

**Bill to:**

E SHIPPING
PO BOX 14189,
PARKVILLE,
MO,
64092

Invoice Date: 06/22/2023

Invoice #: 0408025

Terms: NET 30

Due Date: 07/22/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/21/2023		410 Winfield Avenue, Salisbury, MD, USA - 289 Cahaba Valley Pkwy h, Pelham, AL, USA			
			1	1250	1250

TOTAL
1250

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

eShipping, LLC
PO Box 14126
Parkville, MO 64152
877-772-4086 816-505-5035

Load Confirmation

Page 1
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Carrier: ROYAL 3 INC
CHICAGO IL 60638
Date: 06/21/2023

Contact: asta x108
Phone: 630-485-7370
Fax:

Order Order: 0408025
Miles: 879.0
Temp:
BOL: 231179-00

Commodity: Air Filters
Weight: 6659.0
Trailer: Van (DAT)
Reference: RS25614358

PU 1 Name: VISKON-AIRE CORP
Address: 410 WINFIELD AVE
SALISBURY MD 21801
Phone: 800-336-3752
Reference number: PO 230696-00
Reference number: PO 231179-00
Reference number: PO 231643-00

Date: 06/21/2023 1300
06/21/2023 1600
Contact: Shannon
Driver Load: No driver loading or unload

SO 2 Name: TFS
Address: 289-H Cahaba Valley Pkwy
PELHAM AL 35124
Phone: 205-592-6888

Date: 06/23/2023 0800
06/23/2023 1600
Contact: CHRIS NORRIS
Driver Load: No driver loading or unload

Payment Carrier Freight Pay: \$1,250.00
Total Carrier Pay: \$1,250.00

Carrier Instructions and Requirements: This form must be completed and returned before driver can be loaded.

VISKON-AIRE CORP - TFSBBIAL: Covid-19 essential shipment. Consignee is open. Reach out to eShipping at 866-890-3408 x3 or clientcare@eshipping.biz for disposition/approvals
VISKON-AIRE CORP - PUF Number: PUF100586851
TFS - MUST DELIVER FIRST THING IN THE MORNING

Disclaimers: Failure to comply with the following could result in a rate reduction

Driver or Dispatcher MUST notify eShipping of ANY delays by phone or email

A \$50 fine may occur per stop if Appointment times are missed without appropriate notification

Overage, Shortages, or Damaged products are to be reported immediately

eShipping does NOT allow freight to be double brokered or combined with other partials without express permission of eShipping

Proof of Delivery must be signed by all parties and emailed to invoices@eshipping.biz within 48 hours

Contracted driver MUST agree to accept cellular tracking for the duration of this shipment or risk a \$200 fine

All accessorial and/or Extra Charges must be reported within 24 hours of delivery to be considered for Payment

Lumpers require receipt, Detention requires signed in & out times, and NO fuel advances given

RS25614358

Royal 3 Inc/ZIGI FREIGHT INC

Pickup Date: 6.21.2023

Equipment Type: Dry Van (FTL)

Service Type:

Bill of Lading

SHIP FROM

VISKON-AIRE CORP
410 WINFIELD AVE
SALISBURY, MD 21801

Shannon
P. (800) 336-3752
Ready by 1:00 PM, closes at 4:00 PM

INSTRUCTIONS & SERVICES

"TFSBBIAL: Covid-19 essential shipment. Consignee is open. Reach out to eShipping at 866-890-3408 x3"

ORIGIN TERMINAL

REFERENCE NUMBERS

PO Number: 231179-00
231643-00
230696-00
0408025
PUF Number: PUF100586851
Shipment ID: ef
Customer Number:
Originating Office: MANAG
Pickup Conf: 0408025

SHIP TO

TFS
289-H Cahaba Valley Pkwy
PELHAM, AL 35124

CHRIS NORRIS
P. (205) 592-6888
Ready by 8:00 AM, closes at 4:00 PM

INSTRUCTIONS & SERVICES

"MUST DELIVER FIRST THING IN THE MORNING"

DESTINATION TERMINAL

3rd PARTY FREIGHT CHARGES BILL TO

Bill 3rd Party/Prepaid To: eShipping LLC
PO Box 14126
Parkville, MO 64152

FREIGHT TERMS

- ☐ Prepaid
☐ Collect
☒ 3rd Party

QUOTE NUMBER

MASTER BOL

- ☐ Master Bill of Lading with attached underlying Bills of Lading

CARRIER INFORMATION

HANDLING UNIT	PACKAGE	WEIGHT	HM	COMMODITY DESCRIPTION	LTL ONLY	CLASS
QTY TYPE	QTY TYPE				NMFC#	
2 Pallets 53 x 46 x 89 IN	50 Boxes	990 LBS		AIR FILTERS- non-stackable	69100	250
1 Pallets 51 x 40 x 81 IN	18 Boxes	218 LBS		AIR FILTERS- non-stackable	69100	300
6 Pallets 51 x 41 x 81 IN	177 Boxes	4178 LBS		AIR FILTERS- non-stackable	69100	125
1 Pallets 48 x 48 x 83 IN	12 Boxes	315 LBS		AIR FILTERS- non-stackable	69100	300
1 Pallets 46 x 48 x 73 IN	12 Boxes	298 LBS		AIR FILTERS- non-stackable	69100	250
2 Pallets 30 x 48 x 83 IN	6 Boxes	353 LBS		AIR FILTERS- non-stackable	69100	300
1 Pallets 53 x 50 x 65 IN	20 Boxes	307 LBS		AIR FILTERS- non-stackable	69100	250
14	295	6659 LBS		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 _____."

Note: Liability limitation for loss of damage in this shipment may be applicable. See 49 USC 14706(d)(1) (A) and (B).

Products 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) of NMFC item 360.

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.

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement.

Shipper Signature: _____ Date: _____

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

Shipper Signature: _____ Date: _____

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 Signature: _____ Date: _____

COD:

Amount: \$ _____

Remit to: _____

FEE TERMS:

- ☐ Collect
☐ Pre Paid
☐ Customer check acceptable

EMERGENCY

Contact:
Phone Number:
Contract #:

FREIGHT COUNTED BY:

- ☐ Shipper
☐ Driver - Pieces
☐ Driver - Pallets said to contain

TRAILER LOADED BY:

- ☐ Shipper
☐ Driver

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 guide book or equivalent documentation in vehicle. Property described above is received in good order, except as noted.

Carrier Signature: _____ Date: _____

P/W IN: 1 pm
OUT: 2 pm

Seal #8670213