

**Bill to:**

Everest Transportation Systems, LLC
1007 Church Street,
Evanston,
IL,
60201

Invoice Date: 06/19/2024

Invoice #: E588757

Terms: NET 30

Due Date: 07/19/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/18/2024		3301 West 47th Place, Chicago, IL, United States 60632 - 2501 Millers Ln, Shively, KY 40216, USA			
			1	\$800.00	\$800.00

TOTAL
\$800.00

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**



Everest Transportation Systems
200 N LaSalle Suite 2950
Chicago IL, 60601



Carrier Rate and Load Confirmation

Shipment Information

Load Number: E588757
Date: 06/18/2024
PO Number:
Contact: Ben Okezi
ben@everest-ts.com

Carrier: ZIGI FREIGHT INC
MC: MC944686 **DOT:** 2828543
Carrier Contact: al@ROYAL3INC.COM
al@royal3inc.com
Mode: Truckload
Equipment Type: Dry Van 53'

Customs Broker:
Messages:

Shipper Pickup (Stop 1)	Pick Up Date: 6/18/2024
ROYAL TRADING INC 3301 West 47th Place Chicago, IL United States 60632 Contact:	Pickup Instructions: Pickup Number: Shipper References: Appointment Required: No Appointment Time: 08:00-15:00

Consignee Delivery (Stop 2)	Delivery Date: 6/19/2024
HOME CENTER 2501 MILLERS LN GATE 5 Shively, KY United States 40216 Contact:	Delivery Instructions: Delivery Number: Consignee References: Appointment Required: No Appointment Time:

Line Item Information

		Handling Unit		Package						
Item #	Commodity Description	QTY	Type	QTY	Type	Weight	Length	Width	Height	Volume
Item 1	Details					44000 lbs	in	in	in	

Transportation Fees

Description	Cost
Net Line Haul	750.00
Accessorial Charges <ul style="list-style-type: none">Digital Tracking Acceptance : 50	50.00
Total Cost	800.00

Please note: Your driver must accept electronic tracking via TruckerTools for this load. This is required to get approval for any **detention** or **layover** charges.
The TruckerTools application can be installed on [Apple](#) and [Android](#) devices.

How to Get Paid: Submit a **single (1)** email per load to invoices@everest-ts.com, the subject should contain our load # and optionally add "quickpay" (5% fee applicable) if you so choose. Attachments need to include a **signed** POD, Rate Con, Invoice and all other receipts/paperwork. The time-period for payment will begin once EVTS receives complete paperwork. Any invoices

submitted more than 30 days past the delivery date are paid at the discretion of EVTS.

Important notice regarding additional approved accessorials charges: Backup documentation must be submitted within 24 hours of delivery for reimbursement. Additional charges not submitted within 24 hours will not be paid.

Payment Status: please email paystatus@everest-ts.com with our load number in the subject.

Signature: _____ Date: _____



Date: 6/18/2024

BILL OF LADING

Page _____

SHIP FROM

Name: ROYAL TRADING INC
 Address: 3301 W 47TH PL
 City/State/Zip: CHICAGO, IL 60632
 SID#:

FOB: ☐

Bill of Lading Number: _____

SHIP TO

Name: HOME CENTER
 Address: 2501 MILLERS LN GATE 5
 City/State/Zip: LOUISVILLE, KY 40216
 CONTACT: ODAY 301-254-9195

Location #: _____

FOB: _____

CARRIER NAME:

Trailer number:
 Seal number(s): # 2034968

SCAC:

Pro number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Remit to: A.R.T. TRANSPORTATION SERVICES, INC
 Address: P.O. BOX 82

City/State/Zip: LOCKPORT, IL 60441

SPECIAL INSTRUCTIONS: #14783-6

Freight Charge Terms:

Prepaid _____ Collect _____ 3rd Party xxx☐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
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	

GRAND TOTAL

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (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. See Section 2(a) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
6	pallets					AREA RUGS & GENERAL MERCHANDISE 48 X 40 X 72		
5	pallets					AREA RUGS & GENERAL MERCHANDISE 95 x 44 x 84		
7	pallets					AREA RUGS & GENERAL MERCHANDISE 72 X 44 X 84		
18	pallets			23,600 lbs		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, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

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.

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

Date: 6/18/2024

BILL OF LADING

Page _____

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 Address: 3301 W 47TH PL
 City/State/Zip: CHICAGO, IL 60632
 SID#:

FOB: ☐

Bill of Lading Number: _____

SHIP TO

Name: HOME CENTER Location #: _____
 Address: 2501 MILLERS LN GATE 5
 City/State/Zip: LOUISVILLE, KY 40216
 CONTACT: ODAY 301-254-9195

FOB: _____

CARRIER NAME: _____

Trailer number: _____
 Seal number(s): # 2034968

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 Remit to: A.R.T. TRANSPORTATION SERVICES, INC
 Address: P.O. BOX 82

City/State/Zip: LOCKPORT, IL 60441

SPECIAL INSTRUCTIONS: #14783-6

Freight Charge Terms:

Prepaid _____

Collect _____

3rd Party

xxx

☐Master Bill of Lading: with attached
underlying Bills of Lading

CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	

GRAND TOTAL

HANDLING UNIT				PACKAGE		WEIGHT		H.M. (X)		COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE									NMFC #	CLASS
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