

**Bill to:**

ER OVERNIGHTERS
6688 Joliet Rd, suite#351,
La Grange,
IL,
60525

Invoice Date: 06/06/2023

Invoice #: A2203

Terms: NET 30

Due Date: 07/06/2023

| Date | Customer Ref # | Origin - Destination | Quantity | Rate | Amount |
|------------|----------------|---|----------|------|--------|
| 05/30/2023 | | 25 Bridle Lane, Westborough, MA, USA - Bolingbrook, IL 60440, USA | | | |
| | | | 1 | 1200 | 1200 |

| |
|--------------|
| TOTAL |
| 1200 |

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**



ER Overnights

Send Invoices to:

6688 Joliet Rd, suite#351, Indian Head Park, IL 60525

FAX: 708-843-8186 Phone: 708-843-8390 ACCOUNTING # 630-686-5691

***** LOAD CONFIRMATION *****

Carrier: Royal3 Inc
MC#: 944686
Date: 5/30/23

Contact: Ted
Phone: 630-566-1300 x.301
Email:

Order

LOAD: A2203
BOOKED WITH: WILL
Pick-Up: 5/30/23

Commodity: FAK
Weight: 26,700 lb
Trailer: V53

PICK 1

Emseal Joint Systems

Date: 05/30/23 10am-3:30pm

25 Bridle Lane

PU#JEM9901497

Westborough, MA 01581

STOP 1

DXB INC

Date: 5/31 or 6/1 8am-10pm

640 Remington Blvd, Unit B
Bolingbrook IL 60440

PLEASE DO NOT PARK HERE OVERNIGHT YOU WILL BE TICKETED,

NO DETENTION PAID AFTER 5PM or weekend loading

NO REEFERS OR STRAIGHT TRUCKS WILL BE LOADED, PICK UP EMPTY

DO NOT CALL ANY PHONES ON BOLTS/SHIPPERS/RECEIVER OR WE WILL DEDUCT FROM THE RATE!!!!

Detention paid after 3 hours, at \$25 per hour ONLY on FULL TRUCK LOADS not the LTL shipments. Driver must call for dispatch, when loaded with IN AND OUT times. While in route and if any problems shall arise to halt delivery on time. Failure to do so will result in deduction in pay. \$550.00 deduction for missed appointment time, a deduction rate per day for missed appointments. POD must be emailed within 24 hours of delivery or \$100 deduction in pay.

DO NOT CALL ANY PHONES ON BOLTS/SHIPPERS RECEIVER OR WE WILL DEDUCT FROM THE RATE!!!!

Payment

Carrier Freight Pay:

\$1200

Quick pay options: -3% for inbound Bolingbrook, IL loads, paperwork must be sent in before 3:00PM to accounting@erovernighters.com

POD'S Send to er@erovernighters.com within 24 hrs or rate deductions will be incurred

ACCOUNTING # 630-686-5691

TO START PAYMENT PROCCES SUBMIT PAPERWORK TO accounting@erovernighters.com

PAYMENT NET 30 Days. We need original paperwork via mail in order to release your payment.

Instructions

Special Instructions here

DRIVER NAME:

TRUCK#

TRAILER#

PH#

X

Agreement

Please sign and email back er@erovernighters.com

*This rate shall remain in effect until cancelled by either party giving written notice to the other. All accessorial fees must be approved, and proper documentation must be faxed in for reimbursement.

*If load is "double-brokered", agreement is void.

*Rate confirmation must be signed and returned to ER OVERNIGHTERS, INC

*All overages, shortages, and damages must be reported immediately, before driver leaves the dock to ER OVERNIGHTERS, INC

*Any carrier unable to honor a scheduled appointment is required to call **708-843-8390**. Missed appointments are subject to and may warrant rate deductions.

WELCOME CARRIER.

We appreciate this opportunity to work with you and your firm. We will need the following Items to complete your firm's carrier file:

- Copy of D.O.T. Contract Carrier Authority
- An Automobile Liability Certificate:
 - In the amount of at least **\$1 million U.S.**
 - Issued by an insurance company rated A- or better
 - Listing **ER OVERNIGHTERS, INC.** as a **Certificate Holder** and **Additional Insured**
- A Cargo Insurance Certificate:
 - In the amount of at least **\$100,000 U.S.**
 - Issued by an insurance company rated A- or better
- W-9 form
- Broker/Carrier Transportation Brokerage Agreement

Please send the documents here:

Thank you for your assistance with obtaining the required information.

Sincerely, ER OVERNIGHTERS, INC

Billing Address: 6688 Joliet Rd, suite#351, Indian Head Park, IL 60525

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| | |
|--|------------------------------|
| Bill of Lading – Short Form – Not Negotiable | |
| Date | Bill of Lading Number: A2203 |
| Ship From | |
| Name: CORE TECH INTL Address: 1237 SESQUI ST City/State/Zip Westborough, MA | |
| Ship To | |
| Name: DXB Address: 5469 N Ryder Drive City/State/Zip: Bolingbrook IL 60440 CID No.: | |
| Third Party Freight Charges Bill to: | |
| Name: Address: City/State/Zip: | |
| Special Instructions: | |
| Name: Address: City/State/Zip: | |

| Customer Order Information | | | | |
|----------------------------|---------------|--------|-----------------------------|--------------------------------|
| Customer Order No. | No. Pack-ages | Weight | Pallet/Slip (circle one) | Additional Shipper Information |
| MACHINERY | | | Y N | |
| | | | Y N | |
| | | | Y N | |
| | | | Y N | |
| Grand Total | | | | |

| Carrier Information | | | | | | | LTL Only | |
|---------------------|---------|--------|--------|--|----------|-------|----------|--|
| Handling Unit | Package | Weight | HM (X) | Commodity Description | NMFC No. | Class | | |
| Qty | Type | Qty | Type | 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 | | | | |
| 1 | 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 exceeding _____ per _____"

COD Amount: \$ _____
 Free terms: Collect __ Prepaid __ Customer check acceptable __

Note Liability limitation for loss or damage in this shipment may be applicable. See 49 USC § 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, and to all applicable state and federal regulations.

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

Shipper 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 DOT.

Trailer Loaded:

- ☐ By shipper
- ☐ By driver

Freight Counted:

- ☐ By shipper
- ☐ By driver/pallets sold 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 DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.