



## INVOICE

**BILL TO:**

ER OVERNIGHTERS INC  
6688 JOLIET RD SUITE 351  
COUNTRYSIDE, IL 60525

**INVOICE DATE:** 11/08/2024**INVOICE #:** R64327**TERMS:** NET 30**DUE DATE:** 12/08/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
11/05/2024		640 Remington Blvd, Unit B, Bolingbrook, IL 60440 - 4000B 142ND Ave E., Sumner, WA 98390			
		Freight Income	1	\$4,200.00	\$4,200.00

**TOTAL**

\$4,200.00

**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**

Phone: **708-340-7036**

Carrier: Royal 3 Inc  
MC#: 944686  
Date: 11/5/24

Contact: Mack  
Phone: 630-566-1575  
Email:

**Order**

LOAD: 66508/66509/66481  
BOOKED WITH: Evo/Andrew  
Pick-Up:

Commodity: FAK  
Weight: 30,000 LBS  
Trailer: Van53

**PICK 1**

**DXB Inc**

640 Remington Blvd, Unit B  
Bolingbrook, IL 60440  
Phone: **708-340-7036**

**Date: 11/05/24 BY 2PM**

**PLEASE DO NOT PARK HERE OVERNIGHT YOU WILL BE TICKETED**

**NO DETENTION PAID AFTER 5PM or weekend loading**

**NO REEFERS OR STRAIGHT TRUCKS WILL BE LOADED, PICK UP EMPTY**

**DO NOT CALL ANY PHONES ON BOLLS/SHIPPERS RECEIVER OR WE WILL DEDUCT FROM THE RATE!!!!**

**STOP 1**

Cargill  
700 Ruehl Way  
Granger, WA 98932

**Date: 11/07/24 08:00-17:00**

Phone: **708-340-7036**

**STOP 2**

Costco Sumner Dry  
4000B 142<sup>ND</sup> Ave E.  
Sumner, WA 98390

**Date: 11/08/24 06:30 APT**

Phone: **708-340-7036**

Detention paid after 3 hours, at \$25 per hour ONLY on FULL TRUCK LOADS not the LTL shipments. Driver must call for dispatch, when loaded with IN AND OUT times. While in route and if any problems shall arise to halt delivery on time notify us immediately. Failure to do so will result in deduction in pay. \$550.00 deduction for missed appointment time, a deduction rate per day for missed appointments. POD must be emailed to [er@erovernighters.com](mailto:er@erovernighters.com) within 24 hours of delivery or \$100 deduction in pay. Carrier should provide location update twice a day or might resolve rate deduction.

**DO NOT CALL ANY PHONES ON BOLLS/SHIPPERS RECIEVER OR WE WILL DEDUCT FROM THE RATE!!!!**

---

Payment

Carrier Freight Pay:

**\$4200**

POD'S needs to be emailed within 24 hrs or rate deductions will be incurred, send to [er@erovernighters.com](mailto:er@erovernighters.com)

ACCOUNTING # 630-686-5691

TO START PAYMENT PROCCCESS email paperwork

(Invoice, Rate Confirmation with clean and readable POD'S)

To [accounting@erovernighters.com](mailto:accounting@erovernighters.com)

OGININAL PAPERWORK SEND TO :

**ER Overnigheters Inc**

**6688 Joliet Rd, suite#351, Indian Head Park, IL 60525**

PAYMENT NET 30 Days from paperwork received.

---

**Instructions**

Special Instructions here

**DRIVER NAME:** Eduardo

**TRUCK#** 706

**TRAILER#** W94939

X

*Mack Petkovic*

---

**Agreement**

Please sign and fax back to: 708-843-8186

\*This rate shall remain in effect until cancelled by either party giving written notice to the other. All accessorial fees must be approved, and proper documentation must be faxed in for reimbursement.

\*If load is "double-brokered", agreement is void.

\*Rate confirmation must be signed and returned to ER OVERNIGHTERS, INC

\*All overages, shortages, and damages must be reported immediately, before driver leaves the dock to ER OVERNIGHTERS, INC

\*Any carrier unable to honor a scheduled appointment is required to call 708-843-8390. Missed appointments are subject to and may warrant rate deductions.

**WELCOME CARRIER.**

We appreciate this opportunity to work with you and your firm. We will need the following Items to complete your firm's carrier file:

- Copy of D.O.T. Contract Carrier Authority
- An Automobile Liability Certificate:
  - In the amount of at least **\$1 million** U.S.
  - Issued by an insurance company rated A- or better
  - Listing **ER OVERNIGHTERS, INC.** as a **Certificate Holder** and **Additional Insured**
- A Cargo Insurance Certificate:
  - In the amount of at least **\$100,000** U.S.

- Issued by an insurance company rated A- or better
- W-9 form
- Broker/Carrier Transportation Brokerage Agreement

Please send the documents here:

Thank you for your assistance with obtaining the required information.

Sincerely, ER OVERNIGHTERS, INC

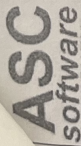
Billing Address: 6688 Joliet Rd, suite#351, Indian Head Park, IL 60525











# PACKING SLIP

Page: 1

SHIP TO: CARGILL ANIMAL NUTRITION  
BRENT CARROLL  
700 RUEHL WAY

3. CARGILL ANIMAL NUTR - GRANGER  
BRENT CARROLL  
ATTN: GRANGER  
PO BOX 5834  
MINNEAPOLIS, MN 55440-5834

GRANGER, WA 98932  
USA

Order Number
97034
TRAILER

Order Date: 10/17/2024  
Ship Date: 11/5/2024

Customer PO#: 911901  
Pro Number:  
Bill PO#: 911901  
Area ID: 911901  
Area ID Description: Imported

Printed: 11/5/2024  
911901

10 p/h/s

Item Number	Product Description	Product Description 2	Qty Ordered	Qty Shipped	Lot Quantity	Total Weight
073-40	ORIGINAL_XPC w/TRACER	XPC 50lb+TRACER	400	400	7	20000
		Lot ID: L161024			353	350
		Lot ID: L201024			17650	17650
		Lot ID: L211024			40	2000

Corrected Weight:	—	20000	Totals:	400	400.00	20000.00
-------------------	---	-------	---------	-----	--------	----------

Grade Gripper  
is active



PO # 001711028857

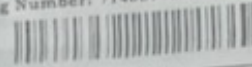
Page: 1

Date: 11/4/2024

**BILL OF LADING**

**SHIP FROM**  
Name: EMERSON HEALTHCARE  
Address: 9472 Distribution Drive  
City/ST/Zip: CLAYTON, IN 46115  
LOAD #: H19645317

Bill of Lading Number: 714061700000000007



**CARRIER NAME:**  
Trailer number:  
Seal number(s):

**SCAC: GTSA**  
Pro Number: H19645317



**SHIP TO**  
Name: COSTCO WHOLESALE  
Address: 4000 B 142ND AVE E  
City/ST/Zip: SUMNER, WA 98390  
Phone:

Do Not Deliver Before Date: 11/08/2024  
Delivery Requested Date: 11/08/2024

FOB: ☐

**Freight Charge Terms:** (freight charges are prepaid unless marked otherwise)

Prepaid ☒ Collect ☐ 3rd Party ☐

☐ (check box) Master Bill of Lading with attached underlying Bills of Lading

**SEND FREIGHT BILL TO:**  
Emerson  
Attn: Freight Pay  
P.O. Box 2208  
Brentwood, TN 37024

Order ID: 202744978  
CID Number: 207204

Food/Drugs Do Not Load With Poisons

**SPECIAL INSTRUCTIONS:**

\*\*\*Include load and/or shipper information in the billing process. Request for invoice processing\*\*\*  
For delivery exceptions contact LTR, CSR at info@geodis.com or 855-249-2038 x107

USE CARRIER INVOICES TO VERIFY VENDOR NUMBER. VENDOR NUMBER CANCELLED AFTER 11/04/2024. This order incorporates the Costco Wholesale Standard Terms, as they may be amended from time to time, and any applicable signed agreements between us.

**CUSTOMER ORDER INFORMATION**

PO NUMBER	# PKGS	WEIGHT	CUBE	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO (PALLET TYPE)	(COUNT)
001711028857	20	7,876.00	1,060.78	N	CHP	20
<b>GRAND TOTAL</b>	20	7,876.00	1,060.78			20

**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
						See Supplemental to BOL		
Total Pallet weight				5/20 CH				
20	PLTS	20	CIN	8,676.00		<b>GRAND TOTAL</b>		

To shipper: This bill of lading is subject to the terms, conditions and exceptions set forth in the back of this bill of lading. The carrier is not responsible for the accuracy of the information provided by the shipper.

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).**

EXCEPTED: The carrier is not responsible for loss or damage to cargo caused by fire, theft, piracy, riot, strike, sabotage, war, civil unrest, or any other cause beyond the control of the carrier.

Geodis Logistics, LLC

**SHIPPER SIGNATURE/DATE**

This is to certify that the above described merchandise is received in good condition, quantity, and weight, and is in proper condition for transportation. The shipper warrants that the above information is true and correct.

**Trailer Loaded:**

☒ By Shipper  
☐ By Driver  
☐ By Driver/Agents  
☐ By Third Party

**Freight Counted:**

☒ By Shipper  
☐ By Driver  
☐ By Driver/Agents  
☐ By Third Party

**CARRIER SIGNATURE / PICKUP DATE**

Carrier: The carrier is not responsible for loss or damage to cargo caused by fire, theft, piracy, riot, strike, sabotage, war, civil unrest, or any other cause beyond the control of the carrier.

11-4-24

CHEP/PECO BROWN EXCHANGE

COSTCO-SUMNER WASH. DEPOT #171

APT TIME

NOV 8 REC'D

ARRIVED TIME IN OUT

SIGN