

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 CONFIRMATON * * *

Phone: 312-890-7426

Carrier: RIKI TRANSPORTATION INC

MC#: 086875 Phone: 708-852-5570 x 109
Date: 01/17/2024 Email: nick@rtbrz.com

Order LOAD: A7503 Commodity: PACKAGING

BOOKED WITH: Dennis Weight: 10500 LBS.

Pick-Up: 01/17/2024 Trailer: DV53 / 15 PCS. / DEDICATED

PICK 1 Date: 01/17/2024

Osceola, WI Now till 3:30 PM FCFS

Contact: Nick

Phone: 312-890-7426

STOP 1 DXB INC Date: 01/17/2024

640 Remington Blvd, Unit B STRAIGHT THRU TILL 9:30 PM or FCFS

Phone: 312-890-7426 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 STRAIG-HT TRUCKS WILL BE LOADED, PICK UP EMPTY

DO NOT CALL ANY PHONES ON BOLS/SHIPPERS/RECIEVER OR WE WILL DEDUCT FROM THE RATE!!!!! Detention paid after 3hours, 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 BOLS/SHIPPERS RECIEVER OR WE WILL DEDUCT FROM THE RATE!!!!!

Payment Carrier Freight Pay: \$1100.00

POD'S Send to <u>er@erovernighters.com</u> within 24 hrs or rate deductions will be incurred Phone: 708-843-8390 ACCOUNTING # 630-686-5691

TO START PAYMENT PROCCESS SUBMIT PAPERWORK TO accounting@erovernighters.com PAYMENT NET 30 Days. We need original paperwork via mail in order to release your payment.

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In	ctri	ıcti	nns

Special Instructions here **DRIVER NAME:**

TRUCK# TRAILER# PH#

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:
- O In the amount of at least \$1 million U.S.
- O Issued by an insurance company rated A- or better
- O Listing ER OVERNIGHTERS, INC. as a Certificate Holder and Additional Insured
- A Cargo Insurance Certificate:
- O In the amount of at least \$100,000 U.S.
- O 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: 10f1

ROAD BILL OF LADING

BILL OF LADING NO.

02002000	500253276		
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PEGASION TOWNERS PEGASION TO			ORIGINAL - NOT NEGOTIABLE	IEGOTIABLE			
PEGASUS LOGISTICS GROUP INC. HALEAH PL 3018 HALEA	PICKUP FROM:		DEL	IVER TO:			USMIA
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SEAL NO.: EMERGENCY NO.: T86-254-97	+1 715-294-1500	00.74 kg and 34	+ 1	305-889-2777	10 100	00.0	
SEAL NO.: T86-255-4907	REF. # S002532		DEL	.# S00253276	19-Jan-24	9:00	
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SEPECIAL MARKS AND EXCEPTIONS: INDEPLIABLE DIN TITLE 49 OF FEDERAL REGULATIONS Or shall sign the following statement: It is mutually agreed as to according to 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 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. NERS PHONE NO. INSER PHONE NO. INSERT PHONE NO. INSER	38001	53011			786-9	25-4907	
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ORIVER2 LICENSE	DRIVER1 SIGNATURE	DRIVER1 LICENSE	DRIVER1	PHONE NO.	DEPAR	TURE DATE/TIME	
	DRIVER2 SIGNATURE	A DRIVERZ LICENSE	DRIVER2	PHONE NO.	ARRIVA	L DATE/TIME	
PRINT CONSIGNEE NAME COPY OF CDL. SINGLE PEGASUS LOGISTICS GROUP INC DATE 7 72 74 74 74 74 74 7	SHIPPER SIGNATURE	Twill Browny	CHECK LIST	CONS	IGNEE SIGNATUR	3E	
DATE //17/24 DEALINTAGT NO./PCS TIME	PRINT SHIPPER NAME	il Brug	ST. TIME OF ARRIVAL		CONSIGNEE NA SUS LOGISTICS (ME SROUP INC	
	VO./PCS 15 TIII	DATE	SEAL INTACT		T SO		ATE

Date Bill of	Ladir	ng – Short	Bill of Lading – Short Form – Not Negotiable	ot Neg	otiable	Pac	Page 1 of	-
Ship From			Bill of L	Bill of Lading Number:	mber:A7503			
Name: CORE TECH INTL Address: 1237 SESQUI ST City/State/Zip: Oscoola. WI					Bar Cod	Bar Code Space		
Ship To			Carrier	Name: F	Carrier Name: RIKI TRANSPORTATION INC	STATION IN	NC	
Name: DXB Address: 5469 N Ryder Drive City/State/Zip: Bolingbrook IL 60440 CID No.:			Trailer Serial r	Trailer number: Serial number(s):				
Third Party Freight Charges Bill to:	irges Bi	II to:	SPAC:					
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Address: City/State/Zip:					Bar Code Space	e Space		
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Where the rate is dependent on value, shippers are required to state specifically in writing the	to state spec	ifically in writing the	COD Amount: \$	unt: \$				
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Shipper Signature/Date This is to certly that the above named naterials are properly classified, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Los _ By shipps _ By driver	er ded:	Freight Counted: _ By shipper _ By driver/pieces _ By driver/pieces	aid to conta		Carrier Signature/Pickup Date Carrier acrowedges recept of packages and required Carrier acrowedges recept of packages and required Carrier acrowed receives the packages and received was made available and/or carrier has the DOT emergency withing, properly described above is received in good order, except as noted.	kup Date ackages and rec ncy response inf has the DOT er t documentation ve is received is	quired formation mergency in the n good

HCCPFC by Darviel Munt (, 18, 2014).

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