



Bill to:
AVERITT
1415 NEAL STREET,
COOKEVILLE,
TN,
38501

Invoice Date: 04/01/2024
Invoice #: 7500141284
Terms: NET 30
Due Date: 05/01/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
03/29/2024		2103 SOUTH PARK RD, LOUISVILLE, KY 40219 - 6749 Baymeadow Dr, GLEN BURNIE, MD 21060			
			1	\$1,650.00	\$1,650.00

TOTAL
\$1,650.00

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

Carrier Rate and Load Confirmation

AVERITT**THE POWER
OF ONE**

AVERITT - North America Truckload
1415 Neal Street/ PO Box 3166
Cookeville, TN 38502
Phone: (866) 249-8496 Fax: (931) 520-2755

**Please call Averitt Integrated at
(888) 679-2749 when
unloaded for a release number.**

North America Truckload - Load 7500141284

Date: 03/29/2024
Mode: Truckload
Equipment Type: Van
Distance: 612.0
TWIC Certification Required: No
TSA Certification Required: No
Hazmat: No
Averitt Rep: Tyler Hadynski
Rep Phone: 931-646-4033
Rep Email: thadynski@averitt.com
Rep Fax: 931-520-2755

Carrier: ROYAL3 INC
MC Number: 944686
Contact: Joey Cimbalevic

Dispatch Notes:

Pickup 1

Name: AVERITT EXPRESS
Address: 2103 SOUTH PARK RD
2103 SOUTH PARK RD
LOUISVILLE, KY 40219
Phone: 502-492-7259
Case(s): 33
Item(s): Equipment

Earliest: 03/29/2024 0800
Lastest: 03/29/2024 1530
Weight: 6576.0
Pallet(s): 33

Delivery 2

Name: R.E. Michel Company Building #2
Address: 6749 Baymeadow Dr
GLEN BURNIE, MD 21060
Phone: 410-760-4000
Case(s):
Item(s): Equipment

Earliest: 04/01/2024 0900
Lastest:
Weight:
Pallet(s):

Drop Instructions

R.E. Michel Company Building #2 - Appt. #16504

Pay Summary

Service for load #	7500141284
Line Haul:	\$1,650.00
Total Rate:	\$1,650.00

Signature: _____ Date: _____

PLEASE SIGN AND FAX BACK TO (931) 520-2755

Payment Requirements - Upon Delivery

- Must include Load # and Release Order #
- Signed BOL / Signed Delivery Receipt / Signed Rate Confirmation Sheet
- Load/Unload/Lumper receipts must accompany invoicing in order to receive payment
- All accessorial charges must be pre-approved & billed with receipt & POD

Payment Options

Phone (931) 525-5328

integratedap@averitt.com

Mail: Averitt Integrated, PO Box 3166, Cookeville, TN 38502

Quik Pay Option

(3% Reduction of total payable for expedited processing of Carrier payment)

Email: integratedap@averitt.com

Fax: (931)520-2755

Notes:

All times on this Carrier Rate/Load Confirmation are local time zone.

Any additional charges not listed on this Carrier Rate/Load Confirmation must be authorized in advance of providing the service by calling the Integrated Team @ 866-249-8496.

Please contact Averitt Integrated immediately with any questions on Rate/Load Confirmation or delays asap.

Terms and Conditions

This Carrier Rate/Load Confirmation is a legal contract between the CARRIER and Averitt Integrated, but otherwise does not waive any rights under federal law. This rate supersedes and has a precedence over any other conflicting rate currently on file with this carrier. CARRIER must provide legible, accurate, signed, and dated documentation upon delivery to receive prompt payment. Failure to provide proof of delivery will result in BROKER's forfeit of payment to Carrier.

THIS LOAD SHALL NOT BE DOUBLE BROKERED. It is agreed that any re-brokering of this load will result in non-payment to CARRIER, in addition to any other penalties applicable by contract or by law. No additional charges other than those listed above may be added by the CARRIER. Any additional charges must appear on a revised confirmation sheet signed by the BROKER. CARRIER must include signed copy of shipper's bill of lading and any other proof of delivery with invoice to BROKER. Rates, except as specifically designated above, are inclusive of any fuel surcharge. CARRIER certifies that it is in compliance with all requirements of the California Air Resources Board (CARB) that are applicable to the scope of Carriers operations, including, but not limited to Statewide Truck and Bus Regulations, Transport Refrigeration Unit (TRU) Regulations, Tractor-Trailer Greenhouse Gas Regulations (TTGHG), and Drayage Truck Regulations. Carrier also warrants that it is in the compliance with any comparable requirements of Environmental Protection Agency (EPA) and other states, where applicable. CARRIER shall be responsible for any fines imposed on BROKER and or shipper resulting from noncompliance.

ALL LOADS ARE SUBJECT TO ELECTRONIC TRACKING

By accepting this shipment, CARRIER agrees that it has obtained a written agreement from each driver transporting a shipment tendered by BROKER to CARRIER pursuant to the Agreement in which each driver provides all necessary consents to (i) receiving text messages and/or phone calls from on or on behalf of BROKER and (ii) allowing BROKER or its vender to track such drivers location while transporting such shipment. CARRIER shall comply with all applicable laws relating to the collection, use, storage, retention, disclosure, and disposal of any of any information CARRIER provides to BROKER, including information regarding the drivers transporting shipments. CARRIER shall indemnify, defend, and hold BROKER and its affiliates harmless from and against any and all claims, damages, liabilities, losses, actions and expenses (including attorneys' fees) arising out of or in connection with CARRIER's breach of this Section. This Section shall survive the expiration or termination of the Agreement between BROKER and CARRIER.

0243009

Please Sign: *Joey Cimbaljeric*

☒ Accept

☐ Decline

Driver Name:

Driver Cell:

Driver Email:

Tractor #:

Trailer #:

• • •

AVERITT

THE POWER OF ONE

**One Contact.
Many Services.
One Invoice.
Zero Problems.**

SHIPPER

Name RESIDEO TECHNOLOGIES
Address 10640 FREEPORT DR
City LOUISVILLE State KY ZIP 40258
Customer No. 1256914

CONSIGNEE

NAME: www.useritexpress.com

Name R.E. Michel Company Building #2

Address 6749 Baymeadow Dr

City GLENE BURNIE State MD ZIP 21060

Telephone 410-760-4000

Customer No. REMIGLM1

BILL-TO

Name ADEMCO INC RESIDEO AEIV
Address SYNCADA HW3PL01
PO BOX 3001
City NAPERVILLE State IL ZIP 60566
Customer No. 1426535
Shipper's Reference No. 292577
Consignee's Reference/PO No. _____

TERMS

FREIGHT CHARGES:

☒ Prepaid ☐ Collect

Freight Prepaid unless

GUARANTEE

☐ Standard LTL Guarantee*

*Additional charges shall apply

COD AMT. \$

Cash or Certified Funds ☐ CCA

COD Fee: PPD ☐ Collect ☐

Customer Check ☐ CCA

Remit to:

Street _____

City

T IN DESCRIPTION OF ARTICLES COLL

[illegible]

ALWAYS LIST HAZARDOUS MATERIALS FIRST IN DESCRIPTION OF ARTICLES					
NQ. OF PIECES	O HM	(KIND OF PACKAGE) Description of Articles, Special Marks and Exceptions (Subject to Correction)	NMFC #	CLASS Subject to Correction	WEIGHT Subject to Correction
33		EQUIPMENT; Equipment			6,576 LBS
		Order # 40147361			
		Appt. #16504			
TOTAL					TOTAL 6,576 LBS
33		ADDITIONAL SHIPMENT INFORMATION: 7500141284			

33	7500141264
<i>Hazardous Materials as defined in DOT Regulations</i>	

☐ Mark X to designate Hazardous Materials as defined in DOT Regulations
 Declared Excess Value **WARNING:** Additional and/or Maximum Liability Limitations or other restrictions may supercede declared value. Refer to AVRT 100 rules tariff for further details.

NOTE: (1) 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 hereby specifically stated by the shipper to be not exceeding

NOTE: (1) Liability Limitation for loss or damage on this shipment may be applicable. See USC Section 14706(c)(1)(A) and (B).

[illegible]

NOTE: (4) Commodities requiring special or additional care or attention in handling or storing must be so marked and packaged as to ensure safe transportation with ordinary care.

NOTE: (4) Commodities requiring special or additional handling should be indicated on the marking sheet.

SHIPPER SIGNATURE Ante Rofalo DATE 5/7 PICKUP TIME _____

NO. OF HANDLING UNITS _____

SHIPPER SIGNATURE (MUST BE SIGNED BY REPRESENTATIVE OF SHIPPER) _____ DATE _____ No. OF HANDLING UNITS _____
(If over 25 units, use Rule on back of Part 2)
PT-5011 Rev. 12/10

CARRIER SIGNATURE _____ DATE _____ NO. OF TONS _____ (If over 25 _____) (T-2011 Rev. 12/10)

CUSTOMER _____

CARRIER SIGNATURE _____ CUSTOMER _____
AVRT-100776 *Wm. Vincent* 44124 33P

AVR1-100776 *James James Quinlan* 4/1/24 331

Jan 4th Sat 13 & 14/1/1911