating to bill of lading only) or other information (relating to bill of lading only)	Weight or Measure (in pounds or kilograms)	Rate or Class	Charges
1	✓ TE-11 HC Burner		800	85	
1	✓ TE-11 HC Fan		500	"	
1	✓ TE-11 HC Coil Discharge w/ label		1,200	"	
3	CONTACT: MICHAEL 706-371-6234 SEAL # 1969169				2,500

3  
 CONTACT: MICHAEL 706-371-6234  
 SEAL # 1969169  
 C.O.D. REF. CHARGES \$  
 TOTAL CHARGES \$  
 Freight prepaid ☐ Collect ☐

Signature of Consignor  
**Phil Ruffalo**  
 Title  
 Signature of Consignee  
**6/11/25**  
 Title  
 Note: Liability limitation for loss or damage to cargo may be waived by agreement between the parties. The carrier's liability for loss or damage to cargo may be limited by the terms of the bill of lading. The carrier's liability for loss or damage to cargo may be limited by the terms of the bill of lading. The carrier's liability for loss or damage to cargo may be limited by the terms of the bill of lading.