



## INVOICE

**BILL TO:**

ROADMASTERS TRANSPORT BROKERAGE LLC  
1201 HWY 175 W.  
ATHENS, TX 75751

**INVOICE DATE:** 11/21/2024**INVOICE #:** R66181**TERMS:** NET 30**DUE DATE:** 12/21/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
11/19/2024		3205 Meridian Pkwy, Weston, FL 33331 - 5300 N 33rd Street, Milwaukee, WI 53209			
		Freight Income	1	\$1,500.00	\$1,500.00

**TOTAL**

\$1,500.00

**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**



# roadmaster specialized

THE TRUSTED WAY A DIVISION OF roadmaster group

Date: 11/18/2024

## Load and Rate Confirmation

Load #: 0077593

Carrier ROYAL3 INC  
CHICAGO IL 60638

Contact: Robert

Phone: 630-485-7370 x302  
Fax:

### Load Detail

BOL:  
Trailer Type: Van (DAT)  
Commodity: IV BAGS

Weight: 0.0  
Temp:  
Reference: OU36185

PU 1 Name: CARDINAL HEALTH  
Address: 3205 MERIDIAN PKWY  
WESTON FL 33331  
Phone:

Date: 11/19/2024 0800  
11/19/2024 1100  
Contact:  
Driver Load: LL

SO 2 Name: COVANTA ENVIRONMENTAL  
Address: 5300 N 33RD STREET  
MILWAUKEE WI 53209  
Phone:

Date: 11/21/2024 0700  
11/21/2024 1400  
Contact:  
Driver Load: LU

Payment Carrier Freight Pay: \$1,500.00  
Total Carrier Pay: \$1,500.00

### Instructions

Special instructions here

### Agreement

Contact: Chris Fangman  
Phone: 317-975-0601

Please sign and return to RMSINDY@roadmastergroup.com  
Carrier Signature:

Confirm Date: 11/18/2024

X \_\_\_\_\_

Please provide the Driver's Name: \_\_\_\_\_ and Cell Phone #: \_\_\_\_\_

- \*Carrier must notify Roadmaster of any delay, damage, shortage or lump sum fee immediately upon delivery
- \*Detention is honored only if customer approves and carrier is paid when Roadmaster has received payment from customer
- \*Late pick-up or delivery will result in a charge of \$100 per day, in addition to all applicable customer back charges
- \*Carrier cannot broker this load
- \*Carrier shall be solely responsible for any fines, penalties, or citations that may be levied as a result of operating its vehicle equipment and its contents in any way that may be found to be in violation of any regulation, law or ordinance.

Billing Instructions Paperwork must be received within 3 days of delivery or will result in a charge of \$25 per day  
Carrier may send in paperwork in any of the following 3 ways:

h Email: billing@roadmastergroup.com

h Fax: 623-344-1176

h Mail: Roadmaster Specialized - Attn: Billing 17235 N. 75th Ave. Ste D175, Glendale, AZ 85308

0077593

\*\*\*Please send a copy of this signed Rate Confirmation sheet with your invoice\*\*\*

Please Sign: Robert Jovanovic

Driver Name: Rolando Diaz Fernandez

Driver Cell: 748

Driver Email:

Tractor #: 432-517-7604

Trailer #: W94926

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(X) Accept

( ) Decline



<b>SHIPPING DOCUMENT</b>		1. Generator ID Number <b>FLR000222802</b>	2. Page 1 of 1	3. Emergency Response Phone <b>(877) 814-0087</b>	4. Shipping Document Tracking Number <b>ZZ 01232708</b>		
5. Generator's Name and Mailing Address <b>CARDINAL HEALTH - WESTON DC 3205 MERIDIAN PKWY WESTON, FL 33331-3503</b>		Generator's Site Address (if different than mailing address) <b>SAME</b>					
Generator's Phone: <b>954 340-0088</b>		U.S. EPA ID Number <b>002230NONRRO</b>					
6. Transporter 1 Company Name <b>ROADMASTER SPECIALIZED INC</b>		U.S. EPA ID Number					
7. Transporter 2 Company Name		U.S. EPA ID Number					
8. Designated Facility Name and Site Address <b>REWORLD MILWAUKEE, LLC 5300 N 33RD STREET MILWAUKEE, WI 53209</b>		U.S. EPA ID Number <b>W1D006085781</b>					
Facility's Phone: <b>414 340-0775</b>							
GENERATOR	9a. HM	9b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers	11. Total Quantity	12. Unit Wt./Vol.	13. Codes	
			No. Type				
		1. <b>NON-REGULATED MATERIAL, NON-RCRA, NON-DOT.</b>	13 CW	22,500	P	NONE	
		2.					
		3.					
		4.					
14. Special Handling Instructions and Additional Information <b>RR Service Contracted by VESTS + OUB6185 - A8 + Contract retained by generator confirm agency authority on initial transporter to add or substitute additional transporters on generator's behalf. + 1)</b> <b>W:139503 A:1000138743. OUB6185 - A8</b>							
15. GENERATOR S/OFFEROR S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.							
Generator's/Officer's Printed/Typed Name: <b>Nicolas Cardet</b> Signature: <i>[Signature]</i> Month: <b>11</b> Day: <b>19</b> Year: <b>24</b>							
TRANSPORTER INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.      Port of entry/exit: _____ Date leaving U.S.: _____						
	17. Transporter Acknowledgment of Receipt of Shipment						
	Transporter 1 Printed/Typed Name: <b>Rolando Eder</b> Signature: <i>[Signature]</i> Month: <b>11</b> Day: <b>19</b> Year: <b>24</b>						
	Transporter 2 Printed/Typed Name: <b>Rolando</b> Signature: _____      Month: _____ Day: _____ Year: _____						
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
	Shipping Document Tracking Number: _____ U.S. EPA ID Number: _____						
	18b. Alternate Facility (or Generator)						
	Facility's Phone: _____      Month: _____ Day: _____ Year: _____						
18c. Signature of Alternate Facility (or Generator) _____							
19. Report Management Method Codes (i.e., codes for treatment, disposal, and recycling systems)							
1. _____		2. _____		3. _____		4. _____	
20. Designated Facility Owner or Operator: Certification of receipt of shipment except as noted in Item 18a							
Printed/Typed Name: <b>Tim Trapp</b> Signature: <i>[Signature]</i> Month: <b>11</b> Day: <b>21</b> Year: <b>24</b>							

GENERATOR / SHIPPER'S INITIAL COPY