



Bill to:
FREIGHT SERVICES BROKERAGE

Invoice Date: 04/03/2024
Invoice #: 1644
Terms: NET 30
Due Date: 05/03/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
04/02/2024		1300 Touhy Ave, Elk Grove Village, IL 60007 - 14045 Abercorn St, STE 2500, Savannah, GA, 31419			
			1	\$2,400.00	\$2,400.00

TOTAL
\$2,400.00

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

Freight Services Brokerage., LLC

4/02/2024

CARRIER RATE CONFIRMATION

Page 1 / 1

LOAD NUMBER 1644 MUST APPEAR ON YOUR INVOICE!

BOOKED BY *Stan Maliauka*

B/L# Original inv# 1644

PO#

CARRIER Royal 3
BOOKED WITH Ana
PHONE 216-225-
0861

FAX
TOLL FREE

EQUIPMENT REQUIRED 53 VAN
WEIGHT 39000Lbs
TRAILER # REF #

CHARGES
\$2,400.00 FLAT RATE

\$2,400.00 TOTAL

PICKUP 4/02/2024 14:00

IGT
1300 Touhy Ave
Elk Grove Village, IL 60007

SHIPMENT DESCRIPTION

CONTACT SHIPPING
PHONE
EMAIL

DELIVER 4/04/2024 9:00

DELIVERY #

D & A Distribution
14045 Abercorn St, STE
2500
Savannah, GA, 31419

SHIPMENT DESCRIPTION

CONTACT RECEIVING
PHONE
EMAIL

Special Instructions:

- Charges may apply for late pick-ups and deliveries.
- It is the driver's responsibility to ensure that the load is safe, secure and legal for transport.
- Driver is required to check call daily by 10:00AM.

Carrier warrants that it is duly and legally qualified to provide the transportation services herein and holds at least \$1,000,000 in auto liability and cargo insurance of at least \$100,000. Accessorial charges must be stated above or agreed to in a subsequent signed rate confirmation between Broker and Carrier. Carrier must submit signed carrier confirmation(s) with Carrier's invoice, a legible copy or original proof of delivery. Unauthorized delayed service shall be charged to Carrier, not to exceed the actual charges assessed against Broker for which Carrier's actions are at fault. A minimum charge of \$100 shall apply to missed appointments. Carrier is prohibited from subcontracting this Load to any other Carrier or broker. Broker reserves the right to pay the delivering carrier directly and Carrier named below shall remain primarily liable as provided herein. Carrier shall defend, indemnify and hold harmless Broker, its shipper customer, and the bill of lading parties from any claims, actions or damages, arising out of Carrier's performance hereunder, including damages of any kind asserted against Broker for negligent hiring of Carrier, cargo loss and damage, theft, delay, damage to property, and personal injury or death. Carrier represents it has adequate coverage for towing and any towing invoice in excess of coverage shall be Carrier's sole responsibility. Broker shall be permitted to offset carrier payables for any loss, delay, shortage or damage. Carrier agrees that any loss or damage to customer's food grade cargo shall be considered a total loss. Carrier forfeits its right to be paid in the event Broker's freight is held hostage. Carrier payment terms are net 30 days from the date Broker receives Carrier's invoice, a legible copy or original proof of delivery, matching confirmation(s), and reimbursable receipts. If Fuel Surcharge is not separately stated, then Flat Rate is all inclusive. The Carrier, and any connecting Carrier, shall not receive for transport any freight that shall be excluded from coverage under its primary cargo policy. Delivery and pick-up dates and hours will not require the driver to violate hours of service regulations. Routing instructions are for informational purposes only. Carrier agrees that Broker's charges to its customers are confidential and need not be disclosed to Carrier. Carrier waives any rights it may have under 49 CFR §371.3 or any related or successor law or regulation.

Carrier submit invoices via email to billing@fsbrokerage.org Load# must be included on your invoice with a copy of the P.O.D!
Invoices will not be paid without a P.O.D!

DRIVER MUST CALL FOR DISPATCH AT: Stan Maliauka, 216-312-0146

Signature _____ Position _____ Date _____

Carrier Signature *Asta Mijao* _____ Position _____ MC# _____ Date _____

4/2/24, 11:08 AM

Bill of Lading

Date: 2-April-2024		Bill of Lading No:		Barcode SPACE	
Carrier Name: ROYAL 3		Trailer No:		Seal Number(s): 183666	
SCAC:		Pro No:		Barcode SPACE	
Freight Charge Terms (prepaid unless marked otherwise)		Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>		Master BOL: w/attached underlying BOLs <input type="checkbox"/>	

Special Instructions:

Customer Order Information

Additional Shipper Info

Customer Order No.	# Pkgs.	Weight	Pallet/Ship (Y/N)
Totals			
Carrier Information			
Handling Unit	Package	QTY	TYPE
QTY	TYPE	QTY	TYPE

1500	18026592705	D6661141424	5	199	2333	18014766824	D6661141180	5	159	1992	36989271464	D6661141214	5	170	2126	36989271453	D6661141203	5	170	2110	36989271442	D6661141192	23	819	10061.00	Totals
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NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(e)(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 _____

Carrier Signature _____

Pickup Date _____

Shipper Signature _____

Date _____

Trailer Loaded ☐ By Driver ☐ By Shipper ☐ Freight Counted ☐ By Driver/Pieces ☐ 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 acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has provided emergency response information in the vehicle. Property described above is received in good order, except as noted.

Bill of Lading

Ship From: SCD LOGISTICS 1300 TOUHY AVE ELK GROVE VILLAGE IL 60007 717-678-8919 SID#: _____ <input type="checkbox"/> FOB				Date: 2-April-2024 Bill of Lading No: <div style="text-align: center; font-size: 1.2em; font-weight: bold;">BARCODE SPACE</div>			
Ship To: _____ Location No: _____ D&A Distribution 14045 ABERCORN ST STE 1614 Savannah GA 31419 Robert Ali +1 9126612108 CID#: _____ <input type="checkbox"/> FOB				Carrier Name: ROYAL 3 Trailer No: Seal Number(s): 183668 SCAC: Pro No: <div style="text-align: center; font-size: 1.2em; font-weight: bold;">BARCODE SPACE</div>			
Third Party Freight Charges - Bill To: Special Instructions: _____				Freight Charge Terms (prepaid unless marked otherwise) <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> Master BOL: w/attached underlying BOLs			
Customer Order Information							
Customer Order No.	# Pkgs.	Weight	Pallet/Slip (Y/N)	Additional Shipper Info			
Totals							
Carrier Information							
Handling Unit		Package		Weight	H.M. (X)	Commodity Description	LTL Only
QTY	TYPE	QTY	TYPE				NMFC No.
3		121		1500		18026592705 D6661141424	
5		199		2333		18014766824 D6661141180	
5		159		1992		36989271464 D6661141214	
5		170		2126		36989271453 D6661141203	
5		170		2110		36989271442 D6661141192	
23		819		10061.00		Totals	
<small>Where the rate is based 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 _____"</small>						COD Amt. \$ _____ Fee Terms: <input type="checkbox"/> Collect <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer Check Acceptable	
<small>NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B).</small>							
<small>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.</small>						<small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small> Shipper Signature: _____	
<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>				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	
Shipper Signature: _____ Date: _____				<small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has per DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.</small> Pickup Date: _____			