

**Bill to:**

MCLEOD LOGISTICS, LLC  
611 N. 10TH ST.,  
Saint Louis,  
MO,  
63101

Invoice Date: 11/25/2023

Invoice #: 1120308

Terms: NET 30

Due Date: 12/25/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
11/22/2023		14100 Weber Dr, Huntley, IL, USA - 2703 Commerce Road, Richmond, VA, USA			
			1	\$1,950.00	\$1,950.00

TOTAL
\$1,950.00

**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**



Trailer must be clean, dry, and odor-free. Please have driver call 855-241-3100 for dispatch. If carrier/driver fails to report detention within the first 2 hours of occurrence, detention compensation will be denied. In addition, IN and OUT times need to be notated on BOL with a legible customer signature. The original seal must be on the trailer upon delivery to avoid rejection and/or future claim and if original seal is not intact and load is rejected, carrier is responsible for full contents of load. Driver must check in under MCLEOD on ALL loads.

- Carrier acknowledges that Shipper's insertion of McLeod Logistics or McLeod Express name on the bill of lading, freight tender, or any other document shall be for Shipper's convenience only and shall not change McLeod Logistics status as a transportation broker. In the event Broker's name is listed on the bill of lading, shipping manifest or other similar document, as the carrier, Carrier shall cross-out or otherwise remove Broker's name and enter Carrier's name as applicable. Invoice must include McLeod load number and a signed copy of the BOL or POD.
- Lumpers will be reimbursed with a valid receipt as long as lumper is reported within 24 HR. If a receipt is not submitted, carrier will not be reimbursed and/or freight bill will be deducted by that amount.
- Invoices can be mailed to P.O. Box 1368, St Louis, MO 63188 or e-mailed to [accounting@mcleodlogistics.com](mailto:accounting@mcleodlogistics.com)

**\*Thank you for your business\***

McLeod Logistics LLC  
PO Box 1368  
St. Louis, MO 63188  
(855) 241-3100  
[www.mcleodexpress.com](http://www.mcleodexpress.com)



McLeod Logistics  
1001 Craig Rd. Ste. 352  
St. Louis, MO 63146  
855-241-3100 888-237-5655

Load Confirmation

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<b>Carrier:</b>	ROYAL3 INC CHICAGO IL 60638	<b>Contact:</b>	annie
<b>Date:</b>	11/22/2023	<b>Phone:</b>	(630) 485-7379 x127
		<b>Fax:</b>	
<b>Order</b>	<b>Order:</b> 1120308 <b>Miles:</b> 806.0 <b>Temp:</b> <b>BOL:</b> 24445393	<b>Commodity:</b> Freight All Kinds <b>Weight:</b> 35000.0 <b>Trailer:</b> Van (DAT) <b>Reference:</b>	

<b>PU 1</b>	<b>Name:</b> Weber Stephens <b>Address:</b> 14100 Weber Driver HUNTLEY IL 60142	<b>Date:</b> 11/22/2023 1500
		<b>Driver Load:</b> No driver loading or unload
	<b>Reference number:</b> BM 24445393	
	<b>Reference number:</b> PO 252399323	
	<b>Reference number:</b> PU 6200017799	

<b>SO 2</b>	<b>Name:</b> Lowe's Richmond VA ADC <b>Address:</b> 2703 Commerce Road RICHMOND VA 23234	<b>Date:</b> 11/25/2023 1100
		<b>Driver Load:</b> No driver loading or unload

<b>Payment</b>	<b>Carrier Freight Pay:</b>	\$1,950.00
	<b>Total Carrier Pay:</b>	\$1,950.00

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

Please Sign: *Annie Lutorac*

(X) Accept

( ) Decline

**Attention:** Gabe Walters  
(217) 329-8278  
logistics@mcleodlogistics.com

**Driver Name:** Diego Vargas  
**Driver Cell:** 3215775942  
**Driver Email:** dav  
**Tractor #:** 751  
**Trailer #:** PTLZ244742





Date Nov 22, 2023		<b>BILL OF LADING</b>		Page: 1 of 2	
<b>SHIP FROM</b>		<b>BOL Number:</b> 6200017799			
Huntley Whse & Dist Huntley GDC 14100 Weber Dr HUNTLEY IL 60142 USA SID#: _____ FOB: <input type="checkbox"/>		Customer phone number: 804-763-8900			
		Carrier Name: MCLEOD EXPRESS LLC Trailer Numbers: PTLZ244742 Seal Numbers: 0054006			
		SCAC MLXO Pro Number _____ Customer Ref # _____ Booking/Load # _____			
<b>SHIP TO</b>		Freight Charge Terms: (Freight Charges are Prepaid unless marked otherwise) DAP COLLECT Prepaid _____ Collect <u>X</u> 3rd Party _____			
LOWE'S COMPANY LW3469 2703 COMMERCE ROAD RICHMOND VA 23234 CID# _____ FOB: <input type="checkbox"/>		<b>Freight Charge Terms:</b> (Freight Charges are Prepaid unless marked otherwise) DAP COLLECT Prepaid _____ Collect <u>X</u> 3rd Party _____			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<input type="checkbox"/> Master Bill of Lading : w/ attached underlying Bill of Lading			
<b>SPECIAL INSTRUCTIONS:</b>					

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	#PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
830915469/252399323	83	10,602 LB		
<b>GRAND TOTAL</b>	83	10,602 LB		

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT		H.M.	COMMODITY DESCRIPTION		LTL ONLY
QTY	TYPE	QTY	TYPE			(X)			NMFC# CLASS
		83	CV	10602	LB		GAS GRILL, RELATD KD		025865 92.5
0		83		10,602	LB		<b>GRAND TOTAL</b>		

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 _____		<b>COD Amount:</b> \$ _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> <b>Customer Check Acceptable:</b> <input type="checkbox"/>	
<b>NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C</b>		<b>14706(c)(1)(A) and (B).</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 applicable 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 freight and all other lawful charges:	
<b>SHIPPER SIGNATURE/DATE</b> 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 applicable regulations of the U.S. DOT. <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">FL</div>		<b>Signature</b> _____ <b>Shipper</b> <b>CARRIER SIGNATURE/PICKUP DATE</b> <div style="font-size: 1.5em; font-weight: bold; margin-top: 10px;">11-22-23</div>	
<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/ Pallets within <input type="checkbox"/> By Driver/Pieces	