



Bill to:
PROSPORT LOGISTICS INC
2260 LANDMEIER RD,
Elk Grove Village,
IL,
60007

Invoice Date: 07/28/2023
Invoice #: 0102407
Terms: NET 30
Due Date: 08/28/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
07/26/2023		305 2nd Street, Carmi, IL 62821, USA - 43 Beaumont Street, Zanesville, OH 43701, USA			
			1	1000	1000

TOTAL
1000

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



Columbus, OH

Phone 866-530-2460
Fax 614-750-1488
ohcarriers@prosportinc.com

LOAD CONFIRMATION

Carrier: ROYAL3 INC
CHICAGO IL 60638
Date: 07/26/2023

Contact: Joey
Phone: 321-465-5667
Fax: 630-485-6980

Order: 0102407
Miles: 398.0
Temp:
BOL: 0102407

Commodity:
Weight: 25000.0
Trailer: Van (DAT)
Reference: 0102407

PU 1 Name: KINGERY
305 second street

Date: 07/26/2023 0800
07/26/2023 1600

CARMI IL 62821

Contact:
Dvr Ld/Unld: No driver loading or unload

SO 2 Name: Y CITY EMPRIUM
43 Beaumont Street

Date: 07/27/2023 0900
07/27/2023 1200

ZANESVILLE OH 43701

Contact:
Dvr Ld/Unld: No driver loading or unload

Payment	Linehaul	\$1,000.00
	Total Carrier Pay:	\$1,000.00

Instructions

Prosport Logistics, Inc operates 24/7. WE REQUIRE PROACTIVE COMMUNICATION!
You must be able to provide updates. Call 866-530-2460 or email ohcarriers@prosportinc.com
Events that must be communicated: Arrival/Departing Shipper and Receiver, Detention, Delays or any issues
Carrier is subject to being fined for late pick up or delivery without prior communication from dispatch

Please sign and email back to ohcarriers@prosportinc.com

Signature *Ted Wilson*

No consolidation of load. No double brokerage or interlining of any kind
All carriers are required to make a minimum of two check calls every day 10am and 4pm
All accessorials must be reported at time of occurrence and approved before billed

Items Required for Payment

- Carriers Invoice with Prosport Logistics load # on it
- Prosport Logistics Rate Confirmation Sheet
- Bills of Lading/Approved Reimbursement Receipts
- Payment Terms: 21 Days of Invoice and Paperwork Received

All Documents must be submitted to:

Prosport Logistics, Inc. 3806 Kelley Ave (Suite A) , Springdale AR 72762

OR EMAIL ALL DOCUMENTS TO accounting@prosportinc.com



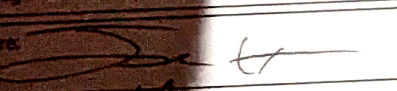
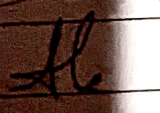
Shipper: Rohrer Coburn 895 Cottage Street ASHLAND, OH 44805	Contact: Joe Harmon Phone: (330) 331-9420 E-mail: Joe.Harmon@rohrer.com
Consignee: JEL SERT COMPANY HWY 59 & CONDE ST WEST CHICAGO, IL 60185	Contact: Phone: E-mail:
3rd Party Bill To: Rohrer Corporation Inc 701 SENECA STREET SUITE 140F BUFFALO, NY, 14210 Phone: (234) 217-3311	Carrier: FREIGHTWATCH Facility #: 175 GL Code: 175-6300-600-PRE Sub Group: 324479-16 Rohrer Job #: PRE PO#: 164781 Service Level: Normal Trailer Type: Van Trailer Size: Full
Pickup Date: 7/27/2023 Pickup Hours: 8:00 AM - 4:00 PM Pickup Instructions: Pickup Accessorials: None	
Delivery Date: None Consignee Hours: None- None Delivery Instructions: SEAL # 0884518 Delivery Accessorials: None	

Shipment Details

Shipment Information						
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION
QTY	TYPE	QTY	TYPE			
25	Pallet	1,188	PCS	30,000		Cards, merchandise mounting, paper or paperboard 0x0x0in
25		1,188		30,000		

Notes:

Carrier Liability agreed to \$50 per LB unless an insured value is declared and purchased.

Shipper Signature: 	Date: 7-27-23	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.
Pickup Carrier Signature: 	Date: 7-27-23	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 guidebook or equivalent documentation in the vehicle.
Delivered By:	Date:	Time: # of Pieces:
Consignee Signature:	Date:	Time: Printed Last Name:

Rohrer Corporation Inc | 717 Seville Road | WADSWORTH, OH 44282
 Phone: (234) 217-3311 | Fax:

JEL SERT

PLTS IN: 25

BUNDLES: 0

DATE: 7/27/23

SIGNATURE: 