

**Bill to:**

EJA LOGISTICS LLC

,
,
,

Invoice Date: 07/22/2024

Invoice #: 0004654

Terms: NET 30

Due Date: 08/22/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
07/19/2024		229 Quaker Hwy, NORTH SMITHFIELD, RI 02896 - 100 Premier Dr, BELLEVILLE, IL 62220			
			1	\$1,700.00	\$1,700.00

TOTAL
\$1,700.00

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

*** Load Confirmation ***

EJA LOGISTICS
Saint Louis, MO 63123
11126 Lindbergh Business Ct.
314-416-1336 314-845-2700



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0004654

Carrier: Royal3Inc.
Chicago IL 60638
Date: 07/19/2024

Contact: Joey Cimbalevic
Phone: 321-465-5667
Fax:

Order
Order: 0004654
Miles: 1113.0
Temp:
BOL: RIMAIL0719

Commodity: General Palletized Freight
Weight: 25000.0
Trailer: Van (DAT)
Reference:

PU 1 Name: Atlantic Footcare, Inc
Address: 229 Quaker Hwy
NORTH SMITHFIE RI 02896
Phone: 401-568-4918

Date: 07/19/2024 0800
07/19/2024 1400
Contact: Main
Dvr Ld/Unld: No driver loading or unload

SO 2 Name: Belleville Shoe Manufacturing
Address: 100 Premier Dr
BELLEVILLE IL 62220
Phone:

Date: 07/22/2024 0800
07/22/2024 1200
Contact:
Dvr Ld/Unld: No driver loading or unload

Payment
Carrier Freight Pay: \$1,700.00
Total Carrier Pay: \$1,700.00

Special Instructions

*DO NOT DISPATCH A DRIVER WHO CANNOT MEET TRANSIT TIME WITHOUT VIOLATING HOURS OF SERVICE.

**ANY ACCESSORIAL REQUESTS:

DETENTION, LUMPER, OVERAGES, SHORTAGES, DAMAGES ETC MUST BE REPORTED IMMEDIATELY !

***DOUBLE BROKERING THIS LOAD WILL CAUSE THIS CONTRACT TO BECOME NULL & VOID !

Special instructions here

Agreement Please sign and send back to **Ines Halebic**
Phone 314-416-1336
Fax
Email Freight@ejalogistics.com

PLEASE EMAIL ALL INVOICES TO FREIGHT@EJALOGISTICS.COM

Date: 07/19/2024		BILL OF LADING		Page 1 of 1		
SHIP FROM			Bill of Lading Number: _____ BAR CODE SPACE			
Name: ATLANTIC FOOTCARE Address: 229 QUAKER HWY City/State/Zip: NORTH SMITHFIELD, RI 02896 SID#: SHERRY						
SHIP TO			CARRIER NAME: EJA TRUCKING Trailer number: Seal number(s): SCAC: Pro number:			
Name: BELLEVILLE BOOT Address: 100 PREMIER DR City/State/Zip: BELLEVILLE, IL 62221 CID#:						
THIRD PARTY FREIGHT CHARGES BILL TO:			BAR CODE SPACE Freight Charge Terms: Prepaid _____ Collect _____ 3 rd Party XXXXX <input type="checkbox"/> Master Bill of Lading; with attached underlying Bills of Lading			
Name: SOLUTIONS LLC Address: PO BOX 87 City/State/Zip: MILLSTADT, IL 62260 SPECIAL INSTRUCTIONS:						
CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP Y or N	ADDITIONAL SHIPPER INFO		
241571						
241640						
241706						
GRAND TOTAL						
CARRIER INFORMATION						
HANDLING UNIT		PACKAGE		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(e) of NMFC Item 350</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE		NMFC #	CLASS
6	SKD	147	BOXES	3079	INSOLES	
				RECEIVING STAMP SPACE		
				GRAND TOTAL		
<small>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:</small> <small>*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____</small>				COD Amount: \$ _____		
				Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input checked="" type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B). <small>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.</small>						
SHIPPER SIGNATURE / DATE <small>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.</small> <i>Sherry Cate</i> 7/19/24		Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		
		CARRIER SIGNATURE / PICKUP DATE <small>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.</small> 7/19/24				



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FOB: ☐

BAR CODE SPACE

Location #:1

FOB: ☐

Pro number:

BAR CODE SPACE

SPECIAL INSTRUCTIONS:

☐
(check box)

Master Bill of Lading: with attached
underlying Bills of Lading

ADDITIONAL SHIPPER INFO

Y or N

241706

GRAND TOTAL

CLASS

See Section 3(a) of NMFC Item 360

INSOLES

Belkville Shoe

USIONS
7-22-24

Kenny Morrison

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

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

CARRIER SIGNATURE / PICKUP 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.

E 100

☐ By Driver/Pieces

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.

Sherry Cate 7/19/24

7/19/24