Bill to:
PRESTIGIOUS LOGISTICS LLC
,
,
,

Invoice Date: 05/17/2024
Invoice #: 29049
Terms: NET 30
Due Date: 06/17/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
05/16/2024		817 N HAMILTON, DALTON GA 30720 - 1525 NORTH COMMERCE AVE, KANSAS CITY MO 64127			
			1	$1,600.00	$1,600.00

TOTAL
$1,600.00

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

PRO # 29049

Rate Confirmation

05/16/24 13:47:31 (EST)

PRESTIGIOUS LOGISTICS LLC
684 W. BROOKHAVEN CIRCLE
2ND FLOOR
MEMPHIS TN 38117

FROM

ASHLEY WHITE
(901) 554-5327

awhite@prestigious-logistics.com

CARRIER

ROYAL3 INC
(630) 485-7370 (p)
(630) 485-6980 (f)
MC # 944686 Truck #
DOT 2828543 Trailer #
Driver Cell #

Size & Type: 53' VAN **Description:** FLOORING **Miles:** 715
Pieces: **Weight:** 43000

CHARGES		DISPATCH NOTES
LINE HAUL RATE	1600.00	
TOTAL RATE	1600.00	

PICK 1

ARTISENT FLOORS
817 N HAMILTON
DALTON GA 30720
Hours : 0700-1400
Phone/Contact: (423) 977-0011 GRANT LOGAN

Ready Date: 05/16/24
Appt Notes: FCFS 0700-1400
Ref # TRANSFER

STOP 1

ARTISENT FLOORS
1525 NORTH COMMERCE AVE
KANSAS CITY MO 64127
Phone/Contact: (800) 385-1427

Appointment 05/17/24 @ 09:00
Appt Notes: 0900 APPT
Ref # TRANSFER

Please submit Invoice and POD to: accounting@prestigious-logistics.com
Thank you!

Carrier Signature ______________________ Date ______ / ______ / ______
M D

Send Carrier Bills to the Address Above **PRO #** 29049 **must appear on all Invoices**

Date: 5/16/2024

BILL OF LADING

SHIP FROM

Name: Artisent Floors
Address: 817 N Hamilton Street
City/State/Zip: Dalton, GA 30720
SID#: FOB: ☐

SHIP TO

Name: Artisent Floors Location #: ___________
Address: 1525 N. Commerce Ave.
City/State/Zip: Kansas City, MO 64120
CID#: FOB: ☐
Contact: Justin: 816.349.4900

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:

Bill of Lading Number: 05162024-1

BAR CODE SPACE

CARRIER NAME: ______________________________
Trailer number:
Seal number(s):

SCAC:
Pro number:

BAR CODE SPACE

Freight Charge Terms: ***(freight charges are prepaid unless marked otherwise)***
Prepaid _____ **Collect** _____ **3rd Party** _____

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
Carpet	43 rolls	37625 lbs	Y	N	
Vinyl Plank	2 pallets	4600 lbs	Y	N	
Metals	10 cartons	300 lbs	Y	N	
Tub Strips	10 cartons	70 lbs	Y	N	
GRAND TOTAL		42595 lbs			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (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. *See Section 2(e) of NMFC Item 360*	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
							STAMP SPACE	
						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: ☐ **Prepaid:** ☐
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).

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
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.

Trailer Loaded:
☐ By Shipper
☐ By Driver

Freight Counted:
☐ By Shipper
☐ By Driver/pallets said to contain

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. DOT emergency response guidebook or equivalent documentation in the vehicle.

Date: 5/16/2024

BILL OF LADING

SHIP FROM

Name: Artisent Floors
Address: 817 N Hamilton Street
City/State/Zip: Dalton, GA 30720
SID#: FOB: ☐

Bill of Lading Number: 05162024-1

BAR CODE SPACE

SHIP TO

Name: Artisent Floors Location #: ________
Address: 1525 N. Commerce Ave.
City/State/Zip: Kansas City, MO 64120
CID#: FOB: ☐
Contact: Justin: 816.349.4900

CARRIER NAME: ____________________
Trailer number:
Seal number(s):
SCAC:
Pro number:

BAR CODE SPACE

Name:
Address:
City/State/Zip:

Freight Charge Terms: ***(freight charges are prepaid unless marked otherwise)***
Prepaid _____ **Collect** _____ **3rd Party** _____

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

SPECIAL INSTRUCTIONS:

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Signature

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Sean Saunders 5/17/24