



INVOICE

BILL TO:
VALLEY LOGISTICS
16553 37TH ST SE
MAPLETON, ND 58059

INVOICE DATE: 11/20/2024
INVOICE #: R66226
TERMS: NET 30
DUE DATE: 12/20/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
11/19/2024		2630 N Westgate, Springfield, MO 65803 - 240 Ridge Road, Unit C, Lafayette, LA 70506			
		Freight Income	1	\$1,400.00	\$1,400.00

TOTAL
\$1,400.00

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

TRUCKLOAD RATE CONFIRMATION

Xtend TMS (D.B.A. Valley Companies)
P.O. Box 1020
Hudson, WI 54016
Grant Mara, P: (651) 894-7626,
E: gmara@vc1935.com



Carrier Name: ROYAL3 INC
Phone: (630) 485-7370 ext. 108
Fax: (630) 485-6980
Contact: JERRY
Ready Date: 11/19/2024
Date Needed: 11/20/2024
Service Level: Normal

Load #: 121002302

Customer PO:
Shipper Ref:

Shipper Information:

Name: CRH Transport - Springfield
Address: 2630 N Westgate
SPRINGFIELD, MO 65803

Contact: Don Adams
Phone: (417) 840-4626
Ready Time: 10:00 AM -
3:00 PM

Consignee Information:

Name: SURE LOGIX LFT
Address: 240 Ridge road, unit C
LAFAYETTE, LA 70506

Contact:
Phone: (337) 345-5466
Close Time: 9:00 AM -3:00 PM

Handling Units	Package Type	Pieces	HAZMAT	List of Items	Total Weight
1	Truckload	1		FAK	35,000

PICKUP INSTRUCTIONS:**DELIVERY INSTRUCTIONS:**

FCFS 0900-1500

Rate: USD \$1,400.00
Accessorials: USD \$0.00
Fuel Surcharge: USD \$0.00
TOTAL: USD \$1,400.00

This confirmation governs the movement of the above-referenced freight as of the specified and hereby amends, is incorporated by reference and becomes a part of the certain transportation contract by and between "Broker" and "Contract carrier". Carrier Agrees to sign the confirmation and return it to the broker via FAX and carrier shall be conclusively presumed and compensatory that the freight would not have been tendered to Carrier at higher rates and that not shipments handled under such rates will subsequently be subject to a later claim for undercharges. IF AGREED SERVICES ARE FULFILLED, RATES ARE NOT NEGOTIABLE. Carrier is responsible for all delivery appointments. Failure to comply with appointments will result in a penalty of \$100.00 Per Appointment.

The undersigned accepts the referenced shipment on behalf of the carrier and acknowledge as correct the information contained herein, the carrier agrees to the terms of the Master agreement previously executed between our companies. Invoicing by the carrier and payment by VCLS, constitutes acceptance of this agreement and creates a valid contract for carriage shipment. When loading, the driver must count and inspect his/ her load. The Driver / Carrier is responsible for piece count and condition of load at time of delivery. **For payment of freight charges please email carrier invoice, signed proof of delivery and signed rate confirmation to: ap@xtendtms.com.** Payment will be made 30 days after all required paperwork is received at VCLS, facilities. We are not responsible for Overweight. If Dimensions, Weight, Quantity or type of commodity are different than those consigned in our Load Confirmation Agreement, the carrier or Broker contracted MUST notify VCLS Before picking up and request a WRITTEN AUTHORIZATION. VCLS will not pay any extra charges without AUTHORIZATION.

Phone: 651-894-7632 | Fax: (651) 739-1428

Carrier Signature: _____ **Driver Name:** _____
MC#: _____ **Driver Phone#:** _____

Please call 651-894-7632 immediately with any questions, concerns, or problems!

Send email invoicing to: ap@xtendtms.com

Send invoicing to Xtend TMS | PO BOX 1020 | Hudson WI 54016 (processing invoice will not start until received via US mail)

CARRIER must submit all freight bills within 180 days of delivery or waive its right to payment for those services.

Date: 11/19/2024

BILL OF LADING

Page: _____

SHIP FROM

CRH Transport - Springfield
2630 N Westgate
SPRINGFIELD, MO 65803
Don Adams - (417) 840-4626

Bill of Lading Number: 121002302
Load Release Number: ETA 1000

SHIP TO

SURE LOGIX LFT
240 Ridge road, unit C
LAFAYETTE, LA 70506
- (337) 345-5466

*Check terms by
Chere Jimmy
11-20-24 at 11:30*

Carrier Name: ROYAL3 INC
Quote ID Number:
Pro number: 121002302

THIRD PARTY FREIGHT CHARGES BILL TO

Name: XTEND TMS
Address: P.O. Box 1020
City/State/Zip: HUDSON, WI, 54016
Service Level: Normal

Freight charge terms: (freight charges are prepaid unless marked otherwise)
3rd Party

ORIGIN APPOINTMENT: 10:00 AM - 3:00 PM
DESTINATION INSTRUCTIONS: FCFS 0900-1500
DESTINATION APPOINTMENT: 9:00 AM - 3:00 PM
SERVICE LEVEL: Normal

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

CUSTOMER ORDER INFORMATION

CUSTOMER PO NUMBER	#PKGS	WEIGHT	PALLET / SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
	1	35,000 lbs		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 380</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC#	CLASS#
1	Truckload	1	PCS	35,000 lbs		FAK 0x0x0in		No Class
1		1		35,000 lbs				

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

COD amount: \$ _____

Fee terms: Collect ☐ Prepaid ☐

Customer check acceptable: ☐

per _____

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C 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.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature _____

SHIPPER SIGNATURE / DATE

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 regulation of the Department of Transportation.

Trailer loaded:

☐ By Shipper

☐ By Driver

Freight Counted:

☐ By Shipper

☐ By Driver/pallets said to contain

☐ By Driver/pieces

CARRIER SIGNATURE / PICKUP DATE

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 the vehicle.



Property described above is received in good order, except as noted.