



Bill to:  
ST FREIGHT LLC

Invoice Date: 03/06/2024  
Invoice #: 538843  
Terms: NET 30  
Due Date: 04/06/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
03/05/2024		6100 S Broadway, St. Louis, MO 63111, USA - 286 Expo Rd, Fishersville, VA 22939, USA			
			1	\$1,700.00	\$1,700.00

TOTAL
\$1,700.00

**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**



**ST FREIGHT**  
Proven Transportation Solutions

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

PRO # 538843

**Rate Confirmation**

03/04/24 12:05:54 (EST)

**F R O M** JONATHAN SPRUILL  
(417) 731-2421  
(920) 682-3097 (f)  
jspruill@stfreight.com

**C A R R I E R** ROYAL3 INC  
(630) 485-7370 (p) Att: BILL  
(630) 485-6980 (f)  
**MC #** 944686 **Truck #**  
**DOT** 2828543 **Trailer #**  
**Driver** **Cell #**

**Size & Type:** 53' VAN  
**Pieces:** 11

**Description:** ALUMINUM ROLLS  
**Weight:** 37000

**Miles:**

CHARGES		DISPATCH NOTES
LINE HAUL RATE	1700.00	53 Dry van only. Next day delivery BEFORE 6PM
TOTAL RATE	1700.00	

**PICK 1**

GATEWAY ALUMINUM LLC  
6100 S. BROADWAY  
SAINT LOUIS MO 63111  
Hours : 0900-1400  
Phone/Contact: (314) 282-0286 CHRIS TAYLOR

**Appointment** 03/05/24  
**Appt Notes:** FCFS 9AM-2PM  
**Seal #** 630-566-1257  
**Ref #** PU#FISHERSVILLE

**STOP 1**

PENNY PLATE  
286 EXPO RD  
FISHERSVILLE VA 22939  
Hours : 24/7  
Phone/Contact: (540) 337-3777

**Appointment** 03/06/24  
**Appt Notes:** BEFORE 6PM  
**Seal #** 630-566-1257

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: 26240504240552131  
Send Carrier Bills to the Address Above  
Sertifi Electronic Signature

PRO # 538843

must appear on all Invoices

E-Signed : 03/04/2024 11:07 AM CST

*Bill Carson*

bill@royal3inc.com  
IP: 91.143.219.198

Sertifi Electronic Signature  
DocID: 20240304110552239



BILL OF LADING #: 303-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: ☐

CARRIER NAME: ST FREIGHT

TRAILER#: 9 pallets

CUSTOMER MUST BREAK SEAL # 476176

SEALED BY: \_\_\_\_\_

## SHIP TO

Name: PENNY PLATE OF FISHERSVILLE  
Address: 286 EXPO ROAD

City/State/Zip: FISHERSVILLE, VA 22939

CID#:

FOB: ☐NMFC Code: 13378 NMFC Class: 55  
ALUMINUM FOILFreight Charge Terms: (freight charges are prepaid  
unless marked otherwise)  
ORIGIN, FRT PPD

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name:  
Address:  
City/State/Zip:☐ (check box)Master Bill of Lading: with attached  
underlying Bills of Lading

Packslip #: 309-GW

## SPECIAL INSTRUCTIONS:

Customer PO#:

## CUSTOMER ORDER INFORMATION

PO #	SO #	ITEM NO/CUST NO	WEIGHT (lbs)
3395	188-GW	G5A0030625H23 / M0300-62.500-H23 3003	10,087
3427	204-GW	G5A0038625H23 / M0380-62.500-H23 3003	24,358

TARE WEIGHT 900 TOTAL WEIGHT: 35,345

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  
the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

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 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: Gateway Aluminum  
X DATE: 3/14

## 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 #: 303-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: ☐

CARRIER NAME: ST FREIGHT

TRAILER#: 9 pallets

CUSTOMER MUST BREAK SEAL # 476176

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

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name:  
Address:  
City/State/Zip:☐ (check box) Master Bill of Lading: with attached  
underlying Bills of Lading

Packslip #: 309-GW

## SPECIAL INSTRUCTIONS:

Customer PO#:

## CUSTOMER ORDER INFORMATION

PO #	SO #	ITEM NO/CUST NO	WEIGHT (lbs)
3395	188-GW	G5A0030625H23 / M0300-62.500-H23 3003	10,087
3427	204-GW	G5A0038625H23 / M0380-62.500-H23 3003	24,358

*Delumetone*  
3-6-24

TARE WEIGHT 900

TOTAL WEIGHT: 35,345

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 the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

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: *Gateway Aluminum*  
X DATE: *3/4*

## 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: *[Signature]*