

**Bill to:**

Dynasty Worldwide

,
,
,

Invoice Date: 03/28/2024

Invoice #: 2661

Terms: NET 30

Due Date: 04/28/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
03/27/2024		4528 W 51st St, Chicago, IL 60632, USA - 3218 Hillcroft St, Houston, TX 77057, USA			
			1	\$2,000.00	\$2,000.00

TOTAL
\$2,000.00

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

Dynasty Worldwide

Rate Confirmation

Ph: 708-262-2833
E: accounts@dynastyworldwide.net

Load #: 2661
Date: 03/26/24

Carrier :

Royal3 Inc
Ph: 630-485-7370

Send invoices To :

accounts@dynastyworldwide.net
Dispatch : 708-262-2833
Accounting: 773-249-2435
Payment Terms: 30 Days

we do not accept any invoices over Mail , all
invoices should be emailed to
accounts@dynastyworldwide.net

All PODS Must be emailed within 48 hours
(\$50 Late Fees)

Late arrival to appointments will result to
rate decrease and deductions

Detention must be pre- approved via email,
first 2 hours free.

Booking #:
BOL #:
PO #:
Pickup #:

Eq size/type:
Reefer Temp:
Genset #:

Weight:
Commodity:
Pieces:

*Notes:

Pickup	Golden Rugs Inc 4528 w 51 st Chicago, IL 60632	Appt: 03/27 09:00 - 09:00	
Deliver	Galaly Furniture 3218 Hillcroft st Houston, TX 77057	Appt: 03/29 09:00 - 13:00	

*Rate / Charges:

Description	Units	Rate	Amount
Trip pay	1	2000	2000.00
Total:			2000.00

CARRIER SIGNATURE: _____ DATE: _____ BROKER REP: Yousif Khalil

PRINT NAME & TITLE: _____ DATE: 03/26/24

Special Instructions:

All trailers must be swept and cleaned out before arriving to any pickup in order for the trailer to be loaded promptly.

****IMPORTANT** ALL ACCESSORIAL RECEIPTS (LATE FEES, LUMPERS, DETENTION, REWORK, ETC.) MUST BE PROVIDED TO
BROKER WITHIN 48 HOURS OF DELIVERY*****

FAILURE TO SUPPLY ACCESSORIAL RECEIPTS WITHIN SEVEN (7) DAYS WILL RESULT IN NO REIMBURSEMENT

ALL PAPERWORK MUST BE INVOICED WITHIN FOURTEEN (14) CALENDAR DAYS OF FINAL DELIVERY

FAILURE TO INVOICE MAY DELAY CARRIER PAYMENT

When providing paperwork to be processed for payment, it MUST be emailed or faxed to Broker or it will not be processed.

GENERAL CARRIER REQUIREMENTS

- i. Carrier is responsible for any damage to cargo or damage to the cargo container and shortages of freight. Carrier is responsible for any charges, or claims Broker incurs pertaining to this shipment.
- ii. Driver is responsible for load and count. Driver must report product quantities stated on BOL's PRIOR to leaving the shipper. If Driver is not allowed on dock to verify load and count, Broker must be notified PRIOR to driver signing for shipment, and BOL's must be marked by Shipper "Shipper Load and Count."
- iii. Failure to report any overage, shortage, or damage (damage with pictures) within two (2) hours will result in a \$125.00 fine to Carrier.
- iv. Any costs incurred by Broker due to Carrier being late for pickup or delivery appointments may be charged to the Carrier.
- v. Carrier can be charged up to \$100.00 per day for late arrival to any appointment plus any additional loss due to late arrival.
- vi. Failure to call IMMEDIATELY on any problems can result in a \$100.00 fine to Carrier as well as any charges that result from failure to notify Broker, who is available 24/7/365.
- vii. If any accessorial charges are agreed upon, Carrier must supply a valid receipt. Failure to do so within forty-eight (48) hours of delivery will result in no reimbursement.
- viii. Driver must ensure load is properly secured. Any concerns or requests for additional securements must be made prior to leaving shipper. Carrier will be liable for any damage to cargo as a result of improperly or insufficiently secured cargo.
- ix. Loads sealed by the shipped must remain sealed until an authorized person at the receiver breaks the seal. In cases where the seal has been broken by an unauthorized person, the Carrier becomes fully liable for the invoice value to customer or cost, whichever is greater, plus any other expenses.
- x. \$35.00 will be deducted from your invoice for each comm check issued for a fuel or cash advance.
- xi. We reserve the right to offset any claim(s) or fee(s) with pending invoices including but not limited to, property damage caused by Carrier during the transport, upon pick up, and/or upon delivery.
- xii. Carrier agrees that the driver has enough available hours of service to pick up and drop the tendered load within time-frames arranged by Broker/Customer, without violating the FMCSA hours (49 CFR § 395).
- xiii. Carrier is in compliance with all Federal, State, and Local safety regulations.
- xiv. A fee of \$7.50 per pallet will be charged on loads where the Carrier is responsible to supply pallets for the transfer of cargo but fails to do so.
- xv. All accessorial charges must be pre-approved by Broker. Unauthorized charges will not be paid.
- xvi. Not all detention requests will be honored, Broker must be notified one (1) hour before Carrier detention charges begin to accrue and before Carrier requests detention and/or reimbursement of detention charges.
- xvii. This agreement is subject to the terms and conditions outlined in the Dynasty Carrier Agreement, unless otherwise indicated above.

Carrier Representative Signature: _____

Date: _____

Dynasty Worldwide Signature: _____

Date: _____

SHIP FROM						Page 1 of _____	
Date: _____						Bill of Lading Number: _____	
Name: Golden Keys Address: 4508 W 51st City/State/Zip: Chicago, IL 60630						FOB: <input type="checkbox"/>	
SID#: _____							
SHIP TO							
Name: Galaxy Furniture Address: 3018 Hillcroft St City/State/Zip: Houston, TX 77057						Location #: _____	
CID#: _____						FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:							
Name: _____ Address: _____ City/State/Zip: _____							
SPECIAL INSTRUCTIONS: _____						CARRIER NAME: _____	
						Trailer number: _____	
						Seal number(s): _____	
						SCAC: _____	
						Pro number: Seal # 18839877	
Freight Charge Terms: (freight charges are prepaid unless marked otherwise)						Prepaid _____ Collect _____ 3rd Party _____	
						<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO			
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SKID (CIRCLE ONE)				
			Y N				
			Y N				
			Y N				
			Y N				
			Y N				
			Y N				
			Y N				
			Y N				
			Y N				
			Y N				
GRAND TOTAL							
CARRIER INFORMATION						COMMODITY DESCRIPTION	
HANDLING UNIT	PACKAGE	WEIGHT	H.M. (X)	Commodity Description requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. <small>(See Section 2(a) of NMFC Item 300)</small>			
QTY	TYPE	QTY	TYPE				
	loose		boxes				
GRAND TOTAL							
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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
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.						This carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
						Shipper Signature _____	
SHIPPER SIGNATURE / DATE _____				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
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.				CARRIER SIGNATURE / PICKUP DATE _____ <small>Carrier acknowledges receipt of packages and requires release. Carrier certifies emergency response information was made available under carrier has the DOT emergency response information on appropriate documentation in the vehicle. Property described herein is received in good order, except as noted.</small>			

BILL OF LADING									
Date:		Page 1 of _____							
Name: Golden Hugs Address: 4528 W 51st City/State/Zip: Chicago, IL 60632 SID#:		SHIP FROM		Bill of Lading Number: _____					
Name: Galaly Furniture Address: 3218 Hillcroft St City/State/Zip: Houston, TX 77057 CID#:		SHIP TO		CARRIER NAME: Trailer number: Seal number(s): SCAC: Pro number: Seal # 18839877					
Name: Address: City/State/Zip:		THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading					
SPECIAL INSTRUCTIONS:									
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER		# PKGS		WEIGHT		PALLET/SKID (CIRCLE ONE)		ADDITIONAL SHIPPER INFO	
						<input checked="" type="radio"/> Y <input type="radio"/> N			
						<input type="radio"/> Y <input checked="" type="radio"/> N			
						<input type="radio"/> Y <input checked="" type="radio"/> N			
						<input type="radio"/> Y <input checked="" type="radio"/> N			
						<input type="radio"/> Y <input checked="" type="radio"/> N			
						<input type="radio"/> Y <input checked="" type="radio"/> N			
						<input type="radio"/> Y <input checked="" type="radio"/> N			
						<input type="radio"/> Y <input checked="" type="radio"/> N			
						<input type="radio"/> Y <input checked="" type="radio"/> N			
GRAND TOTAL									
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT		H.M. (X)		COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE					Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350.	
	loose		boxes					LTL ONLY	
								NMFC #	CLASS
GRAND TOTAL									
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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
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.									
SHIPPER SIGNATURE / DATE <small>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.</small>						CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response information or equivalent documentation in its vehicle. Property described above is received in good order, except as noted.</small>			
Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver						Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces			