



**AVENUE**  
LOGISTICS

**Bill To Information**

Please send invoices and backup information to:

Email: ap@avenuelogistics.com

**Sent By:** Austen Collins

**Email** acollins@avenuelogistics.com

**Phone** (773) 943-6252

**Fax**

**Office** KANSAS CITY OFFICE

**Rate/Route Confirmation for ROYAL3 INC \$1,700.00**

**Shipment Details**

<b>Shipment #</b>	70655194	<b>BOL #</b>		<b>Carrier Miles</b>	705.70
				<b>Temperature</b>	-
<b>Cust Ref/PO #</b>	52996807LN /00001817119	<b>Eq Type</b>	53' Van		
<b>Todays Date</b>	9/26/2024 07:40	<b>Eq ID</b>			
<b>Description of Merch:</b>	thermal labels PALLET @ 39476.00 Pounds				

**Carrier Details**

<b>Carrier</b>	ROYAL3 INC	<b>Driver Name</b>	jason
<b>MC</b>	944686	<b>Dispatch Phone</b>	(630) 485-7370
<b>DOT #</b>	2828543	<b>Fax</b>	
<b>SCAC</b>	ZFIH	<b>Carrier Ref</b>	6886102

**Stop Details**

Stop	Type	Pcs/Type/Wt	Address	Appt Date	Appt Time	PU/Deliv #
1	Pickup	PALLET 39476 lbs	ICONEX LLC 3301 ENTERPRISE AVE JOPLIN, MO, 64801 PN: (417) 203-4847	9/26/24	08:00 - 15:00	0000050451
		0000050451				
2	Delivery	PALLET 39476 lbs	ICONEX 1915 RITTENHOUSE RD BLDG 1 JEFFERSON CITY, TN, 37760 PN: (865) 475-9027	9/27/24	07:00 - 14:00	00001817119
		00001817119				

**Shipment Line Items**

**Total Pcs:**                      **Total Pallets:**                      **Total Weight:** 39476 lbs

**Carrier Rate Agreement**

Item #	Charge Description	Unit Price	Unit Type	Unit Quantity	Rate	Note
1	Line Haul	\$1,700.00	Flat Rate	1	\$1,700.00	
	<b>Total:</b>				<b>\$1,700.00</b>	

**ROYAL3 INC**

**6850 W 63RD STREET, CHICAGO, IL** (If this is not your information, notify dispatch immediately)

**Signature** Asta Mijao **Date** \_\_\_\_\_

**Terms of Agreement**

1. \_\_\_\_\_
2. PLEASE HAVE DRIVER CALL 773-945-0999
3. Carrier must advise 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.
4. The rate includes fuel surcharge, and no other rates or charges, including carrier tariffs, shall apply. By signing this Contract for Transportation or accepting the load, the carrier agrees to the Motor Carrier Agreement terms.
5. CARRIER confirms insurance coverage of at least \$1,000,000 in auto and general liability, and \$100,000 in cargo coverage.
6. Compensation may be withheld for double-brokering, rail movement, freight consolidation, or non-fulfillment of services.
7. Trailer Seals: Apply a seal and note its number on the bill of lading before leaving the shipper. Seals can only be broken with Avenue Logistics Management's written approval. Delivering without the intact seal may lead to a claim.
8. Travel directions from Avenue Logistics are informational. Carriers must ensure lawful and safe operation of vehicles and contents, complying with all laws and regulations.
9. \_\_\_\_\_
10. BILLING INSTRUCTIONS: Email- ap@avenuelogistics.com Documentation Required- Invoice and POD. If applicable, Lumper Receipt, Scale Ticket, Escort Receipt, Detention Slip or IN/OUT times on POD. Direct Line: 773-945-1006 Fax: 312-661-9150



## INVOICE

**BILL TO:**  
AVENUE LOGISTICS LLC  
325 W OHIO STREET 3RD FLOOR  
CHICAGO, IL 60654

**INVOICE DATE:** 09/27/2024  
**INVOICE #:** 706595194  
**TERMS:** NET 30  
**DUE DATE:** 10/27/2024

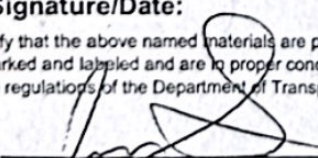
DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
09/26/2024		ICONEX LLC, 3301 Enterprise Ave, Joplin, MO, 64801 - 1945 Rittenhouse Rd building 2, Jefferson City, TN 37760, USA			
		Freight Income	1	\$1,700.00	\$1,700.00

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**

Page 1 of 1						BOL NO: 52996807LN	
<b>BILL OF LADING</b>							
Shipper						Carrier: Avenue Logistics	
Iconex LLC 3301 Enterprise Ave Joplin, MO 64801 JAMES SMITH, P: 417-203-4847, James.Smith@iconex.com						Trailer Number:	
						Seal Number:	
						Pickup Date: 09/26/2024	
Consignee						PRO LABEL HERE	
Iconex LLC 1915 Rittenhouse Rd Building 1 Jefferson City, TN 37760 Shipping Manager,							
Bill To				Freight Terms		<b>References</b> Order Number: 0000050451 Load Number: 52996807LN Division: ICON01 Delivery Number: 00001817119	
ICON01 C/O TRANSPORTATION INSIGHT PO BOX 23000 HICKORY, NC 28603-0230				Prepaid: <u>  X  </u> Collect: <u>          </u> 3rd Party: <u>          </u>			
Special Instructions							
Seal# 656 4873						Accessorial	
Qty	Type	Weight	Unit	HM (X)	NMFC	Item Description	LTL Class
1680	CT	39476	lb			DUAL WEB	55
1680		39,476		TOTAL PALLET: 28		LINEAR FT: --	
1680		39,476		TOTAL PALLET: 28		GRAND TOTALS	
Hazardous Material Contact Phone Number:				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 _____ per _____."			
( )				Remit COD to:			
Customer Registered w/Emergency Response Info				COD Type:			
				COD Amount:			
Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 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.				Trailer		Freight	
				___ by Shipper ___ by Driver		___ by Shipper ___ by Driver	
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper: _____							
<b>Shipper Signature/Date:</b> This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.				<b>Carrier Signature/Pickup Date:</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent documentation in vehicle. Property described above is received in good order, except as noted.			
Shipper:  9-26-24				Carrier: _____			
Consignee acknowledges receipt of goods. Please notate any shortages or damages on BOL upon delivery.						Consignee: _____	
