



Bill to:
Priority1
,
,
,

Invoice Date: 12/22/2023
Invoice #: 60106510443
Terms: NET 30
Due Date: 01/22/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
12/20/2023		1 Lehner Rd, Saco, ME, USA - 16200 Dixie Hwy, Markham, IL, USA			
			1	\$1,700.00	\$1,700.00

TOTAL
\$1,700.00

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

Carrier Load Tender

Reference: 60106510443 (BOL)

Carrier: ROYAL3 INC. (944686)

Tender: 12/19/2023 19:33

Contact: MILO (MILO@ROYAL3INC.COM)

Contact: Roberts Zirniss

Phone: 6305661286

Phone: (501) 487-6417

Fax:

Email: Roberts.Zirniss@priority1.com

Main Line: 501-372-3925

Bill To:	Priority 1 Inc. (P.O. Box 398) North Little Rock, AR 72115
Equipment:	53' Dry Van ,
Service Type:	Full

Stop 1 Pick

Wednesday, December 20, 2023 07:00 - 15:00	Total Weight:	7797.00 lb	Total Quantity:	5
DER-TEX CORP (1 LEHNER RD) Saco, ME 04072				
Contact: TOM Phone: +12072845931				
Packaging: 5 Pallet(s)	Total Weight: 7,797 lbs	Dimensions: " x " x "	Linear Feet: 0	Description: FOAM SHEETS
Carrier Notes:				
Special Instructions:				

Stop 2 Drop

Friday, December 22, 2023 07:00 - 10:00	Total Weight:	0 lb	Total Quantity:	
UNIVERSAL BRUSH (16200 DIXIE HWY) Markham, IL 60428				
Contact: PAM F Phone:				
Carrier Notes:				
Special Instructions:				

Freight Terms

Charge Details				
Description	Rate		Quantity	Charge
Line Haul	1700.00	Flat Rate	1	\$1,700.00 USD
			Total:	\$1,700.00 USD

Freight Terms: \$1,700.00 USD Third Party (lb)

References

Carrier Instructions

Carrier or driver is required to call Priority1 when loaded and emptied or load is subject to a \$50 penalty. Detention time starts 2 hours after the driver is on site, or if the driver is early any detention will start 2 hours after the scheduled pickup/delivery time stated on the rate confirmation. Driver must notify us of arrival at shipper/receiver. Detention is paid at \$35 per hour after the 2 free hours. If the load/shipment is double brokered, this agreement is void and the carrier will not receive payment.

Thank you for doing business with Priority 1.

DRIVERS NAME: _____

TRUCK #: _____

TRAILER #: _____

DRIVER CELL#: _____

DISPATCHER / PRIORITY 1

[Milo Morrison](#)

CARRIER SIGNATURE

All invoices & PODs are to be sent to Priority 1 within 72 hours of delivery. Please email invoice and POD to: tlap@priority1.com. Please provide Priority 1's reference number on your invoice.

BOL NO: 60106510443

BILL OF LADING

Shipped Date: 12/20/2023

Shipper
DER-TEX CORP
 1 LEHNER RD
 Saco, ME 04072
 TOM
 P: +1 (207) 284-5931 | Ext: 321

Consignee
UNIVERSAL BRUSH
 16200 DIXIE HWY
 Markham, IL 60428
 PAM F

3rd Party Bill To
Priority 1 Inc.
 P.O. Box 398
 North Little Rock, AR 72115
 P: +1 (501) 371-9814

Origin Terminal
 Saco, ME 04072
Phone: P: +1 (207) 284-5931 | Ext: 321

Destination Terminal
 Markham, IL 60428
Phone: P:

Special instructions:

Units	Type	Weight	Dimensions	HM	Item Description
5	Pallet	7,797 lbs			FOAM SHEETS
5		7,797 lbs			Grand Totals

Freight Terms: Prepaid Collect 3rd Party

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 _____."

Remit COD to: Prepaid Customer check acceptable COD Amount: \$

Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 14706(c)(1)(A) and (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 available 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 and all other lawful charges.

Trailer Loaded: _____ by Shipper _____ by Driver

Freight Counted: _____ by Shipper _____ by Driver

Shipper: _____ Shipper: _____

Time In: _____ Time Out: _____

Carrier Signature / Date

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 vehicle. Property described above is received in good order, except as noted.

Carrier:

BILL OF LADING

Shipper

DER-TEX CORP
 1 LEHNER RD
 Saco, ME 04072
 TOM
 P: +1 (207) 284-5931 | Ext: 321

Pickup Date: 12/20/2023

Origin Terminal

Saco, ME 04072
 Phone: P: +1 (207) 284-5931 | Ext: 321

Destination Terminal

Markham, IL 60428
 Phone: P:

Consignee

UNIVERSAL BRUSH
 16200 DIXIE HWY
 Markham, IL 60428
 PAM F

3rd Party Bill To

Priority 1 Inc.
 P.O. Box 398
 North Little Rock, AR 72115
 P: +1 (501) 371-9814

Special instructions:

Freight Terms: Prepaid Collect 3rd Party

Units	Type	Weight	Dimensions	HM	Item Description
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5		7,797 lbs			Grand Totals

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Remit COD to: Prepaid Collect Customer check acceptable **COD Amount: \$**

Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 14706(c)(1)(A) and (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 available to the shipper, on request, and to all applicable state and federal regulations.

Trailer Loaded:

___ by Shipper
 ___ by Driver

Freight Counted:

___ by Shipper
 ___ by Driver

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

Shipper: _____

Shipper Signature / Date

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Shipper: *[Signature]* 12/20/23
 Time In: _____ Time Out: _____

Consignee Signature / Date

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Consignee: *[Signature]*
 Time In: _____ Time Out: _____

Carrier Signature / Date

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 vehicle. Property described above is received in good order, except as noted.

Carrier: _____