

**Bill to:**

AM TRANS EXPEDITE, INC
710 WEST BELDEN AVENUE SUITE B,
Addison,
IL,
60101

Invoice Date: 01/24/2024

Invoice #: 540374

Terms: NET 30

Due Date: 02/24/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
01/23/2024		1621 N MARKET ST, LOGANSPORT IN 46947 - 4660 EARLY RD, MOUNT CRAWFORD VA 22841			
			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



AM TRANS EXPEDITE, LLC
P.O. BOX 67066
INVOICES@AMTRANSEXPEDITE.COM
NEWARK NJ 07101-8082

PRO # 540374

Rate Confirmation

01/22/24 13:52:25 (EST)

F
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KATHLEEN O'CONNOR
(616) 358-2941 X 704 (p)
(847) 238-0400 (f)
koconnor@amtransexpedite.com

C
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ROYAL3 INC
(630) 485-7370 (p)
(630) 485-6980 (f)
MC # 944686 Truck # 719
DOT 2828543 Trailer # 289473
Driver TRYONE HARRIOTT Cell # (239) 245-3469

Size & Type: 48' VAN

Pieces: 10

Hot Load

Description: BUILDING MATERIALS

Weight: 10826

Miles: 544

CHARGES		DISPATCH NOTES
LINE HAUL RATE	2200.00	
TOTAL RATE	2200.00	

PICK 1

INDIANA DIMENSION
1621 W MARKET ST
LOGANSPORT IN 46947
Hours : 0700-1330

Appointment 01/23/24

STOP 1

CLASSIC DISTRIBUTION
4660 EARLY RD
MOUNT CRAWFORD VA 22841
Hours : 0700-1400

Appointment 01/24/24

EMAIL INVOICE AND POD TO INVOICES@AMTRANSEXPEDITE.COM FOR STANDARD PAY TERM
DRIVER IS RESPONSIBLE FOR COUNTING PIECES AND SIGNING FOR NUMBER OF PIECES
RECEIVED. IF FOR ANY REASON THERE IS A PROBLEM WITH THE COUNT, DRIVER MUST
CALL THIS OFFICE FOR ASSISTANCE. The rate quoted by the BROKER, AM Trans
Expedite, Inc. to the CARRIER addressed on this agreement, herein and is hereby
confirmed and agreed to as the rate assessed for the shipment. Further more,
by accepting this shipment at the rate quoted, the CARRIER agrees to hold
harmless the SHIPPER, CONSIGNEE, and BROKER for any billing in excess of the
rate and charges as quoted in the agreement. Carrier agrees to be responsible
for cargo insurance on a full value basis for all shipments in their care,
custody, and control. Carrier assumes the liability of a common carrier
(i.e. Carmack Amendment liability) for loss, delay, damage to or destruction o
any and all of Customer's goods or property while under Carrier's care, custod
or control. Carrier shall pay Broker, or allow Broker to deduct from the amount
Broker owes Carrier, Customer's full actual loss for the kind and quantity of
commodities so lost, delayed, damaged or destroyed. Carrier shall be liable to
Broker for all economic loss, including consequential damages that are incurred
by Broker or the Customer for any freight loss, damage or delay claim.
Carrier assumes the liability of a common carrier (i.e. Carmack Amendment
liability) for loss, lets fees, damage to or destruction of any and all of
Customer's goods or property while under Carrier's care, custody or control.
Carrier shall pay Broker, or allow Broker to deduct from the amount Broker owes
Carrier, Customer's full actual loss for the kind and quantity of commodities
so lost, delayed, damaged or destroyed. Carrier shall be liable to Broker for
all economic loss, including consequential damages that are incurred by Broker
or the Customer for any freight loss, damage or delay claim. Carrier could be

(Rate Confirmation Details on Next Page)

Carrier Signature _____

Date _____ / _____ / _____
M D

Send Carrier Bills to the Address Above

PRO # 540374

must appear on all Invoices



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MC # 944686 Truck # 719
DOT 2828543 Trailer # 289473
Driver TRYONE HARRIOTT Cell # (239) 245-3469

held responsible for late fees provided from the customer.

Carrier Signature _____

Date _____ / _____ / _____
M D

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PRO # 540374

must appear on all Invoices

F5007 REV. A 11.11.96

CLASSI.120009.

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

STRAIGHT BILL OF LADING

ORIGINAL - NOT NEGOTIABLE

Shipper NO: 18904

Carrier NO:

Date : 23-JAN-24

CARRIER: COMMERCIAL 18904		FROM: IDI	
TO: CLASSIC DISTRIBUTION INC		Street 1621 W. MARKET	
On Collect on Delivery shipments, the letters COD must appear before consignee's name - - or as otherwise provided in item 430 Sec 1		Zip Code 46947	
Street 4660 EARLY ROAD		Origin LOGANSPOIN IN	
Destination MT. CRAWFORD VA		Vehicle Number	
Phone 540-438-5973		Weight	
NO Shipping Units		Class Or Rate	
Kind of Packaging, Description of Articles		Chk	
Special Marks and Exceptions		Charges (Carrier Use Only)	
34	ENG C	10826	
	Order		
	PO: 2898		
	PO: 2902		
	PO: 2969		
	PO: 2928		
	33 Pallets		
	1 Hand Packs		
	TSCA Title VI compliant		
	CPA ECC 4-11 compliant		
	RUSH		
	TSCA Title VI compliant		
	CPA ECC 4-11 compliant		

REMIT

COD TO:

ADDRESS

COD AMT \$

COD FEE:

☐ Prepaid☐ Collect

Note - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

TOTAL CHARGES:

FREIGHT CHARGES

FREIGHT PREPAID except when box at right is checked

☐ Check box if charges are to be collected

\$ _____ per _____

Signature of Consignor

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

SHIPPER ID# LOGANSPOIN IN 46947

PER

EMERGENCY RESPONSE

TELEPHONE NUMBER

CARRIER X

PER X

DATE X

Mark with "X" to designate Hazardous Material as defined in Title 49 of the Code of Federal Regulations. Monitored at all times the Hazardous Material is in transportation including storage incidental to transportation (172.604).

Rachael Davis 1/24/24

F5007 REV. A 11.11.96

CLASSI.120009.

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Street 4660 EARLY ROAD		Origin LOGANSPOIN IN	
Destination MT. CRAWFORD VA		Vehicle Number	
Phone 540-438-5973		Weight	
NO Shipping Units		Class Or Rate	
Kind of Packaging, Description of Articles		Chk	
Special Marks and Exceptions		Charges (Carrier Use Only)	
34	ENG C	10826	
	Order		
	PO: 2898		
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SHIPPER ID: LOGANSPOIN IN 46947

PER

EMERGENCY RESPONSE

TELEPHONE NUMBER

CARRIER X

PER X

DATE X

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Rachael Davis 1/24/24