

**Bill to:**

max transe logistics llc

,
,
,

Invoice Date: 07/10/2023

Invoice #: 5080738

Terms: NET 30

Due Date: 08/10/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
07/07/2023		3814 Van Dyke Road, Newport, AR, USA - 5000 River Rd, Mount Bethel, PA, USA			
			1	2800	2800

TOTAL
2800

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**

*** Rate Confirmation ***

Max Trans Logistics, LLC
PO Box 11537
Jackson, TN 38308

Tyler Ray
Phone: (731) 222-5044
Fax: (731) 222-5100
Email: tray@maxtrans.us

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5080738

Carrier: Royal3 Inc
Chicago IL 60638
Date: 07/06/2023

Contact: MIKE CVIJIC
Phone: (630) 485-7370
Fax: (630) 485-6980

Order
Order: 5080738
Miles: 1104.0
Order Type: VAN
BOL:

Commodity: Aluminum Coils
Weight:
Trailer: Van (DAT)
Reference:

PU 1 Name: Granges Americas - Newport
Address: 3814 Van Dyke Street
NEWPORT AR 72112
Phone:

Date: 07/07/2023 08:00AM
07/07/2023 04:00PM
Contact:
Driver Load: No driver loading or unload

SO 2 Name: Custom Laminating Corp
Address: 5000 River Rd
MOUNT BETHEL PA 18343
Phone: (570) 897-8200

Date: 07/10/2023 08:00AM
07/10/2023 02:00PM
Contact: Receiving
Driver Load: No driver loading or unload

Payment
Carrier Freight Pay: \$2,800.00
Total Carrier Pay: \$2,800.00 (No additional charges can be invoiced without written approval)

*** Proof of Delivery MUST be emailed or faxed to the broker within 24 hours of delivery.***

Instructions

Granges Americas - Newport - GRANGNEW: Trailers must be free of debris, damage, or odor.

Please Sign: _____

Driver Name:
Driver Cell:
Driver Email:
Tractor #:
Trailer #:
Comment / ETA:

Mail invoice & required paperwork to: PO Box 11537 Jackson, TN 38308

Carrier Settlements: (731) 222-5048 **payables@maxtrans.us**

For Quick Pay: quickpay@maxtrans.us

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CARRIER NO.
SHIPPER'S NO.

127483

[illegible]

ROUTING

SALES ORDER NO.

CONSIGNEE TO
AND DESTINATION:

CUSTOM LAMINATING CORPORATION
5000 RIVER ROAD
MOUNT BETHEL, PA. 18343

DATE SHIPPED

82110700

If charges are to be prepaid, write or stamp here, "To be Prepaid."

ORIGIN - PREPAID

Received \$ _____
to apply in prepayment of the charges on
the property described hereon.

Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid.)

This certifies that the description and gross weight of shipment shown hereon are correct, subject to verification by the Southern Weighing & Inspection Bureau.

The fire boxes used for this shipment conform to the specifications set forth on the box maker's certificate thereon, and all other requirements of the governing Freight Classification.

Shipper's imprint in lieu of stamp, not a part of bill of lading approved by the Interstate Commerce Commission.

PLANT NUMBER

MANIFEST NO:

AGENT REP

DATE: _____

Gränges Americas, Inc., Shipper, per-
manent post office address of Shipper,

Shipper's Special Instructions: