

**Bill to:**

HELIX LOGISTICS
6734 JOLIET RD #202,
La Grange,
IL,
60525

Invoice Date: 04/08/2024

Invoice #: 2200440

Terms: NET 30

Due Date: 05/08/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
04/05/2024		390 Fountain St, Pittsburgh, PA 15238, USA - 7600 Antoine Blvd, Shreveport, LA 71129, USA			
			1	\$2,095.00	\$2,095.00

TOTAL
\$2,095.00

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**



227 West Monroe Street, Suite 550, Chicago, IL 60606
General, 708-246-7000, F: 708-246-7010

Carrier Load Tender Confirmation

LOAD ID: 2200440

Carrier: Royal3 Inc

USDOT: 2828543

MC Number:

Carrier:
Royal3 Inc, Chicago, IL 60638

Contact: Tina
Phone: 630-485-7370
Fax:

Dispatcher: DeVontre Spears
Phone:
Email: dspears@helixlogistics.com
Tender Date/Time: 04/04/2024 09:09 AM

Equipment: Dry Van (TF)
Miles: 1073.0
Weight: 5,310 lbs
Pieces: 6

SERVICES

Special Instructions:

ITEMS

Item ID	HAZ MAT	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS (Subject to Correction) LIST HAZARDOUS MATERIALS FIRST	WEIGHT LBS	DIMENSIONS	ACTUAL VALUE
FAK		Freight All Kinds	5,310		0.0
TOTAL WT			5,310		

Pickup 1

NAME:	Tri-Arc Div of Melfred Mfg	Appointment: Pickup Date/Time Early: 04/05/2024 07:00 AM Pickup Date/Time Late: 04/05/2024 05:00 PM
ADDRESS:	390 Fountain Street	Customer Reference Number: 103103584442 XPO Shipment ID: 103103584442 PO: 4641659375 PO: 4641659375 Customer Load ID: 5028873 BOL: 2200440 Pickup Reference: 330370 Pickup Reference: Gate A Dock B25 Booked By: dspears Pieces: 6 Weight: 5,310 lb
ADDRESS:		
CITY, STATE, ZIP:	Pittsburgh, PA 15238	
CONTACT:	Patty; Joe Harris	
PHONE:	412-826-8531 x 336	

Pickup / Delivery Instructions:

FCFS - Email for confirmation
NO REEFERS

Drop 2

NAME:	SLB SHREVEPORT TECHNOLOGY	Appointment: Drop Date/Time Early: 04/08/2024 07:30 AM Drop Date/Time Late: 04/08/2024 04:00 PM
ADDRESS:	7600 ANTOINE BLVD Gate B Dock GA43	Customer Reference Number: 103103584442 XPO Shipment ID: 103103584442 PO: 4641659375 PO: 4641659375 Customer Load ID: 5028873 BOL: 2200440 Pickup Reference: 330370 Pickup Reference: Gate A Dock B25 Booked By: dspears Pieces: 6 Weight: 5,310 lb
ADDRESS:		
CITY, STATE, ZIP:	SHREVEPORT, LA 71129	
CONTACT:	Paige Shelton	
PHONE:	318-617-7252	

Pickup / Delivery Instructions:

- FCFS
- REEFER OK
- HAS a receiving dock, staff and equipment to unload a 53 Dry Van
- REF REQ'D

Notes

Notes:

Freight Terms

NUMBER OF STOPS:	2
TOTAL MILEAGE:	1073.0
Total Line Haul: \$2,095.00	
TOTAL:	\$2,095.00

References

Shipment ID: 1317001
Customer Reference Number: 103103584442
XPO Shipment ID: 103103584442
PO: 4641659375
Customer Load ID: 5028873
Pickup Reference: Gate A Dock B25
USDOT: 2828543
Booked By: dspears

Special Instructions

2200440

Special Instructions: 24/7 Emergency support 630-335-9385 Drop Trailer Shipments: All drop trailer loads are for 24 to 48 hours after the day you drop not counting the first weekend. Detention will be paid per day if the trailer is held past the 48 hour point. IMPORTANT: Driver/Carrier must check call with Helix on the day of pick-up, as well as each day in transit, and upon arrival at consignee. Helix must be notified ASAP of any delays en-route. Failure to do so may result in uncompensated delay/detention. Detention charges must be validated by a consignee signed document listing the drivers in and out times.

24 HOUR EMERGENCY CONTACT 630-335-9385

ALL DELAYS CAUSING EITHER MISSED OR EARLY PICKUP / DELIVERY MUST CALL THE EMERGENCY NUMBER. NO OTHER TYPES OF CONTACT WILL BE ACCEPTABLE TO REPORT A DELAY IN SHIPPING. ANY DELAYS NEED TO BE REPORTED IMMEDIATELY WHEN THE REASON FOR THE DELAY HAPPENS.

****Attention Accounting:** Email Invoice, POD, and accompanying documents in a single PDF file to bills@helixlogistics.com**

***** Invoices not submitted within 90 days of ship date specified on this Carrier load Tender Confirmation are waived *****

Agreement

*Driver MUST call Helix Logistics for dispatch information 708-246-7000.

*Driver MUST count all freight and report overages, shortages or damages to product immediately prior to departure at shipper or consignee.

*Driver MUST arrive on-time for all pickups and deliveries.

*Driver MUST notify Helix Logistics of ANY loading or unloading fees at pickup or delivery immediately.

*Driver MUST notify Helix Logistics immediately upon arrival and departure at shipper and receiver, and must provide the name of the person who signed for the freight at time of delivery.

*If the driver knows that he will not, and/or does not arrive at the shipper or receiver on the time/day specified in this document, he must also notify Helix Logistics immediately.

Failure to follow any of the above instructions may result in fine up to \$1000.00, or greater if there are multiple infractions.

DETENTION APPROVAL REQUIRES NOTIFICATION 45min PRIOR TO IMPENDING DELAY. IN/OUT TIMES MUST BE ON THE BILLS SIGNED BY THE SHIPPER/RECEIVER, AND RECEIVED VIA FAX OR EMAIL WITHIN 24HRS OF DELIVERY.

It is your drivers responsibility to adhere to all delivery instructions provided above, and any special instructions provided by the shipper or consignee. Your driver is responsible to **COUNT THE FREIGHT**. If unable to witness loading, your driver MUST have the shipper sign **SHIPPER LOAD & COUNT**. Any contracted freight not picked up or misrouted will be your responsibility to deliver the product FREE ASTRAY.

Helix Logistics pay terms are net 30 of all valid charges with receipt of Invoice, ONLY if accompanied by a copy of the Carrier Rate Confirmation Agreement, a valid signed copy of the Proof of Delivery, and supporting accessorial documentation.

Carrier MUST electronically send valid, signed Proof of Delivery within 24 hours of delivery.

Billing Requirements

All invoices for transportation services must be in the format described herein. Any invoices submitted in any other format, or any other manner, will be deemed as not received. All required documents must include ALL pages if the original is a multipage document (e.g. the BOL is five (5) pages so all five (5) pages must be included with the invoice).

A request for receipt confirmation of an invoice submission is honored when such a request is included with the invoice submission email. Helix does not provide rate verification. However, notification of any issues regarding invoice charges or paperwork will be sent via return email after an invoice submission is reviewed. Helix will respond to requests for payment status when the invoice age, using Helix policy noted in the Payment section, is aged 30 or more days. Helix does not provide progressive payment statuses (e.g. requests for payment status 10 days before 30-day aging date).

Invoices not submitted within 90 days of the scheduled ship date as indicated on the Helix Logistics, LLC Carrier Load Tender Confirmation associated with the shipment are waived. ACH is the preferred method of payment because of the reliability and speed of the ACH. ACH applications can be obtained by submitting a request to accounting@helixlogistics.com.

All invoices must be sent in the following format. Any invoices not adhering to these requirements will be deemed as not received.

1. One invoice required for each load/rate confirmation, i.e. do not bill multiple loads on a single invoice. Invoices submitted with multiple files for a single load are not valid.
2. A valid invoice must include
 - a. Carrier Invoice
 - b. Bill of Lading
 - c. Signed, LEGIBLE Proof of Delivery including identifying BOL references
 - d. Helix Logistics Rate Confirmation
 - e. Support Documentation for any accessorial charges (e.g. in and out time on a document signed by the customer for detention, lumpers receipt, etc.)
 - f. Helix Logistics reference number on invoice. The Load Reference ID Number is displayed at the top of the Carrier Load Tender
3. All documents related to a single load (invoice, rate confirmation, factor NOA, POD, etc.) must be submitted in single PDF file.
 - a. You may submit multiple invoices in a single file (e.g. 10 loads submitted in a single PDF file).
 - b. You may also submit an email with multiple files provided each file/attachment contains all documents related to one Helix load (e.g. three (3) attachments, each containing documents for a unique helix load/rate confirmation).
4. QuickPay requests should include the words "QuickPay", featured prominently, on each invoice and in the subject line of the email. Additionally, QuickPay invoices should be submitted to email quickpay@helixlogistics.com to ensure high priority is given to processing QuickPay requests. QuickPay payments via paper check are issued once per week. QuickPay payments via ACH are issued twice per week. QuickPay terms are a 2% discount with payment issued within 10 days.
5. **Email** all standard term (Net 30-day payment) invoices with required documents in the required format (see above) to: bills@helixlogistics.com

Payment

Payment for freight charges will be issued within thirty (30) days of receipt of a VALID invoice during normal business hours (8AM to 5PM), provided the invoice is in the correct format and the packet includes all required documentation. Invoices received after 5PM will be aged from the next business day.

Helix strongly recommends ACH payment, which ensures reliability, predictability and fast payment. Carrier assumes all risk of payment delays related to paper checks / mail issues.

Carriers opting for paper checks may be assessed a \$100 fee if stop payment and reissue of a paper check is required.

X	<u>Bill Carson</u>	<u>4/4/2024</u>
	Signature	Date

Date: 01-APR-24

GRAINGER MASTER BILL OF LADING

BOL # 103103584442

SHIP FROM

Ship From Code: 200026276

Name: TRI-ARC A DIVISION OF BALLYMORE LLC
 Address: 390 FOUNTAIN STREET
 City/State/Zip: PITTSBURGH, PA, 15238
 Contact Name: N/A
 Contact Number: N/A
 PickUp On Date/Time: 03 APR 2024 08:00:00
 Ready Date/Time:

Bill of Lading Number: 103103584442

Carrier name: HELIX LOGISTICS

SCAC: HLXL

Pro Number:

SHIP TO

Ship To Code: 16429191
 Name: CAMERON INTL CORP
 Address: 7600 ANTOINE BLVD
 City/State/Zip: SHREVEPORT, LA, 71129
 Contact Name: GETHORIO DAVIDSON
 Contact Number: 6362488049

Equipment Type: GTM/A031.53FT_DV

Trailer Number:

Seal Number:

Freight Charge Terms:

Prepaid: Collect: 3rd Party: X

BILL TO

Name: GRAINGER
 Address: PO BOX 5368
 City/State/Zip: JANESVILLE, WI 53547

24 Hour Emergency Contact # for HAZMAT

Chemtec: 1-800-424-9300

CCN9722

SPECIAL INSTRUCTIONS:
330370

CARRIER INFORMATION

HAZMAT INFORMATION

Identification Number(UN or NA), Proper Shipping Name, Hazard Class, Packing Group, per 172.101, 172.202, 172.203

HAZMAT DESCRIPTION

HAZMAT DESCRIPTION				HM	Limited Qty	Qty	Weight		Supplier Name
UN/NA #	Proper Shipping Name	Class	Packaging Group			Package Count	Package Type	Item Weight	Item UOM
All Hazmat Total								0	

CUSTOMER ORDER INFORMATION

Supplier Name	Purchase Order	Order ID	Final DC Location	Sales Order	Customer PO#	Pallet	Weight	Volume	Additional Shipper info
200026276	4641659375	OX13651294	16429191	1505750273	4514234260	6	5310	1800	330370
Grand Total						6	5310	1800	

CARRIER INFORMATION

HANDLING UNIT

Commodities 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. See Section 2(e) of NMFC Item 360. All Grainger material (irrespective of description) is of FAK70.

CONTAINER TYPE	QTY	COMMODITY DESCRIPTION	WEIGHT
Pallet	6	HARDWARE AND RELATED MATERIAL	5310
GRAND TOTAL	6		5310

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 _____.

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 the 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 the freight and all other lawful charges.

Shipper Signature

SHIPPER SIGNATURE / DATE

This is to certify that the here-in named materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

X SES 4/5/24

Trailer Loaded:

☒ By Shipper
☐ By Driver

Freight Counted:

☒ By Shipper
☐ By Driver/pallets
☐ 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 U.S. Department of Transportation emergency response guidebook or equivalent documentation in the vehicle.

Property described above is received in good order, except as noted.

X

Date: 01-APR-24

GRAINGER MASTER BILL OF LADING

BCL # 50310356442

SHIP FROM

Ship From Code: 200026276
 Name: TRI-ARC, A DIVISION OF BALLYMORE LLC
 Address: 390 FOUNTAIN STREET
 City/State/Zip: PITTSBURGH, PA, 15236
 Contact Name: N/A
 Contact Number: N/A
 Pickup On Date/Time: 03-APR-2024 06:00:00
 Ready Date/Time:

Bill of Lading Number: 10310356442

Carrier name: HELIX LOGISTICS
 SCAC: HLXL
 Pro Number:

SHIP TO

Ship To Code: 16429191
 Name: CAMERON INTL CORP
 Address: 7600 ANTOINE BLVD
 City/State/Zip: SHREVEPORT, LA, 71129
 Contact Name: GETHORIO DAVIDSON
 Contact Number: 8362486649

Equipment Type: OTMA031.03FT_OV

Trailer Number:

Seal Number:

Freight Charge Terms:

Prepaid _____ Collect _____ 3rd Party _____

BILL TO

Name: GRAINGER
 Address: PO BOX 5388
 City/State/Zip: JAMESVILLE, WI 53547

24 Hour Emergency Contact # for HAZMAT

Chemical: 1-800-424-9000

CONGTZ

SPECIAL INSTRUCTIONS:

330370

CARRIER INFORMATION

HAZMAT INFORMATION

Identification Number(UH or NA), Proper Shipping Name, Hazard Class, Packing Group, per 172.101, 172.202, 172.203

HAZMAT DESCRIPTION				HM	Limited Qty	Qty		Weight	Supplier Name	
UN/NA #	Proper Shipping Name	Class	Packaging Group			Package Count	Package Type	Net Weight	Net UOM	
All Hazmat Total						6		5310	1800	330370

CUSTOMER ORDER INFORMATION

Supplier Name	Purchase Order	Order ID	Final DC Location	Sales Order	Customer PO#	Pallet	Weight	Volume	Additional Shipper info
200026276	4641659375	OX13551294	16429191	1605756273	4514734200	6	5310	1800	330370
Grand Total						6	5310	1800	

CARRIER INFORMATION

HANDLING UNIT

Commodities 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. See Section 2(e) of NMFC Item 360. All Grainger material (irrespective of description) is of FAK70.

CONTAINER TYPE	QTY	COMMODITY DESCRIPTION	WEIGHT
Pallet	6	HARDWARE AND RELATED MATERIAL	5310
GRAND TOTAL	6		5310

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 _____

NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).
 The carrier shall not make delivery of this shipment without payment of the freight and all other lawful charges.

RECEIVED: Subject to individually determined rates of contracts that have been agreed upon in writing between the carrier and the 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 the freight and all other lawful charges.

SHIPPER SIGNATURE / DATE

This is to certify that the facts on which this bill of lading is based are true and correct, and that the property described, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

X *SES* 4/5/24

Trailer Loaded

By Shipper

By Driver

Freight Collected

By Shipper

By Carrier/Agents

By Driver/Shipper

By Driver/Shipper

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier verified emergency response information was made available and/or carrier has the U.S. Department of Transportation emergency response guidebook or equivalent documentation in the vehicle.
 Property described above is received in good order, except as noted.

Signature: *[Signature]*

