



Bill to:
ST FREIGHT LLC

Invoice Date: 03/14/2024
Invoice #: 540381
Terms: NET 30
Due Date: 04/14/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
03/13/2024		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 # 540381

Rate Confirmation

03/13/24 09:01:58 (EST)

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

C BRZ
R (708) 303-5150 (p) Att: LUKE
R (708) 303-5150 (f)
I MC # 86875 Truck #
E DOT 3119062 Trailer #
R Driver Cell #

Size & Type: 53' VAN
Pieces: 11

Description: ALUMINUM ROLLS
Weight: 40000

Miles:

CHARGES		DISPATCH NOTES
LINE HAUL RATE	1700.00	53 Dry van only. Next day delivery BEFORE 4PM
TOTAL RATE	1700.00	

PICK 1

GATEWAY ALUMINUM LLC
6100 S. BROADWAY
SAINT LOUIS MO 63111
Hours : 0700-1400
Phone/Contact: (314) 282-0286 CHRIS TAYLOR

Appointment 03/13/24
Appt Notes: FCFS
Seal # 708-852-5668
Ref # PU#FISHERSVILLE

STOP 1

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

Appointment 03/14/24
Appt Notes: BEFORE 4PM
Seal # 708-852-5668

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: 26240513005125488
Send Carrier Bills to the Address Above
Sertifi Electronic Signature

PRO # 540381

must appear on all Invoices

E-Signed : 03/13/2024 08:02 AM CDT

Luke Miche

luke@rtbrz.com
IP: 91.143.219.198

Sertifi Electronic Signature
DocID: 20240313080125488



BILL OF LADING #: 311-GW

Page 1 of 1

"Product Essential for Supermarket & Food Manufacturing Distribution"

SHIP FROM

Name: GATEWAY ALUMINUM, LLC

Address: 6100 S. Broadway

City/State/Zip: St. Louis, MO 63111

FOB: ☐

SHIP TO

Name: PENNY PLATE OF FISHERSVILLE

Address: 286 EXPO ROAD

City/State/Zip: FISHERSVILLE, VA 22939

CID#: FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

CARRIER NAME: ST FREIGHT

TRAILER#: 11 pallets

CUSTOMER MUST BREAK SEAL #: 476184

SEALED BY: _____

NMFC Code:

NMFC Class:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

ORIGIN, FRT PPD



(check box)

Master Bill of Lading: with attached underlying Bills of Lading

Packslip #:317-GW

SPECIAL INSTRUCTIONS:

Customer PO#:

CUSTOMER ORDER INFORMATION

PO #	SO #	ITEM NO/CUST NO	WEIGHT (lbs)
3330	153-GW	G5A0045625OT / M0450-62.500-H0 3003	11,675
3431	208-GW	G5A0038625H23 / M0380-62.500-H23 3003	2,693
3438	215-GW	G5A0030625H23 / M0300-62.500-H23 3003	20,867

TARE WEIGHT 3,000

TOTAL WEIGHT:

38,235

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

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 Alum.

X:DATE: 3/13/24

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: _____

SHIP FROM

Name: GATEWAY ALUMINUM, LLC
Address: 6100 S. Broadway

City/State/Zip: St. Louis, MO 63111

FOB: ☐

SHIP TO

Name: PENNY PLATE OF FISHERSVILLE
Address: 286 EXPO ROAD

City/State/Zip: FISHERSVILLE, VA 22939

CID#:

FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

CARRIER NAME: ST FREIGHT

TRAILER#: 11 pallets

CUSTOMER MUST BREAK SEAL # 476184

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3/14/24
Zach
[Signature]

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X:CARRIER NAME: [Signature]