

## Rate &amp; Load Confirmation



Dispatcher:	Loyd's F	<b>LOAD #</b>	2788
Phone #:	630-403-8838	Ship Date:	2024-09-11
Fax #:		Today's Date:	2024-09-11
Email:	eddy.s@loydsfreight.com		
W/O:	SL#89438		

Carrier	Phone #	Fax #	Equipment	Agreed Amount	Load Status
Royal3 Inc	630-485-7370 x104		53' Van	\$1,300.00 USD	Covered

<b>Shipper 1</b> Greensboro, NC, 27407	<b>Date:</b> 2024-09-11 <b>Time:</b> <b>Type:</b> TL <b>Quantity:</b> 18 <b>Weight:</b> 42030 lbs	<b>Purchase Order #:</b> <b>Major Intersection:</b> <b>Shipping Hours:</b> 09:00-15:00 <b>Appointment:</b> No <b>Description:</b>
-------------------------------------------	---------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------

<b>Consignee 1</b> 4108 Warehouse 4108 W 52nd Place Chicago, IL, 60632	<b>Date:</b> 2024-09-12 <b>Time:</b> <b>Type:</b> TL <b>Quantity:</b> 18 <b>Weight:</b> 42030 lbs	<b>Purchase Order #:</b> SL#89438 <b>Major Intersection:</b> <b>Receiving Hours:</b> 8AM-10PM <b>Appointment:</b> No <b>Description:</b>
---------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------

## Dispatch Notes:

- RATE WILL BE VOIDED IF THIS SHIPMENT IS DOUBLE-BROKERED.
- CHARGES WILL APPLY IF SEAL IS BROKEN
- LATE DELIVERIES MIGHT RESULT RATE DEDUCTION.
- LUMPER RECEIPTS MUST BE EMAILED WITHIN 24 HOURS OF DELIVERY.
- POD MUST BE SENT WITHIN 24 HOURS OF DELIVERY OTHERWISE 100\$ DEDUCTION WILL BE APPLIED.
- TRACKING IS REQUIRED. TRACKING REFUSAL MIGHT RESULT \$100 RATE DEDUCTION.
- **ALL BILLS MUST BE SENT TO BILLING@LOYDSFREIGHT.COM**

Carrier Pay: Line Haul: \$1300.00, TOTAL: \$1300.00 USD

Accepted By: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: Marisa S.

Driver Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Truck #: \_\_\_\_\_ Trailer #: \_\_\_\_\_



## INVOICE

**BILL TO:**  
LOYDS FREIGHT MANAGEMENT

**INVOICE DATE:** 09/12/2024  
**INVOICE #:** 2788  
**TERMS:** NET 30  
**DUE DATE:** 10/12/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
09/11/2024		6008 W Gate City Blvd, Greensboro, NC 27407, USA - 4108 W 52nd Place, Chicago, IL, 60632			
		Freight Income	1	\$1,300.00	\$1,300.00

<b>TOTAL</b>
\$1,300.00

**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**

Bill Of Lading



Load Number	2738
BOL Number	SL#89438
Ship Date	2024-09-11
Delivery Date	2024-09-12
P.O. Number	
Freight Charges	Prepaid

Shipper	Consignee
ALBERDINGK BOLEY, INC 6008 West Gate City Blvd. Greensboro, NC, 27407 Tel:	4108 Warehouse 4108 W 52nd Place Chicago, IL, 60632 Tel:

3rd Party Billing	Transportation Company
LOYDS FREIGHT 1617 S Michigan Ave APT 311 Chicago, IL, 60616-1272 Tel: 872-870-9600	Royal3 Inc 6850 W 63rd Street Chicago, IL, 60638 Tel: 630-485-7370 Ext: 104

# of pieces	Description of the goods, marks, exceptions	Weight in LBS.	Type	NMFC	HM	Class
18	FAK	42030	TL			
	<b>RECEIVED BY</b>					
	SL # <u>89438</u>					
	Print <u>[Signature]</u>					
	Sign <u>[Signature]</u>					
	Date <u>9/12/2024</u>					
	Seal <u>[Signature]</u>					
Total Pieces 18	shipper count and secure	Total Weight 42030 LBS.	Emergency Response Phone			

Notes:	C.O.D. Amount: \$0.00
	C.O.D. Fee: Prepaid
	Declared Value: \$0.00
	If at consignor's risk, write or stamp here

Shipper	Carrier	Date	Number Of Pieces Received
Per	Per	Time	

Consignee Name	Date	Signature	Number Of Pieces Received
----------------	------	-----------	---------------------------