



INVOICE

BILL TO:

UNITED TRANSPORTATION SERVICES INC
3300 S PARKER RD STE 305
AURORA, CO 80014

INVOICE DATE: 11/25/2024**INVOICE #:** R66835**TERMS:** NET 30**DUE DATE:** 12/25/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
11/24/2024		301 LONGLEAF BLVD, ROCHESTER, NY 14626 - 2301 S Lake Shore Dr, CHICAGO, IL 60616			
		Freight Income	1	\$1,225.00	\$1,225.00

TOTAL

\$1,225.00

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 United Transportation Services Inc.

- Please do NOT fax or mail your freight invoices.
- All trailers contracted are exclusive to UTS as full trailer loads unless otherwise specified and/or approved by UTS.
- All invoices and PODs must NOW and ONLY be submitted as one file to accounting@shiputs.net.
- Unauthorized consolidations may result in penalties.
- Drivers MUST accept Project44 or MacroPoint tracking AND call our office (888) 786-8571 for pickup dispatch, loaded/piece counts.
- Confirmation, daily 8AM MT check call and verbal POD upon delivery or pay \$25.00 rate reduction per violation.
- Carrier will receive "truck order not used" for any shipment canceled after driver arrives at pickup location.
- ***Drivers must be tracked via MacroPoint or fined \$100/DAY*** \$200/hour fine for late deliveries.
- Picture of POD must be sent to ratecons@shiputs.net at time of delivery.

United Transportation Services Inc.

3300 S Parker Rd Suite 305

Aurora, CO 80014

(303) 400-9030

United Transportation Services Inc.
3300 S Parker Rd Suite 305
Aurora, CO 80014
303-400-9030



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Load Confirmation

0045581

Carrier:	ROYAL3 INC CHICAGO IL 60638	Contact:	Sam
Date:	11/21/2024	Phone:	630-485-7370 X 111
		Fax:	

Order	Order: 0045581	Pieces: 22
	Miles: 591.0	Commodity: Exhibit Material - Weight Certs
	Temp:	Weight: 25000.0
	BOL: RSNA - IN #5	Trailer: Van (DAT)
	PRO #: * WEIGHT TIX *	PO: M130862

PU 1	Name: RES LONGLEAF	Date: 11/24/2024 1200
	Address: 301 LONGLEAF BLVD	
	ROCHESTER NY 14626	Contact: Sierra
	Phone: 585-490-5176	Driver Load: No driver loading or unload

SO 2	Name: McCormick Place Marshaling Yard	Date: 11/25/2024 0400
	Address: 3050 South Moe Dr	
	CHICAGO IL 60616	Contact:
	Phone:	Driver Load: No driver loading or unload
	Reference number: BN AGFA - BOOTH #2565	
	Reference number: SH RSNA	

SO 3	Name: McCormick Place	Date: 11/25/2024 0400
	Address: 2301 S Lake Shore Dr	
	CHICAGO IL 60616	Contact:
	Phone:	Driver Load: No driver loading or unload
	Reference number: BN AGFA - BOOTH #2565	
	Reference number: SH RSNA	

Payment	Carrier Freight Pay:	\$1,225.00
	Total Carrier Pay:	\$1,225.00

Carrier Instructions and Requirements: This form must be completed and returned before driver can be loaded.

RES LONGLEAF - 6 STRAPS REQUIRED TO SECURE FREIGHT

RES LONGLEAF - * WEIGHT TICKETS *

MUST SEND EMPTY WEIGHT TICKET TO UTS@SHIPUTS.NET BEFORE ARRIVAL TO SHIPPER.

MUST SEND LOADED WEIGHT TICKET TO UTS@SHIPUTS.NET BEFORE ARRIVAL TO RECEIVER.

FAILURE TO FOLLOW THESE INSTRUCTIONS WILL RESULT IN FINES.

RES LONGLEAF - RESERONY: DEDICATED 53V WITH E-TRACK OR LOGISTIC POSTS REQUIRED

EMPTY AND LOADED SCALE TICKETS REQUIRED

DRIVER MUST ARRIVE WITH AN EMPTY SCALE TICKET

DRIVER MUST GET LOADED SCALE TICKET ONCE LOADED

BOTH SCALE TICKETS MUST BE SENT TO UTS10@SHIPUTS.NET PRIOR TO DELIVERY

Picture of BOL must be sent to 303.204.4283 or uts@shiputs.net at time of pickup before driver departs shipper

Picture of POD must be sent to 303.204.4283 or uts@shiputs.net at time of delivery before driver departs consignee

Driver must be tracked via Project44 or MacroPoint or fined \$100/DAY \$200/hour fine for late deliveries

All accessorial requests to UTS must be submitted within 48 hours

McCormick Place - MUST FIRST GO TO THE MARSHALLING YARD: 3050 S MOE DR

Please Sign: *Samm Stanojevic*

(X) Accept

() Decline

Attention: Sofia Arias
303-400-9030
ratecons@shiputs.net

Driver Name: Claudin
Driver Cell: 321 522 1692
Driver Email:
Tractor #: 741
Trailer #: w 94930



RES Exhibit Services, LLC

Name of Carrier: **UTS**
PO M130862**TRUCK FOUR**PROJECT # **24511-C**
SHIP DATE **11/24/24****STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE**

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE ISSUE OF THIS BILL OF LADING

The property described below, in apparent good order, except as noted (contents of packages unknown) marked, consigned and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time encountered in all or any of said property that every service to be performed hereunder shall be subject to all the terms and conditions not prohibited by law, whether printed or written, herein contained. Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading including those on the back thereof set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

(Mail or street address of consignee - For purposes of notification only)

TO: CONSIGNEE: **AGFA** **BOOTH # 2565**
FOR (SHOW NAME) **RSNA**
C/o **FREEMAN**
LOCATION: **MCCORMICK PL**
ADDRESS: **2301 S LAKE SHORE DR**
CITY, STATE, ZIP, PHONE: **CHICAGO IL**

FROM: SHIPPER: **RES EXHIBIT SERVICES, LLC**
ADDRESS: **301 LONGLEAF BLVD.**
CITY, STATE, ZIP: **ROCHESTER, NEW YORK 14626**
PHONE: **1-800-482-4049**
FAX: **1-585-546-6533**

CHECK-IN at MARSHALLING YARD on 11/25 @ 5AM
DELIVERY on 11/25 @ 7AM

No.	DESCRIPTION	WEIGHT
10	WOODEN CRATES	5,487
5	SKIDS / PALLETS	3,636
1	BINS	333
	FIBER CASES / TRUNKS	
	CARTONS (CARDBOARD)	
	CARPETS / PADS	
	MACHINES	
	PAD WRAPPED	
	OTHER (Describe)	

16 TOTAL PIECES
9,456 TOTAL WEIGHT
YES / NO PHOTOS TAKEN AT TIME OF LOADING
BLUE TAG LOCK OUT (LIST TAG #)
STACKED (LIST QTY OF PCS)
FLOOR LOAD - NO SPECIAL HANDLING

DRIVER NAME: _____

DRIVER SIGNATURE: _____

Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges: (signature of Consignor)

If charges are to be prepaid, write or stamp here, to be prepaid"
"TO BE PREPAID"
Received \$ _____ Paid _____ to apply in prepayment of the charges on the property described hereon.

If the shipment moves between two parts by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight NOTE: where the rate is dependent on the value, shippers are required to state specifically in writing the agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ For _____.

This is to certify that the above named articles are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the DOT. The Fiber boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon and all other requirements of the Uniform Freight Classifications.

DRIVER CELL#: _____

DATE SHIPPED: ____ / ____ / ____ TIME: _____