



Bill to:
ER OVERNIGHTERS
6688 Joliet Rd, suite#351,
La Grange,
IL,
60525

Invoice Date: 01/18/2024
Invoice #: A7503
Terms: NET 30
Due Date: 02/18/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
01/17/2024		105 Prospect Way, Osceola, WI, USA - 640 Remington Blvd, Unit B, Bolingbrook IL 60440			
			1	\$1,100.00	\$1,100.00

TOTAL
\$1,100.00

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

***** LOAD CONFIRMATION *****

Phone: **312-890-7426**

Carrier: RIKI TRANSPORTATION INC
MC#: 086875
Date: 01/17/2024

Contact: Nick
Phone: 708-852-5570 x 109
Email: nick@rtbrz.com

Order

LOAD: A7503
BOOKED WITH: Dennis
Pick-Up: 01/17/2024

Commodity: PACKAGING
Weight: 10500 LBS.
Trailer: DV53 / 15 PCS. / DEDICATED

PICK 1

Osceola, WI

Date: 01/17/2024

Now till 3:30 PM

FCFS

Phone: **312-890-7426**

STOP 1

DXB INC

640 Remington Blvd, Unit B
Bolingbrook IL 60440

Phone: **312-890-7426**

Date: 01/17/2024

STRAIGHT THRU TILL 9:30 PM or FCFS

Date: 01/18/2024

8:00 AM - 1:00 PM

FCFS

PLEASE DO NOT PARK HERE OVERNIGHT YOU WILL BE TICKETED,

NO DETENTION PAID AFTER 5PM or weekend loading

NO REEFERS OR STRAIGHT TRUCKS WILL BE LOADED, PICK UP EMPTY

DO NOT CALL ANY PHONES ON BOLTS/SHIPPERS/RECEIVER OR WE WILL DEDUCT FROM THE RATE!!!!

Detention paid after 3 hours, at \$25 per hour ONLY on FULL TRUCK LOADS not the LTL shipments. Driver must call for dispatch, when loaded with IN AND OUT times. While in route and if any problems shall arise to halt delivery on time. Failure to do so will result in deduction in pay. \$550.00 deduction for missed appointment time, a deduction rate per day for missed appointments. POD must be emailed within 24 hours of delivery or \$100 deduction in pay.

DO NOT CALL ANY PHONES ON BOLTS/SHIPPERS RECEIVER OR WE WILL DEDUCT FROM THE RATE!!!!

Payment

Carrier Freight Pay:

\$1100.00

POD'S Send to er@erovernighters.com within 24 hrs or rate deductions will be incurred

Phone: 708-843-8390 ACCOUNTING # 630-686-5691

TO START PAYMENT PROCCES SUBMIT PAPERWORK TO accounting@erovernighters.com

PAYMENT NET 30 Days. We need original paperwork via mail in order to release your payment.

Instructions

Special Instructions here

DRIVER NAME:

TRUCK#

TRAILER#

PH#

X

Agreement

Please sign and email back er@erovernighters.com

*This rate shall remain in effect until cancelled by either party giving written notice to the other. All accessorial fees must be approved, and proper documentation must be faxed in for reimbursement.

*If load is "double-brokered", agreement is void.

*Rate confirmation must be signed and returned to ER OVERNIGHTERS, INC

*All overages, shortages, and damages must be reported immediately, before driver leaves the dock to ER OVERNIGHTERS, INC

*Any carrier unable to honor a scheduled appointment is required to call **708-843-8390**. Missed appointments are subject to and may warrant rate deductions.

WELCOME CARRIER.

We appreciate this opportunity to work with you and your firm. We will need the following

Items to complete your firm's carrier file:

- Copy of D.O.T. Contract Carrier Authority
- An Automobile Liability Certificate:
 - In the amount of at least **\$1 million** U.S.
 - Issued by an insurance company rated A- or better
 - Listing **ER OVERNIGHTERS, INC.** as a **Certificate Holder** and **Additional Insured**
- A Cargo Insurance Certificate:
 - In the amount of at least **\$100,000** U.S.
 - Issued by an insurance company rated A- or better
- W-9 form
- Broker/Carrier Transportation Brokerage Agreement

Please send the documents here:

Thank you for your assistance with obtaining the required information.

Sincerely, ER OVERNIGHTERS, INC

Billing Address: 6688 Joliet Rd, suite#351, Indian Head Park, IL 60525

CARRIER NAME: AM TRANS EXPEDITE INC.
CARRIER PHONE #: +1 630-775-8370
DATE: 17-Jan-24
STOP:
PAGE: 1 of 1

BILL OF LADING NO.
S00253276

ROAD BILL OF LADING

ORIGINAL - NOT NEGOTIABLE

PICKUP FROM: ENGINEERED PLASTIC COMPONENTS 105 PROSPECT WAY OSCEOLA WI 54020 UNITED STATES		DELIVER TO: PEGASUS LOGISTICS GROUP INC. 4280 W 104TH ST STE 8 HIALEAH FL 33018 UNITED STATES		USMIA	
+1 715-294-1500		+1 305-989-2777			
PICKUP DATE/TIME: 16-Jan-24 17:00		DELIVERY DATE/TIME: 19-Jan-24 19:00			
REF. # S00253276		REF. # S00253276			
SPECIAL INSTRUCTIONS: VERY FRAGILE - HANDLE WITH CARE DO NOT DOUBLE STACK					
TRACTOR NO.:		TRAILER NO.:		EMERGENCY NO.:	
38001		53011		786-925-4907	
KIND OF PACKAGING, DESCRIPTION OF ARTICLES SPECIAL MARKS AND EXCEPTIONS:					
PCS TYPE	HM	N Package I		DIMS L/W/H	ACT WEIGHT
14 PKG	N	N Package I		48.000/40.000/34.000	4139.00
1 PKG	N	N Package I		48.000/40.000/34.000	0.00
15 PLT					4139.00
HM MARKED WITH "Y" TO DESIGNATE HAZARDOUS MATERIAL AS DEFINED IN TITLE 49 OF FEDERAL REGULATIONS					
NOTE - (1) The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ PER					
RECEIVED, subject only to the rates, rules and terms agreed to in writing by the parties on the issuance of this Bill of Lading, the property described above, in good order except as noted (Contents and conditions of content of packages unknown), marked consigned and destined as indicated above, which said carrier (the word carrier being understood as meaning any person or corporation in possession of the property under this bill of lading) agrees to carry to its place of delivery at said destination.					
It is mutually agreed as to each carrier of all or an as to each party at any time interested in all or any said property that every service to be performed hereunder shall be subject to all the terms and conditions in effect on the date date shipment. Carrier hereby certifies that he is familiar with all the terms and conditions and the said terms and conditions are hereby agreed to by the carrier and accepted for himself and his assigns.					
This is to certify that the above named and materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the Department of Transportation.					
SHIPPER SIGNATURE Emilia Braggeman		DRIVER1 SIGNATURE		DEPARTURE DATE/TIME	
SHIPPER NAME Emilia Braggeman		DRIVER1 LICENSE		ARRIVAL DATE/TIME	
NO. / PCS 15		DATE 1/17/24		CONSIGNEE SIGNATURE	
TIME		EST. TIME OF ARRIVAL		PRINT CONSIGNEE NAME	
		COPY OF CDL		PEGASUS LOGISTICS GROUP INC	
		SEAL INTACT		NO. / PCS	
				TIME	
				DATE	

