

Bill to:

ST FREIGHT LLC

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Invoice Date: 03/26/2024 Invoice #: 542227 Terms: NET 30

Due Date: 04/26/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
03/25/2024		6100 S. Broadway, Saint Louis MO 63111 - 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

Rate Confirmation

03/25/24 11:56:20



ST FREIGHT, LLC

SEND TO: BILLING@STFREIGHT.COM

P.O. BOX 1147

MANITOWOC WI 54221-1147

JONATHAN SPRUILL R (417) 731-2421 0 (920) 682-3097 (f) М jspruill@stfreight.com C ROYAL3 INC Α (630) 485-7370 (p) R (630) 485-6980 (f) MC# 944686 Truck # DOT 2828543 Trailer # Ε Cell # Driver

Size & Type:

53' VAN

Description: 11 ALUMINUM ROLLS

Miles:

Pieces: 11

Hot Load

Weight: 40000

CHARGES		DISPATCH NOTES
LINE HAUL RATE	1700.00	Load ready at 1pm. 53 Dry van ONLY. RECEIVER IS 24/7 FCFS. MUST DELIVER BEFORE 4PM TOMORROW.
TOTAL RATE	1700.00	

PICK 1

GATEWAY ALUMINUM LLC 6100 S. BROADWAY SAINT LOUIS MO 63111

Hours: 1300-1430

Phone/Contact: (314) 282-0286 CHRIS TAYLOR

Appointment 03/25/24

Appt Notes: 1PM-2:30PM FCFS

Seal # X1434

Ref # PU#FISHERSVILLE

STOP 1

PENNY PLATE 286 EXPO RD

FISHERSVILLE VA 22939

Hours : 24/7

Phone/Contact: (540) 337-3777

Appointment 03/26/24

Appt Notes: TOMORROW BEFORE 4PM

Seal # X1434

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 _

E-Signed: 03/25/2024 10:59 AM CDT

Bonníe ${\mathcal R}$

bonnie@royal3inc.com IP: 50.76.79.115

Sertifi Electronic Signature DocID: 20240325105612110

FOB:

FOB:

BILL OF LADING #: 324-GW "Product Essential for Supermarket & Food Manufacturing Distribution" Page 1 of 1

S	Aluminum
184	5.512545 Sept Sept 1.7

SHIP FROM

GATEWAY ALUMINUM, LLC Name:

Address: 6100 S. Broadway

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

Name: PENNY PLATE OF FISHERSVILLE Address: 286 EXPO ROAD

City/State/Zip: FISHERSVILLE, VA 22939

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: Address:

CID#:

City/State/Zip: SPECIAL INSTRUCTIONS: CARRIER NAME: ST FREIGHT

Packslip #:330-GW

11 pallets

CUSTOMER MUST BREAK SEAL #: 476194

SEALED BY:

NMFC Code:13378 NMFC Class: 55 ALUMINUM FOIL

Freight Charge Terms: (freight charges are prepaid ORIGIN, FRT PPD

Master Bill of Lading: with attached (check box) underlying Bills of Lading

Customer PO#:

Production and the	CALL SALE	CUSTOMER ORDER INFORMATION	(Helphan)	Morrow Company of the Company
PO#	so#	ITEM NO/CUST NO		WEIGHT (lbs)
3439	216-GW	G5A0030625H23 / M0300-62.500-H23 3003		17,667
3364	176-GW	G5A0034625H23 / M0340-62.50-H23 3003		11,872
3445	222-GW	G5A0038625H23 / M0380-62.500-H23 3003		11,053

TARE WEIGHT 2.370

COD Amount: \$

Fee Terms: Collect

TOTAL WEIGHT:

Prepaid:

42,962

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as

"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

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. Tra SHIPPER SIGNATURE / DATE

Customer check acceptable:

The carrier shall not make delivery of this shipment without payment of reight and all other lawful charges. Shipper Signature

This is certify the above named materials ar marked and labeled, and are in proper cond	re properly classified, packaged.
X:SHIPPER NAME: 1655 X:DATE: 03 - 25	ansule, mon
X:DATE: 03 - 25.	- 24

er Loaded	Freight Counted
By Shipper	By Shipper
By Driver	By Driver/p

affet said to contain By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required plac. Carrier certifies emergency response information was made

available and/or carner has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except X:CARRIER NAME:

canned with CamScanner

BILL OF LADING #: 324-GW

	sential for Supermar	ket & Food Manufacturing Distribution"
SHIP FROM		
Name: GATEWAY ALUMINUM, LLC		CARRIER NAME: ST FREIGHT
Address: 6100 S. Broadway		TRAILER#: 11 pallets
		CUSTOMER MUST BREAK SEAL #: 476194
City/State/Zip: St. Louis, MO 63111	FOB:	CEALED DV
SHIPTO		SEALED BY:
Name: PENNY PLATE OF FISHERSVILLE		NMFC Code:13378 NMFC Class: 55
Address: 286 EXPO ROAD		ALUMINUM FOIL
		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
City/State/Zip: FISHERSVILLE, VA 22939		ORIGIN, FRT PPD
CID#:	FOB:	
THIRD PARTY FREIGHT CHARGES	BILL TO:	(check box) Master Bill of Lading: with attached underlying Bills of Lading
Name:		
Address: City/State/Zip:		Packslip #:330-GW
SPECIAL INSTRUCTIONS:		

Customer PO#:

		CUSTOMER ORDER INFORMATION	
PO#	SO #	ITEM NO/CUST NO	WEIGHT (lbs)
3439	216-GW	G5A0030625H23 / M0300-62.500-H23 3003	17,667
3364	176-GW	G5A0034625H23 / M0340-62.50-H23 3003	11,872
3445	222-GW	G5A0038625H23 / M0380-62.500-H23 3003	11,053

42,962 TARE WEIGHT 2,370 TOTAL WEIGHT:

Where the rate is dependent on value, shippers are required to state	COD Amount: \$		
specifically in writing the agreed or declared value of the property as follows:	Fee Terms: Collect Prepaid:		
"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding per	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).

Trailer Loaded:

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	SI	HIF	P	ER	SI	GN	AT	UF	RE	D	AT	F	nepr Rea
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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: 1055 X:DATE: 03 - 2

			C. M. a	1	
-	Ву	Shipper	-	Ву	Shipper
	Ву	Driver		By	Driver/pallet sa

Freight Counted:

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: _