



Bill to:  
ST FREIGHT LLC

Invoice Date: 01/12/2024  
Invoice #: 530558  
Terms: NET 30  
Due Date: 02/12/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
01/11/2024		6100 S Broadway, St. Louis, MO, USA - 286 Expo Rd, Fishersville, VA, USA			
			1	\$2,200.00	\$2,200.00

TOTAL
\$2,200.00

**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**



**ST FREIGHT**  
Proven Transportation Solutions

ST FREIGHT, LLC  
SEND TO: BILLING@STFREIGHT.COM  
P.O. BOX 1147  
MANITOWOC WI 54221-1147

PRO # 530558

Rate Confirmation

01/11/24 11:09:29 (EST)

F  
R  
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M

JONATHAN SPRUILL  
(417) 731-2421  
(920) 682-3097 (f)  
jspruill@stfreight.com

C  
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ROYAL3 INC  
(630) 485-7370 (p)  
(630) 485-6980 (f)  
MC # 944686  
DOT 2828543  
Driver

Truck #  
Trailer #  
Cell #

Size & Type: 53' VAN

Pieces: 11

Description: ALUMINUM ROLLS

Weight: 43000

Miles:

CHARGES		DISPATCH NOTES
LINE HAUL RATE	2200.00	53 Dry van only.
TOTAL RATE	2200.00	

**PICK 1**

GATEWAY ALUMINUM LLC  
6100 S. BROADWAY  
SAINT LOUIS MO 63111  
Hours : 0730-1430  
Phone/Contact: (314) 282-0286 CHRIS TAYLOR

Appointment 01/10/24  
Appt Notes: FCFS  
Seal # X106  
Ref # PU#STFREIGHT

**STOP 1**

PENNY PLATE  
286 EXPO RD  
FISHERSVILLE VA 22939  
Hours : 0700-1800  
Phone/Contact: (540) 337-3777

Appointment 01/12/24  
Appt Notes: FCFS  
Seal # X106

BY ACCEPTING THIS LOAD, DRIVER MUST HAVE ENOUGH HOURS IN THE LOG BOOK TO MEET THE DELIVERY DATE AND TIME - OS&D CALLS MUST BE MADE FROM DELIVERY LOCATION - ANY CLAIM WILL BE DEDUCTED FROM SETTLEMENT - NO DOUBLE BROKERING - LUMPERS MUST BE PRE-APPROVED & HAVE VALID RECEIPT - STF DOES NOT ISSUE ADVANCES FOR LUMPERS WITHOUT A FEE - CARRIER IS RESPONSIBLE FOR ALL MISSED & CANCELED APPT FEES - CARRIER is RESPONSIBLE FOR COUNT AND CONDITION OF PRODUCT. CARRIER MUST BE ELD COMPLIANT OR PROOF OF EXEMPTION - CHECK CALLS MUST BE MADE DAILY BEFORE 1030 - DRIVER MUST CALL THE NUMBER ON THE TOP OF PAGE FOR DISPATCH - \$100.00 FEE FOR IMPROPER BOL - V&R LOADS MUST BE SEALED - HOURS ARE MONDAY-FRIDAY 0730-1600

Carrier Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D

Doc ID: 262401120591118  
Send Carrier Bills to the Address Above  
Certifi Electronic Signature

PRO # 530558

must appear on all Invoices

E-Signed : 01/11/2024 10:10 AM CST

*George Pavkovic*

george@royal3inc.com  
IP: 91.143.219.198

Sertifi Electronic Signature

DocID: 20240111100913118



BILL OF LADING #: 257-GW

Page 1 of 1

"Product Essential for Supermarket &amp; Food Manufacturing Distribution"

SHIP FROM  
Name: GATEWAY ALUMINUM, LLC  
Address: 6100 S. Broadway

City/State/Zip: St. Louis, MO 63111

FOB: ☐

Must Deliver By: 02/02/2024

CARRIER NAME:

TRAILER#:

CUSTOMER MUST BREAK SEAL #:

476063

SEALED BY:

SHIP TO  
Name: PENNY PLATE OF FISHERSVILLE  
Address: 286 EXPO ROAD

City/State/Zip: FISHERSVILLE, VA 22939

CID#:

FOB: ☐NMFC Code: 13378  
ALUMINUM FOIL

NMFC Class: 55

Freight Charge Terms: (freight charges are prepaid  
unless marked otherwise)  
ORIGIN, FRT PPD

(check box)

Master Bill of Lading; with attached  
underlying Bills of Lading

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

Packslip #: 263-GW

SPECIAL INSTRUCTIONS:

Customer PO#:

## CUSTOMER ORDER INFORMATION

PO #	SO #	ITEM NO/CUST NO	WEIGHT (lbs)
3360	172-GW	G5A0038625H19 / M0380-62.500-H19 3003	15,957
3358	169-GW	G5A0038625H23 / M0380-62.500-H23 3003	23,633

TARE WEIGHT 1,450

TOTAL WEIGHT:

41,040

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

COD Amount: \$

Fee Terms: Collect

Prepaid:

Customer check acceptable:

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 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  
freight and all other lawful charges.

Shipper Signature

## SHIPPER SIGNATURE / DATE

This certifies 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 DOT.

X: SHIPPER NAME: H. S. Suleman

X: DATE: 1-11-2024

Trailer Loaded:

Freight Counted:

By Shipper

By Shipper

By Driver

By Driver/pallet said to contain

By Driver/Pieces

## CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards.  
Carrier certifies emergency response information was made  
available and/or carrier has the DOT emergency response  
guidebook or equivalent documentation in the vehicle.  
Property described above is received in good order, except as  
noted.

X: CARRIER NAME:



**BILL OF LADING #: 257-GW**

Page 1 of 1

**"Product Essential for Supermarket & Food Manufacturing Distribution"**

SHIP FROM		Must Deliver By: 02/02/2024	
Name: GATEWAY ALUMINUM, LLC		CARRIER NAME:	
Address: 6100 S. Broadway		TRAILER#:	
City/State/Zip: St. Louis, MO 63111	FOB: <input type="checkbox"/>	CUSTOMER MUST BREAK SEAL #:	476063
SHIP TO		SEALED BY: _____	
Name: PENNY PLATE OF FISHERSVILLE		NMFC Code: 13378	NMFC Class: 55
Address: 286 EXPO ROAD		ALUMINUM FOIL	
City/State/Zip: FISHERSVILLE, VA 22939		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
CID#:	FOB: <input type="checkbox"/>	ORIGIN, FRT PPD	
THIRD PARTY FREIGHT CHARGES BILL TO:		<input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading	
Name:		Packslip #: 263-GW	
Address:			
City/State/Zip:			

**SPECIAL INSTRUCTIONS:**

Customer PO#:

**CUSTOMER ORDER INFORMATION**

PO #	SO #	ITEM NO/CUST NO	WEIGHT (lbs)
3360	172-GW	G5A0038625H19 / M0380-62.500-H19 3003	15,957
3358	169-GW	G5A0038625H23 / M0380-62.500-H23 3003	23,633

*John Maxwell*  
1-12-24

TARE WEIGHT 1,450

TOTAL WEIGHT: 41,040

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

**COD Amount: \$** \_\_\_\_\_

Fee Terms: Collect \_\_\_\_\_ Prepaid: \_\_\_\_\_

Customer check acceptable: \_\_\_\_\_

**NOTE** Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 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 freight and all other lawful charges.

Shipper Signature \_\_\_\_\_

**SHIPPER SIGNATURE / DATE**

This is to certify 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 DOT.

X: SHIPPER NAME: *Hassan Sultan*X: DATE: *1-11-2024***Trailer Loaded:**

By Shipper \_\_\_\_\_ By Shipper \_\_\_\_\_

By Driver \_\_\_\_\_ By Driver/pallet said to contain \_\_\_\_\_

By Driver/Pieces \_\_\_\_\_

**Freight Counted:****CARRIER SIGNATURE / PICKUP DATE**

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

X: CARRIER NAME: \_\_\_\_\_