



Bill to:
SATURN FREIGHT SYSTEMS
PO BOX 680308 ,
Marietta,
GA,
30068

Invoice Date: 04/25/2024
Invoice #: 1927910
Terms: NET 30
Due Date: 05/25/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
04/24/2024		1035 Fred White Blvd, Portland, TN 37148, USA - 829 Vaucluse Rd, Stephens City, VA 22655, USA			
			1	\$1,750.00	\$1,750.00

TOTAL
\$1,750.00

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



SATURN FREIGHT
S Y S T E M S

DATE: 4/24/2024

HAWB#: BNA 1927910

LOAD - RATE CONFIRMATION

SATURN (BNA)

P.O. BOX 680308

MARIETTA, GA 30068

Phone: 615-647-0054 Fax: 615-647-0056

REFERENCE NO: 0

CARRIER: ZIGI FREIGHT DBA ROYAL 3 INC

CONTACT:

PHONE: 1-630-485-7370

FAX: 16304856980

PIECES:

WEIGHT: 28000.

COMMODITY DESCRIPTION: ELECTRICAL EQUIPMENT

REQUIRED EQUIPMENT:

CUSTOMS BROKER:

INSTRUCTIONS TO DRIVER

1. MUST PROVIDE DRIVERS CELL PHONE.
2. DRIVER MUST CALL ABOVE NUMBER WHEN ARRIVING AT SHIPPER
3. DRIVER MUST CALL WHEN DEPARTING SHIPPER WITH ETA.
4. DRIVER MUST CALL WITH POD WHEN DELIVERED.
5. FAILURE TO TO ACCEPT MACROPOINT OR PROVIDE UPDATES WILL EFFECT PAYMENT.

FAILURE TO FOLLOW ABOVE INSTRUCTIONS WILL AFFECT PAYMENT

SHIPPER

SHOALS TECHNOLOGIES (P2)

1035 FRED WHITE BLVD

PORTLAND, TN 37148

PHONE: 615-451-1400

FAX:

CONTACT:

CONSIGNEE

FOX GLOVE

831 VAUCLUSE ROAD

STEPHENS CITY, VA 22655

PHONE:

FAX:

CONTACT:

PICK-UP TIME 4/24/2024 8:00 AM - 3:00 PM

PICK-UP INSTRUCTIONS

PU# 1927910

2ND PICK

SHOALS KIRBY 109 KIRBY ROAD 1ST WHSE ON RIGHT/TURN
ON FAULTLESS AVE PORTLAND, TN 37148

DELIVERY TIME by 4/25/2024 by 8:00 AM

DELIVERY INSTRUCTIONS

AGREED RATE \$1,750.00

By signing below, you are agreeing to the Terms and Conditions of this Load/Rate Confirmation.

FOR PAYMENT: ALL INVOICES AND BACKUP MUST BE SENT TO AP@SATURNFREIGHT.COM

X George Pavkovic
Signature

Carrier Pro#

Fax To: MALCOLM HAMILTON

Fax#:

615-647-0056

STANDARD TRUCKLOAD BILL OF LADING

Page 1 Of 1

SHIP FROM

SHOALS TECHNOLOGIES (P2)

1035 FRED WHITE BLVD

e/Zip: PORTLAND, TN 37148, US

615-451-1400

Contact:

FOB:

SHIP TO

FOX GLOVE

831 VAUCLUSE ROAD

e/Zip: STEPHENS CITY, VA 22655

Contact:

Location#:

FOB:

Bill of Lading Number: 1927910



CARRIER NAME: SATURN FREIGHT SYSTEMS

Trailer Number:

Seal Number: 0003707

SCAC:

Pro number: 0



THIRD PARTY FREIGHT CHARGES BILL TO:

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

Prepaid _____ Collect _____ 3rd Party _____

Master Bill of Lading: with attached
underlying bills of Lading

04/24/2024 08:00 -15:00

Sch. Delivery 04/25/2024 08:00

me:

Date/Time:

(check)

IAL INSTRUCTIONS:

ICK

LS KIRBY

RBY ROAD

'HSE ON RIGHT/TURN ON FAULTLESS AVE

LAND, TN 37148

CARRIER INFORMATION

PACKAGE		WEIGHT	HazMat (X)	COMMODITY DESCRIPTION <small>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.</small>
Y	TYPE			
3	SKID	28000.0	<input type="checkbox"/>	ELECTRICAL EQUIPMENT
0		28000.0		TOTAL

The rate is dependent on value, shippers are required to state specifically in writing
the declared value of the property as follows:The declared value of the property is specifically stated by the shipper to be not
less than _____ per _____.

COD Amount: \$ _____

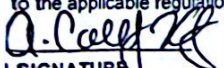
Fee Terms: Collect: _____ Prepaid: _____

Customer check acceptable: _____

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, 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 the terms and conditions set forth
on the reverse side hereon as well as 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

The shipper certifies that the above named materials are
properly classified, packaged, marked and labeled,
in proper condition for transportation
in accordance with the applicable regulations of the DOT.Signature:  DATE: 4/24/24

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 DOT emergency response guidebook
or equivalent documentation in the vehicle

Signature

Date

STANDARD TRUCKLOAD BILL OF LADING

Page 1 Of 1

SHIP FROM

SHOALS TECHNOLOGIES (P2)

1035 FRED WHITE BLVD

e/Zip: PORTLAND, TN 37148, US

615-451-1400

Contact:

FOB:

SHIP TO

FOX GLOVE

831 VAUCLUSE ROAD

e/Zip: STEPHENS CITY, VA 22655

Contact:

Location#:

FOB:

Bill of Lading Number: 1927910



CARRIER NAME: SATURN FREIGHT SYSTEMS

Trailer Number:

Seal Number: 0003707

SCAC:

Pro number: 0



THIRD PARTY FREIGHT CHARGES BILL TO:

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

Prepaid _____ Collect _____ 3rd Party _____

Master Bill of Lading: with attached
underlying bills of Lading

04/24/2024 08:00 -15:00

Sch. Delivery 04/25/2024 08:00

Date/Time:

(check)

SPECIAL INSTRUCTIONS:

ICK
LS KIRBY
RBY ROAD
HOUSE ON RIGHT/TURN ON FAULTLESS AVE
D, TN 37148

CARRIER INFORMATION

PACKAGE

WEIGHT

HazMat
(X)

COMMODITY DESCRIPTION

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.

Y

TYPE

3

SKID

28000.0

☐

ELECTRICAL EQUIPMENT

0

28000.0

TOTAL

The rate is dependent on value, shippers are required to state specifically in writing
the declared value of the property as follows:

COD Amount: \$ _____

Fee Terms: Collect: _____ Prepaid: _____

Customer check acceptable: _____

The declared value of the property is specifically stated by the shipper to be not
less than _____ per _____.

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 and shipper, if applicable, otherwise to the rates, classifications and rules that have been
agreed by the carrier and are available to the shipper, on request, and to the terms and conditions set forth
on the reverse side hereon as well as 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

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 vehicleI certify that the above named materials are
classified, packaged, marked and labeled,
proper condition for transportation
to the applicable regulations of the DOT.

SIGNATURE

DATE

Trailer Loaded:

☐ By Shipper
☐ By Driver

Freight Counted:

☐ By Shipper
☐ By Driver/pallets said to contain
☐ By Driver/Pieces

SIGNATURE

DATE