



Bill to:
ECHO GLOBAL LOGISTICS(ECHO)

Invoice Date: 08/10/2024
Invoice #: 59272743
Terms: NET 30
Due Date: 09/10/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
08/09/2024		9151 Youree Dr, Shreveport, LA 71115, USA - 1515 Crickets Ave, Lubbock, TX 79402, USA			
			1	\$1,500.00	\$1,500.00

TOTAL
\$1,500.00

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

24/7 DRIVER SUPPORT (855) 786-3246

Report All Issues, Delays and Additional Charges Immediately to 24/7 Driver Support
Electronic Tracking Must Be Provided Throughout Transit

Call the Driver Support line and ask for Load Number 59272743

ORDER 59272743

CARRIER	ROYAL3 INC	***ORDER NUMBER(S) MUST APPEAR ON ALL BILLING***
Echo Rep	Todd Durham	MODE: TL
Rep Phone	224-251-6510	
Rep Email	Todd.Durham@echo.com	TRAILER TYPE: Van 53' TRAILER #:
Distance	542.89 Miles	Equipment Notes:
Note:		

Pursuant to our verbal agreement of 8/8/2024 between Echo Global Logistics, hereafter referred to as ECHO, and ROYAL3 INC, MC944686/DOT2828543, hereafter referred to as CARRIER. Both parties agree that Broker's load number 59272743, moving on 08/09/2024 from SHREVEPORT, LA to LUBBOCK, TX (number of stops shown below) will move at the following rate:

Service for Load # 59272743	Amount	Rate	Extended
Line Haul	1.00	\$1,500.00	\$1,500.00
		Total	\$1,500.00

PAY SUMMARY	
Line Haul	\$1,500.00
Total:	\$1,500.00

BY MEANS OF EITHER SIGNING THIS LOAD CONFIRMATION OR ITS PROVISION OF SERVICE, CARRIER ACKNOWLEDGES AND AGREES THAT IT WILL TRANSPORT THE LOAD SUBJECT TO THE TERMS AND CONDITIONS OF ITS CARRIER AGREEMENT (THE "AGREEMENT") WITH ECHO AND THAT IT AGREES TO COMPLY WITH THE TERMS OF THIS LOAD CONFIRMATION. CARRIER AGREES THAT THE SHIPPER AND CONSIGNEE ARE EACH A THIRD-PARTY BENEFICIARY OF THE AGREEMENT AND THE TERMS OF THIS LOAD CONFIRMATION.

1. Echo tenders this Load as a broker only and Carrier accepts this Load as the motor carrier responsible for its transportation. This Load Confirmation governs the rate for this Load as of the date specified and hereby amends and is incorporated by reference and becomes part of the Agreement. Carrier represents and warrants that it agrees to the rate herein, said mutually agreed upon rates are reasonable and compensatory, that the freight would not have been tendered to Carrier at higher rates, and that no shipments handled under such rates will subsequently be subject to a later claim of undercharges.
2. All travel directions provided by Echo are for informational purposes only. It is Carrier's sole responsibility to lawfully and safely operate all vehicles and their contents over any road, highway, bridge and/or route in strict compliance with all applicable laws, rules and regulations. Carrier shall provide electronic tracking throughout transit of the Load. Carrier must immediately advise Echo if any delivery schedules, specifications, instructions, or requirements cannot be legally accomplished or if the avoidance of any fines, penalties or deductions would require or result in the violation of any laws or regulations. Carrier agrees to be CARB compliant when traveling to, from or through California and shall indemnify Echo and its customers from any loss or damage resulting from Carrier's failure to so comply.
3. Only the Carrier identified in this Load Confirmation is authorized to transport this shipment. Compensation may be withheld if this Load is double-brokered, moved by rail, consolidated with any other freight or if the agreed terms hereunder are not satisfied. Carrier agrees, and authorizes its factoring company, if any, to reimburse Echo for all amounts paid on this Load if it is transported by any carrier other than the Carrier identified herein. Carrier waives

all rights to payment from the shipper and/or consignee.

4. Carrier hereby confirms current and valid insurance coverage without exclusions in conflict with this Load, in amounts no less than the following: one million dollars (\$1,000,000) auto liability coverage, one million dollars (\$1,000,000) general liability coverage, \$100,000.00 cargo coverage, and workers compensation as required by law. If carrier's insurance policy contains a schedule of covered vehicles, Carrier will only transport this shipment using a vehicle that is listed as a scheduled vehicle on their insurance policy. Carrier further confirms that its cargo insurance covers the Item(s) listed below without exclusion.
5. Carrier confirms that the driver assigned to this load is licensed, qualified and has available hours of service sufficient to pick up, transport and deliver this Load as required hereunder. Driver is responsible for an accurate count of crates, pallets/skids, and pieces.
6. Trailer seals must be applied, with the seal number noted on the bill of lading, prior to departure from the shipper. A seal may not be broken with prior written approval from Echo management. Failure to deliver at the designated consignee with the proper seal intact will result in a claim for full value of the Load.

Pickup	
Mspark - Shreveport LA	PKU# 130270905
9151 YOUREE DR	Earliest: 08/09/2024 11:00
SHREVEPORT LA 71115	Latest: 08/09/2024 17:00
3184019427	Weight: 44000
: 0	Pallets: 30
Item: Shared mail	
Pickup INSTRUCTIONS	
Drop	
USPS Lubbock	DELV# 130270905
1515 CRICKETS AVE	Earliest: 08/10/2024 11:00
LUBBOCK TX 79402	Latest: 08/10/2024 11:00
8002758777	Weight: 44000
: 0	Pallets: 30
Item: Shared mail	
Drop INSTRUCTIONS	

INVOICE PAYMENT REQUIREMENTS:

- SIGNED BOL / SIGNED DELIVERY RECEIPT / SIGNED RATE CONFIRMATION SHEET.
- LOAD / UNLOAD / LUMPER RECEIPTS MUST ACCOMPANY INVOICING OR THEY WILL NOT BE PAID.
- MUST REFERENCE LOAD # ON ALL CORRESPONDENCES.
- ALL ACCESSORIAL CHARGES MUST BE PRE-APPROVED & BILLED WITH RECEIPT & POD.

SUBMIT INVOICE TO:

EMAIL
APTRUCKLOAD@ECHO.COM
PHONE: (312) 824-6483



INSTAPAY
INSTAPAY@ECHO.COM
InstaPay Payment - 1.9% Fee*
IP Fax: (312) 784-2380
*Subject to terms and conditions as outlined in the Echo carrier packet

SIGNATURE: _____

DATE: _____

United States Postal Service
Plant-Verified Drop Shipment (PVDS)
Verification and Clearance

This form available at www.usps.com


See Instructions on Reverse

1. Requested in-home Delivery Date
(3-day window)

8/13/2024

2. Drop Ship Appointment Number

3. Mailer Name MSPARK		4. FAST Scheduler ID		5. Mailer Contact Name DAN GLASS		6. Mailer Contact Telephone (Include area code) 318-393-9382	
7. Origin Plant Location (City, State, ZIP+4) SHREVEPORT, LA 71115-3303				8. Check One <input type="checkbox"/> Identical-Weight Pieces Weight of a Single Piece _____ lbs. <input checked="" type="checkbox"/> Nonidentical-Weight Pieces			
9. Class of Mail <input type="checkbox"/> Periodicals <input checked="" type="checkbox"/> Std. Mail <input type="checkbox"/> Packages Services <input type="checkbox"/> International (Specify class) _____		10. Product or Publication Titles or Names USPS MARKETING MAIL MS240813		11. Total Gross Weight of Shipment (Verified at origin office) 15,835.43			
13. Pallets		a. No Pallets of Trays 0		b. No. Pallets of Sacks 0		c. No. Pallets of Parcels 0	
Optional if Pallet Presort is known		i. 5-Digit		d. No. Pallets of bundles 29		13e. Non-Palletized Container	
		ii. 5-D Scheme				i. No. of Bundle 0	
		iii. 5-D CR				ii. No. of Trays 0	
		iv. 5-D Scheme CR				iii. No. of Sacks 0	
		v. 3-D				iv. No. of Parcel 0	
		vi. All Other				v. No. of Air Boxes	
						vi. No. of Other 0	
14. Entry Discounts Claimed (Check all that apply) <input type="checkbox"/> DDU <input type="checkbox"/> DNDC <input type="checkbox"/> DFSS <input type="checkbox"/> Mailing Includes Pieces For Delivery Outside Service Area of Entry Office. <input checked="" type="checkbox"/> DSCF <input type="checkbox"/> International Service Center (SC) <input type="checkbox"/> DADC <input type="checkbox"/> International: _____							
15. Comments -- Record SCF/ADC/ND/ASF designator(s) and ZIP Code(s) from the DMM label list for mailing presented, or attach register. MS240813, SCF LUBBOCK TX 793							

16a. Contact at Company Making Drop Ship Appointment (if other than mailer and if known when completing this form)		16b. Telephone	
17. Origin Post Office (City, State, and ZIP+4) SHREVEPORT, LA 71102-9998		26a. Name of USPS Employee Verifying Mail <i>Carolyn Wells</i>	
18. Verified at <input checked="" type="checkbox"/> DMU (Mailer's plant) <input type="checkbox"/> BMEU or Post Office		26b. Employee's Telephone Number (Include area code) (318) 677-2355	
19. Permit Number 220		26c. Signature of Verifying <i>Carolyn Wells</i>	
20. Postage Payment Method (Except for Periodicals) <input checked="" type="checkbox"/> Permit <input type="checkbox"/> Stamped <input type="checkbox"/> Meter		26d. USPS contacts Name (if other than verifying employee)	
21. Total Pieces 136,152		27. Round Stamp 	
22. Total Weight of Mailing 15,835.43			
23. Vehicle PVDS Seal Number			
24. Vehicle ID Number			
25. Comments			

28. Entry Office (City, state, ZIP+4. Indicate type of facility - e.g., if mail will be entered at a BMC facility, write "BMC" as well.) SCF LUBBOCK TX 793 1515 CRICKETS AVE LUBBOCK, TX 79402		33. Load Condition Irregularities (Check all that apply) <input type="checkbox"/> Broken Pallets <input type="checkbox"/> Mailings are not separated by PS Form 8125 <input type="checkbox"/> Container Counts do not Match PS Form 8125 <input type="checkbox"/> Overweight Pallets <input type="checkbox"/> Damaged Mail <input type="checkbox"/> Pallets Too Tall <input type="checkbox"/> Improper Mail Makeup <input type="checkbox"/> Incorrect Mail Class <input type="checkbox"/> Load Unsafe <input type="checkbox"/> Other (Describe in item 32) <input type="checkbox"/> Incorrect Appointment Type	
29a. USPS Receiving Employee's Signature <i>George Gonzalez</i>	29b. USPS Receiving Employee's Name George Gonzalez	34. Scan the barcode upon receipt.	
30. Date/Time of Arrival 08/02/2024 1107	31. Date/Time of Departure 08/02/2024 1157		
32. Comments (NOTE: Enter bedload discrepancies as percentages and pallet discrepancies as pallet counts.)			