



Bill to:
MAX TRANS ,LLC
P.O. BOX 11537,
Jackson,
TN,
38301

Invoice Date: 08/10/2023
Invoice #: 5082831
Terms: NET 30
Due Date: 09/10/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
08/09/2023		3814 HIGHWAY 67N NEWPORT AR 72112 - 1240 GREGORY LANE ANTIOCH IL 60002			
			1	1350	1350

TOTAL
1350

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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5082831

Carrier: Royal3 Inc
Chicago IL 60638
Date: 08/08/2023

Contact: Alex Miljus
Phone: (630) 485-7370
Fax: (630) 485-6980

Order
Order: 5082831
Miles: 582.0
Order Type: VAN
BOL:

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

PU 1 Name: GRANGES
Address: 3814 HIGHWAY 67N
NEWPORT AR 72112
Phone:

Date: 08/09/2023 08:00AM
08/09/2023 04:00PM
Contact:
Driver Load: No driver loading or unload

SO 2 Name: HANDI
Address: 1240 GREGORY LANE
ANTIOCH IL 60002
Phone:

Date: 08/10/2023 07:00AM
08/10/2023 03:30PM
Contact:
Driver Load: No driver loading or unload

Payment
Carrier Freight Pay: \$1,350.00
Total Carrier Pay: \$1,350.00 (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 - GRANGNEW: Trailers must be free of debris, damage, or odor.

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

Please Sign: _____

Asta Mijao

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

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading.

CARRIER NO.
SHIPPER'S NO.

FROM:  **GRANGES**

127561

The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being) understood throughout this contract as meaning any person or corporation in possession of the property under the contract, agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to 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 Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment. 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, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ROUTING	SALES ORDER NO.
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MAX TRANS LOGISTICS

CONSIGNED TO
AND DESTINATION:

HANDI-FOIL ALUMINUM (ANTIOCH)
1240 GREGORY DRIVE

ANTIOCH, IL 60002

BUYER'S ORDER NUMBER		PAGE		DATE SHIPPED
COMP. PART	CARRIER	CAR INITIALS AND NO.	SEALS	08/09/23

NO. PKGS	KIND OF PACKAGE	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	WEIGHT (SUBJECT TO CORRECTION)	RATE PER 100 LBS.	CNK COL	If charges are to be prepaid, write or stamp here, "To be Prepaid."
11	SKID	ALUMINUM GREATER THAN .006 GA.	31.219 LB			ORIGIN - PREPAID
RECEIVING NOTES:						Received \$ _____ to apply in prepayment of the charges on the property described hereon.
TOTAL MUST BE SEALED IN ORDER TO UNLOAD						Agent or Cashier _____
TOTALS:						Per _____ (The signature here acknowledges only the amount prepaid.)
11			31.219 LB			This certifies that the description and gross weight of shipment shown hereon are correct, subject to verification by the Southern Weighing & Inspection Bureau. The fibre 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:						

Granges Americas, Inc., Shipper, per
Permanent post office address of Shipper,
Shipper's Special Instructions:

Granges Americas, Inc.

3814 HIGHWAY 367 NORTH NEWPORT, AR 72112-3814