



## INVOICE

**BILL TO:**  
CROWE LOGISTICS LLC  
1525 W HOMER ST SUITE 202  
CHICAGO, IL 60642

**INVOICE DATE:** 11/06/2024  
**INVOICE #:** R64465  
**TERMS:** NET 30  
**DUE DATE:** 12/06/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
11/05/2024		2005 South Walnut Street, Hopkinsville, KY 42240 - 6777 New Calhoun Hwy NE Ste B, Rome, GA 30161			
		Freight Income	1	\$1,000.00	\$1,000.00

<b>TOTAL</b>
\$1,000.00

**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**



## **Rate Confirmation Agreement for Crowe Logistics, LLC**

Please send all invoices and PODs to [accounting@crowe-logistics.com](mailto:accounting@crowe-logistics.com)

**Loading Terms:** Problems and delays must be reported immediately. Costs resulting from delays may be deducted from freight charges. Crowe Logistics' load confirmation number must appear on Carrier's invoice.

Payment is issued 30 days from receipt of carrier invoice and proof of delivery with no exceptions noted.

**Crowe Logistics, LLC**  
**1525 W. Homer Street Suite 202**  
**Chicago, IL 60642**  
**(773) 389-5900**  
**[www.crowe-logistics.com](http://www.crowe-logistics.com)**



Crowe Logistics, LLC  
1525 West Homer St  
Chicago, IL 60642  
773-389-5900



**ROWELOGISTICS**

**Load Confirmation**

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**0062427**

<b>Carrier:</b>	Royal3 Inc	<b>Contact:</b>	Jack
	Chicago, IL 60638	<b>Phone:</b>	(630) 485-7370
<b>Date:</b>	11/05/2024	<b>Fax:</b>	

<b>Order</b>	<b>Order:</b> 0062427	<b>Commodity:</b>	Dry Food Goods
	<b>Miles:</b> 261.0	<b>Weight:</b>	43000.0
	<b>Temp:</b>	<b>Trailer:</b>	Van (DAT)
	<b>BOL:</b> PO1212	<b>Reference:</b>	

<b>PU 1</b>	<b>Name:</b> Hopkinsville Milling Company	<b>Date:</b> 11/05/2024 0800
	<b>Address:</b> 2005 South Walnut Street	11/05/2024 2100
	HOPKINSVILLE KY 42240	<b>Contact:</b> Tanya Thomas
	<b>Phone:</b> (270) 886-1231	<b>Driver Load:</b> No driver loading or unload

<b>SO 2</b>	<b>Name:</b> Homegrown Family Foods	<b>Date:</b> 11/06/2024 0800
	<b>Address:</b> 6777 New Calhoun Hwy NE STE B	11/06/2024 1200
	ROME GA 30161	<b>Contact:</b> Noel
	<b>Phone:</b> (706) 936-9271	<b>Driver Load:</b> No driver loading or unload

<b>Payment</b>	<b>Carrier Freight Pay:</b>	\$1,000.00
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**Carrier Instructions and Requirements:** This form must be completed and returned before driver can be loaded.  
#RC

**Please Sign:** *Jack Jarakovic*

(X) Accept

( ) Decline

**Attention:** Andy Baez  
(773) 389-5979  
abaez@crowe-logistics.com

**Driver Name:** Jorge  
**Driver Cell:** (629) 307-1703  
**Driver Email:**  
**Tractor #:**  
**Trailer #:**



