



**Bill to:**  
AFS ADVANTAGE,LLC.  
P.O. BOX 18255,  
Shreveport,  
LA,  
71138

Invoice Date: 06/02/2023  
Invoice #: 0088317  
Terms: NET 30  
Due Date: 07/02/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/01/2023		1902 Patridge Drive, Tyler, TX, USA - 1970 Winfield Dunn Pkwy, Sevierville, TN, USA			
			1	1950	1950

TOTAL
1950

**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**

\*\*\* Load Confirmation \*\*\*

AFS Advantage  
Shreveport, LA 71138

Page 1

Fax

0088317

**Carrier:** ROYAL3 INC  
CHICAGO IL 60638  
**Date:** 06/01/2023

**Contact:** Jim  
**Phone:**  
**Fax:**

**Order**  
**Order:** 0088317  
**Miles:** 809.0  
**Temp:**  
**BOL:**

**Commodity:** STORE FIXTURES  
**Weight:** 38000.0  
**Pieces:** 28  
**Trailer:** Van  
**Reference:**

**PU 1** **Name:** CAVENDERS FIXTURE SHOP  
**Address:** 1902 PATRIDGE DRIVE  
**TYLER TX 75707**  
**Phone:** 903-202-3334

**Date:** 06/01/2023 0800  
06/01/2023 1000  
**Contact:** BO RICKETTS  
**Drvr Ld/Unld:** No driver loading or unload

**SO 2** **Name:** CAVENDERS # 100  
**Address:** 1970 WINFIELD DUNN PKWY  
**SEVIERVILLE TN 37876**  
**Phone:**

**Date:** 06/02/2023 0800  
06/02/2023 0900  
**Contact:**  
**Drvr Ld/Unld:** No driver loading or unload

**Payment**  
**Carrier Freight Pay:** \$1,950.00  
**Total Carrier Pay:** \$1,950.00

**Agreement** Please sign & fax / email back to **Michael Fitzgerald**

*Jim Dujanovic*

**Instructions**

**BILL TO - CARRIER MUST SUBMIT ALL PODS AND INVOICES TO TLINVOICE@AFS.NET UPON DELIVERY**  
DRIVER MUST ACCEPT MACROPOINT TRACKING OR \$150.00 DEDUCTION WILL BE TAKEN AGAINST RATE  
STATED ON THIS CONFIRMATION  
Please make your daily check call - toll free @ 800-836-9087 each day between 8am - 10am.



2/ CONSIGNEE (TO) COMPANY		3/ SHIPPER SELECT		COMMENTS
*WRITE C.O.D. IN BOX IF SHIPMENT IS C.O.D.*	Cavender's store #100		PREPAID (SHIPPER) <input type="checkbox"/> COLLECT (CONSIGNEE) <input type="checkbox"/>	
	STREET ADDRESS (CARRIER CANNOT DELIVER TO A P.O. BOX)		FREIGHT CHARGES ARE PREPAID UNLESS MARKED COLLECT.	
	1970 Winfield Dunn parkway			
			ROUTING INSTRUCTIONS	
CITY	STATE	ZIP		
Sevierville	Tn	37876		

4 SHIPPER (FROM) COMPANY			COMPANY		
Cavender's DC			c/o AFS		
STREET ADDRESS (NOT A P.O.BOX)			B I L L T O	ADDRESS	
4295 Hayes ave.				PO Box 18255	
STREET ADDRESS (NOT A P.O.BOX)					
CITY	STATE	ZIP	CITY	STATE	ZIP
Tyler	Tx	75707	Shreveport	LA	71138

C.O.D. <div style="border: 1px solid black; height: 40px; width: 150px; margin: 5px 0;"></div> (C.O.D. AMOUNT)		1. THE LETTERS C.O.D. MUST APPEAR IN THE BOX BEFORE CONSIGNEE'S NAME ABOVE.  2. SHIPPER REQUESTS C.O.D. AMOUNT IN: <input type="checkbox"/> CASHIER CHECK ONLY <input type="checkbox"/> CONSIGNEE'S CHECK "OK"  3. C.O.D. FEE TO BE COLLECT (CONSIGNEE)    PREPAID (SHIPPER) <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> C.O.D. FEE WILL BE COLLECT UNLESS MARKED PREPAID	REMIT C.O.D. TO: (IF DIFFERENT THAN SHIPPER ABOVE) NAME  ADDRESS  CITY, STATE, ZIP
CONSIGNEE PHONE NUMBER			

[illegible]

Mark with "X" to designate hazardous Material as defined in the Department of Transportation regulations governing transportation of Hazardous Material

NOTE (1) 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 exceed \_\_\_\_\_ per \_\_\_\_\_

**NOTE (2) Liability Limitation for loss or damage on this shipment may be applicable. See 49**

USC § 14706 © (1) (A) and (B).

NOTE (3) 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 Sec. 2(e) or NMFC Item 360.

## FOR FREIGHT COLLECT SHIPMENTS

If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement:

the carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

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 to deliver to another carrier on the route to destination. It is mutually agreed, as each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Bill of Lading set forth in the National Motor Classification 100-X and successive issues. The shipper hereby certifies that he is familiar with all the terms and conditions of the said 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 himself and his assigns.

and bill of lading, including hose on the back thereof, and the

Shipper Certification  
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

SHIPPER'S  
SIGNATURE  
AND DATE

PRINT LAST NAME

CARRIER  
SINGLE SHIPMENT PICK UP  
DRIVER'S  
SIGNATURE  
EMPLOYEE  
NUMBER

NO. OF PIECES	
------------------	--

YES ☐ NO ☐

DATE \_\_\_\_\_

[illegible]

traight Bill of Lading - Short Form

CARRIER COPY - NON NEGOTIABLE



<b>2/ CONSIGNEE (TO) COMPANY</b> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <b>Cavender's store #100</b>  STREET ADDRESS (CARRIER CANNOT DELIVER TO A P.O.BOX)  <b>1970 Winfield Dunn parkway</b> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> CITY <b>Sevierville</b> </div> <div style="width: 15%;"> STATE <b>Tn</b> </div> <div style="width: 15%;"> ZIP <b>37876</b> </div> </div>			<b>3/ SHIPPER SELECT</b> <div style="display: flex; justify-content: space-around;"> <div> PREPAID (SHIPPER)  <input type="checkbox"/> </div> <div> COLLECT (CONSIGNEE)  <input type="checkbox"/> </div> </div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <b>FREIGHT CHARGES ARE PREPAID UNLESS MARKED COLLECT.</b>  ROUTING INSTRUCTIONS </div>		
<b>4/ SHIPPER (FROM) COMPANY</b> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <b>Cavender's DC</b>  STREET ADDRESS (NOT A P.O.BOX)  <b>4295 Hayes ave.</b>  STREET ADDRESS (NOT A P.O.BOX) </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> CITY <b>Tyler</b> </div> <div style="width: 15%;"> STATE <b>Tx</b> </div> <div style="width: 15%;"> ZIP <b>75707</b> </div> </div>			<b>COMPANY</b> <b>c/o AFS</b> <b>ADDRESS</b> <b>PO Box 18255</b> <b>CITY, STATE, ZIP</b> <b>Shreveport LA 71138</b>		
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 150px; height: 40px; margin-right: 10px;"></div> <div> 1. THE LETTERS C.O.D. MUST APPEAR IN THE BOX BEFORE CONSIGNEE'S NAME ABOVE.  2. SHIPPER REQUESTS C.O.D. AMOUNT IN:  <input type="checkbox"/> CASHIER CHECK ONLY  <input type="checkbox"/> CONSIGNEE'S CHECK "OK"  3. C.O.D. FEE TO BE COLLECT (CONSIGNEE) PREPAID (SHIPPER)  <div style="display: flex; justify-content: space-around; width: 100px;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> </div> <div style="margin-top: 10px;"> C.O.D. FEED WILL BE COLLECT UNLESS MARKED PREPAID </div>			<div style="border: 1px solid black; padding: 5px;"> REMIT C.O.D. TO: (IF DIFFERENT THAN SHIPPER ABOVE)  NAME  ADDRESS  CITY, STATE, ZIP </div>		
<b>5/ NO. OF PIECES</b> <b>24</b>			<b>6/ KIND OF PACKAGING, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS (SUBJECT TO INSPECTION)</b> <b>Pallets</b> <b>New Store merchandise</b>  <b>Seal # 3805192</b>  <b>305786</b>		
<b>7/ WEIGHT IN LBS. (subject to correction)</b> <b>25000</b>			<b>RATE</b>  		
<b>CHARGES</b>  					

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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.		CARRIER <b>Shardha</b>		NO. OF PIECES	
SINGLES SHIPMENT PICK UP DRIVER'S SIGNATURE		YES <input type="checkbox"/> NO <input type="checkbox"/>		DATE <b>11-11-11</b>	
SHIPPER'S SIGNATURE AND DATE <b>Stack Smiley</b>		PRINT LAST NAME <b>Smiley</b>		TIME <b>11:00</b>	
		EMPLOYEE NUMBER		TIME	

straight Bill of Lading - Short Form

CARRIER COPY - NON NEGOTIABLE