Royal 3inc.

Bill to: ER OVERNIGHTERS 6688 Joliet Rd, suite#351, La Grange, IL, 60525 Invoice Date: 02/27/2024 Invoice #: A8209 Terms: NET 30 Due Date: 03/27/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
02/26/2024		1550 CASCADE DRIVE, MARION, OH 43302 - 640 Remington Blvd Suite A, Bolingbrook, IL 60440, USA			
			1	\$700.00	\$700.00

TOTAL	
\$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

* * * LOAD CONFIRMATON * * *

Phone: 630-795-9231

Carrier: ROYAL 3 INC MC#: 944686 Date: 02/26/24

Order LOAD: A8209 BOOKED WITH: TED Pick-Up:

<u>PICK 1</u>

<u>Date:</u>02/2

SIKA CORP 1550 CASCADE DRIVE MARION, OH 43302

<u>STOP 1</u> DXB INC 640 Remington Blvd, Unit B Bolingbrook IL 60440 Date: 02/26/24 STR8THRU

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:



Contact: Brad Phone: 630 485 7370 Email:

Commodity: Mortar mix Weight: 22000/19 plts Trailer: V53

Date: 02/26/24 1pm SHARP

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 <u>accounting@erovernighters.com</u> 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#



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 call708-843-8390. 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



An a state of the western Statescope the right to modify any				stent Sika Corporation, a New Sola			
of Seller and accepted by if in writing. Ska reserves the light to modify any reterence into, every purchase order from a purchaser of Seller's products		The try then beacouted and ever	BUIL BUIL	DING TRUST			
Ship from: Sika Corporation, 1550 Cascade Drive, N OH 43302 US	Marion , abbe to	Emergency Co	t or acknowledgement by Sell	and every acceptance, contirmation			
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Ship To: 3019278 interest live big (mod. groatile, www) atteday	properate autorore a on the Seller#s v						
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Name: Specialty logistics Address 1550 CASCADE DR. City/State/Zlp: MARION OH 43302															
Ship To								Carrier N	lame:	ROYAI	_ 3 INC				
Name : DXB Address:640 REMINGTON BLVD City/State/Zip: BOLINGBROOK, IL 60440 CID No.:								Trailer number: Serial number(s):							
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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 DOT.					_ By dri	_ By shipper _ By driver/pallets said to contain _ By driver/pieces _ By driver/pieces				of packages and rgency response mer has the DOT	required information remergency				

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