

**Bill to:**

ARMSTRONG TRANSPORTATION MANAGEMENT FORMARLY BBF GLOBAL  
LOGISTICS LLC

Invoice Date: 07/23/2024

Invoice #: PRO # 39775

Terms: NET 30

Due Date: 08/23/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
07/22/2024		2435 WATSON ST NW, LENOIR NC 28645 - 209255 Phillipi Rd, Columbus, OH 43228, USA			
			1	\$950.00	\$950.00

<b>TOTAL</b>
\$950.00

**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 # 39775

Rate Confirmation

07/22/24 12:05:06 (EST)



ARMSTRONG TRANSPORTATION MANAGEMENT  
3952 WILLOW LAKE BLVD  
MEMPHIS TN 38118

F  
R  
O  
M

LUKA PAVLOVIC  
(901) 455-2677  
(901) 455-2677 (c) (901) 455-2677 (c)  
lpavlovic@goarmstrong.com

C  
A  
R  
R  
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R

ROYAL3 INC  
(630) 485-7070 (p) Att: MIKE  
(630) 485-6980 (f)  
MC # 944686 Truck #  
DOT 2828543 Trailer #  
Driver ALFREDO Cell # (786) 614-5456

Size &amp; Type: 53' VAN

Description: PALLETIZED GOODS

Miles:

Pieces:

Weight: 30000

CHARGES		DISPATCH NOTES
LINE HAUL RATE	550.00	***DOUBLE BLIND SHIPMENT*** IF ASKED, TELL THE SHIPPER THE LOAD IS GOING TO TREVERSE IN NASHVILLE, TN. MUST USE ONLY OUR BOL AT DELIVERY. DO NOT USE THE SHIPPER'S COPY!!!! FAILURE TO FOLLOW INSTRUCTIONS WILL RESULT IN A \$200 DEDUCTION.
POD PROVIDED WITHIN 72 HR	100.00	
TRACKING	100.00	
BLIND SHIPMENT	200.00	
TOTAL RATE	950.00	

## PICK 1

PICK SITE - LENOIR  
2435 WATSON ST NW  
LENOIR NC 28645  
Hours : 8-4 FCFS

Appointment 07/22/24

Seal # (630) 566-0539

Ref # 072224\_MED-01

## STOP 1

DROP SITE - PHILLIPI  
195 PHILLIPI RD  
COLUMBUS OH 43228  
Hours : 9-3 FCFS

Appointment 07/23/24

Seal # (630) 566-0539

Ref # 072224\_MED-01

**\*ON ALL BLIND SHIPMENTS, THE CARRIER MUST USE THE BOL PROVIDED BY ARMSTRONG AT CONSIGNEE ONLY OR A \$200 FINE WILL OCCUR. IF YOU HAVE QUESTIONS ABOUT THE INSTRUCTIONS, IT IS THE CARRIER'S RESPONSIBILITY TO CONTACT THE BROKER TO CLARIFY THE EXPECTATIONS.\***

**\*\*\*DRIVERS MUST REMAIN IN THEIR TRUCKS FOR THE ENTIRETY OF THE LOAD/UNLOAD PROCESS\*\*\***

**Armstrong must be made aware of detention 30 minutes prior to detention starting. Failure to do so could result in detention not being paid.**

**SEND INVOICES TO ATMPAPERWORK@GOARMSTRONG.COM**

**901-290-0292**

**\*\*\*POD must be submitted within 72 hours of delivery or carrier is subject to a \$100 fine. Failure to invoice within 6 months will result in no payment.\*\***  
**Carrier shall limit disclosure of information regarding this agreement, including carrier's rates and charges, only to carrier's agents, employees, and subcontractors directly involved in its execution and performance and those parties internally who have a need to know of this agreement.**

Carrier Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D

Send Carrier Bills to the Address Above

PRO # 39775

must appear on all Invoices

<b>Bill Of Lading - Short Form - Not Negotiable</b>				<b>BOL Number:</b> 39775			
<b>Ship From</b>				<b>Pro #</b> : 39775			
TREVERSE LLC 1450 GOULD BLVD  LA VERGNE TN 37086				<b>Ship Date</b> : 07/22/24			
				<b>Cust Ref #</b> :			
				<b>PU Ref #</b> : 072224_MED-01			
				<b>Del Ref #</b> : 072224_MED-01			
				<b>Del Appt</b> : 07/23/24			
<b>Ship To</b>				<b>Carrier</b> : ROYAL3 INC			
DROP SITE - PHILLIPI 195 PHILLIPI RD  COLUMBUS OH 43228				<b>Carrier Pro#</b> : ALFREDO			
				<b>References</b>			
<b>Bill To</b>							
ARMSTRONG TRANSPORTATION MANAGEMENT 3952 WILLOW LAKE BLVD MEMPHIS TN 38118							
<b>Special Instructions:</b>						<b>Freight Terms:</b> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>	
<b>QTY</b>	<b>PKG</b>	<b>Wgt</b>	<b>HM</b>	<b>Item Description</b>	<b>DIMS</b>	<b>Cls</b>	<b>NMFC #</b>
		30000		PALLETIZED GOODS			

<b>*Mark with an X to designate hazardous materials as defined in title 49 of the code of Federal Regulations.</b> <b>Haz Mat emergency Contact #</b>	
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 not to exceed _____ per _____ "	<b>COD Amount: \$</b> _____ <b>Fee Terms:</b> Collect _____, Prepaid _____, Check Acceptable _____
<b>Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 14706(c)(1)(A) and (B)</b>	
<b>For Freight Collect Shipments:</b>	
If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement. The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.	<b>Trailer Loaded:</b> <b>Freight Counted:</b> _____ By Shipper      _____ By Shipper _____ By Driver      _____ By Driver
<b>Signature of Consignor:</b> _____	<b>Carrier Signature / Date</b>  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.  <b>Carrier:</b> _____ <b>Date:</b> _____
<b>Shipper Signature / Date</b>	
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.	
<b>Signature of Shipper:</b> _____ <b>Date:</b> _____	
<b>Consignee/Receiver Signature / Date</b>	
This is to certify that the above named materials were received in apparent good order (except as noted).	
<b>Signature of Consignee:</b> _____ <b>Date</b> _____	

<b>Bill Of Lading - Short Form - Not Negotiable</b>		<b>BOL Number:</b> 39775					
<b>Ship From</b>		<b>Pro #</b> : 39775					
TREVERSE LLC 1450 GOULD BLVD  LA VERGNE TN 37086		<b>Ship Date</b> : 07/22/24					
		<b>Cust Ref #</b> :					
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		<b>Del Appt</b> : 07/23/24					
		<b>Carrier</b> : ROYAL3 INC					
		<b>Carrier Pro#</b> : ALFREDO					
<b>Ship To</b>		<b>References</b>					
DROP SITE - PHILLIPI 195 PHILLIPI RD  COLUMBUS OH 43228							
<b>Bill To</b>							
ARMSTRONG TRANSPORTATION MANAGEMENT 3952 WILLOW LAKE BLVD MEMPHIS TN 38118							
<b>Special Instructions:</b>		<b>Freight Terms:</b> Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>					
<b>QTY</b>	<b>PKG</b>	<b>Wgt</b>	<b>HM</b>	<b>Item Description</b>	<b>DIMS</b>	<b>Cls</b>	<b>NMFC #</b>
		30000		PALLETIZED GOODS			

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Haz Mat emergency Contact # \_\_\_\_\_

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COD Amount: \$ \_\_\_\_\_

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Signature of Shipper: \_\_\_\_\_ Date \_\_\_\_\_

Carrier: \_\_\_\_\_ Date: \_\_\_\_\_

Consignee/Receiver Signature / Date \_\_\_\_\_

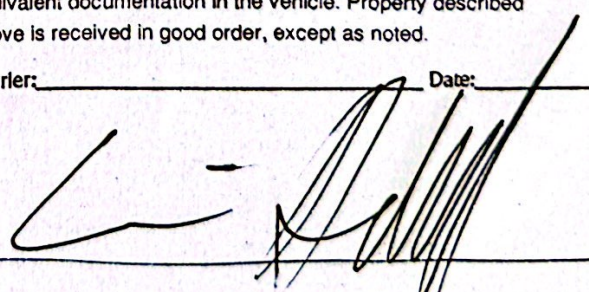
This is to certify that the above named materials were received in apparent good order (except as noted).

Signature of Consignee: \_\_\_\_\_ Date \_\_\_\_\_

Trailer Loaded: \_\_\_\_\_ Freight Counted: \_\_\_\_\_

By Shipper By Shipper

By Driver By Driver



7/23/24