



INVOICE

BILL TO:
IMPALA FREIGHT INC
7741 ZIEBELL COURT
CITRUS HTS, CA 95610

INVOICE DATE: 11/27/2024
INVOICE #: R67105
TERMS: NET 30
DUE DATE: 12/27/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
11/25/2024		3636 N Broadway Ave, Chicago, IL 60613 - 701 West Sycamore Road, Fresno, TX 77545			
		Freight Income	1	\$2,300.00	\$2,300.00

TOTAL
\$2,300.00

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



CONFIRMATION LOAD #127649

Date Sent: 11/25/24

**3720 Madison Ave #230
North Highlands, CA 95660
Phone: (747) 999-9747**

CARRIER:	ROYAL3 INC	Phone: (630) 485-7370
Agent:	Jacob Garcia jg@impala-freight.com	

AGREED RATES:

Ref.#	Commodity	Truck	Temp(°F)	Total
-- / --		Van		\$2,300.00
				\$2,300.00

Fees:

Late fees will be assessed on a case by case basis and are non-negotiable. Loads must be ran as scheduled, by the named carrier and proper equipment.

Any load picked up or delivered over an hour late may be subject to late fees starting at \$100/hour.

PODs:

PODs are to be turned in immediately after trip completion and are subject to \$200 fee if not turned in within 24h of the delivery and \$50 every 12h after trip completion.

Origin	
1	Planet fitness chicago B 3636 n broadway ave Chicago, IL 60613 Weight: 0lb. Pallets:0. Commodity: fitness equipment Note:4-5 straps <u>Appoint:</u> 11/25/24 10:30pm

Destination	
1	Primo Fitness - Fresno, TX 701 West Sycamore Road Fresno, TX 77545 Cell: (510) 705-2727 Weight: 0lb. Pallets:0. <u>Appoint:</u> 11/27/24 07:00am

SPECIAL BILLING NOTES

- Exclusive Use of Trailer:
- Shipment is booked as 'Exclusive Use'. Putting additional freight with this shipment is prohibited. If carrier violates this condition it is agreed that, carrier settlement may be offset or reduced.
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- Tracking:
- \$250 fee will be implemented if tracking is not accepted or location services are turned off while in-transit.
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- Unloading Fees:
- Any lumper fees or other fees associated with the load must be sent with the invoice otherwise they will not be honored.
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- Other Fees:
- * Detention must be noted and signed by the customer and relayed to Impala Freight within 24h to be accepted.
- * No fuel advances, lumper fees, or additional advances will be made for an in-transit load.
-
- No Double Brokering:
- * This load is to be transported by above CARRIER ONLY and is not to be BROKERED OR CONTRACTED to any other CARRIER. Failure to comply will result in the above contract being void and payment will go directly to the actual carrier.
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- Required Documents for Payment:
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- *** ALL INVOICES MUST TO BE SENT TO accounting@impala-freight.com
-
- * The above 'Load Number' and 'Customer Reference Number(s)' must be referenced on your invoice email.
- * A copy of the Original Bills must be provided with your Invoice within 24-48 hours.
- * Signed rate confirmation must be returned with carrier Invoice.
-
-
- FAILURE TO FOLLOW ABOVE MAY RESULT IN A PENALTY TO PAY.
-

#722

Darrin

(727) 619-3514

Truck #

Driver Name

Driver Cell

Mateo Utvic

Authorized CARRIER Rep.

Date

Broker

**Please sign and send back.
Email: jg@impala-freight.com**



Date:		BILL OF LADING			
SHIP FROM		BILL OF LADING NUMBER:			
Name: <u>Planet Fitness</u> Address: <u>3636 N. Broadway Ave.</u> City/State/Zip: <u>Chicago, IL 60613</u> SID#:					
SHIP TO		CARRIER NAME:			
Name: <u>Primo Fitness</u> Address: <u>701 W Sycamore St</u> City/State/Zip: <u>Fresno TX 93745</u> CID#:		Trailer Number:			
		Seal Number(s):			
		SCACC: <u>IMQI</u>			
		Pro Number:			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)			
Name:		Prepaid <u> </u> Collect <u>3rd Party</u>			
Address:					
City/State/Zip:					
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading			
CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER		#PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
GRAND TOTAL					
CARRIER INFORMATION					
HANDLING UNIT	PACKAGE	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY
				Commodity requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2 of NMFC Item 360	
QTY	TYPE	QTY	TYPE		NMFC# CLASS
GRAND TOTAL					
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 <u> </u> per <u> </u> ."				COD Amount: \$ <u> </u> Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
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 requested, 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, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freights Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
		<u>Received</u> <u>Sydney Pigo</u>		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 DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above	

SHIPPER SIGNATURE / DATE

CARRIER SIGNATURE / PICKUP DATE

Sydney Pigo 11/27/24