



INVOICE

BILL TO:

AM TRANSPORTATION SERVICES LLC
8 HOLLIS STREET
GROTON, MA 01450

INVOICE DATE: 12/10/2024**INVOICE #:** R68278**TERMS:** NET 30**DUE DATE:** 01/10/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
12/06/2024		400 Salt Meadow Rd, Carteret, NJ 07008, USA - 680 E Houser Rd, Eloy, AZ 85131			
		Freight Income	1	\$3,600.00	\$3,600.00

TOTAL

\$3,600.00

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



AM TRANS EXPEDITE, LLC
FUSION TRANSPORT P.O BOX 24498
INVOICES@AMTRANSEXPEDITE.COM
NEW YORK NY 10087-4498

PRO # 627435

Rate Confirmation

12/05/24 10:37:07 (EST)

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CALEB ANDERSON
X 308 (p)
(704) 998-0397 (c) (704) 998-0397 (c)
andersonc@amtransexpedite.com

ROYAL3 INC
(630) 485-7370 (p)
(630) 485-6980 (f)
MC # 944686
DOT 2828543
Driver
Truck #
Trailer # HAMU-2480264
Cell #

Size & Type: 40' DRAYAGE40
Pieces: 1

Description: 1 AUTO PARTS
Weight: 37040

Miles: 2409

CHARGES		DISPATCH NOTES
LINE HAUL RATE	3600.00	***CARRIER MUST ACCEPT MACROPOINT TRACKING FOR THE DURATION OF THE TRIP OR FACE \$100.00/DAY PENALTY - PROVIDE PICTURE OF SIGNED DELIVERY ORDER FOR POD VIA EMAIL OR TEXT THE DAY OF DELIVERY OR FACE \$200.00 REDUCTION - DRIVER/DISPATCH MUST ALERT IF ANY PROBLEMS OCCUR DURING TRANSIT, AND MAY BE LATE OR \$250 LATE FEE WILL OCCUR PER DAY***
TOTAL RATE	3600.00	

PICK 1

JOMA
400 SALT MEADOW RD
CARTERET NJ 07008

Appointment 12/05/24
Appt Notes: CHECK IN AS AMTRANS
Ref # HAMU2480264

STOP 1

NIKOLA CORP
680 E HOUSER RD
ELOY AZ 85131
Hours : 1400

Appointment 12/09/24 @ 14:00
Appt Notes: CHECK IN AS AMTRANS

EMAIL INVOICE AND POD TO INVOICES@AMTRANSEXPEDITE.COM FOR STANDARD PAY TERM
DRIVER IS RESPONSIBLE FOR COUNTING PIECES AND SIGNING FOR NUMBER OF PIECES
RECEIVED. IF FOR ANY REASON THERE IS A PROBLEM WITH THE COUNT, DRIVER MUST
CONTACT BROKER FOR ASSISTANCE. The rate quoted by the BROKER, AM Trans
Expedite, Inc. to the CARRIER addressed on this agreement, herein and is hereby
confirmed and agreed to as the rate assessed for the shipment. Further more,
by accepting this shipment at the rate quoted, the CARRIER agrees to hold
harmless the SHIPPER, CONSIGNEE, and BROKER for any billing in excess of the
rate and charges as quoted in the agreement. Carrier agrees to be responsible
for cargo insurance on a full value basis for all shipments in their care,
custody, and control. Carrier assumes the liability of a common carrier
(i.e. Carmack Amendment liability) for loss, delay, damage to or destruction o
any and all of Customer's goods or property while under Carrier's care, custod
or control. Carrier shall pay Broker, or allow Broker to deduct from the amount
Broker owes Carrier, Customer's full actual loss for the kind and quantity of
commodities so lost, delayed, damaged or destroyed. Carrier shall be liable to
Broker for all economic loss, including consequential damages that are incurred
by Broker or the Customer for any freight loss, damage or delay claim.
Carrier assumes the liability of a common carrier (i.e. Carmack Amendment
liability) for loss, lets fees, damage to or destruction of any and all of
Customer's goods or property while under Carrier's care, custody or control.
Carrier shall pay Broker, or allow Broker to deduct from the amount Broker owes
Carrier, Customer's full actual loss for the kind and quantity of commodities

(Rate Confirmation Details on Next Page)

Carrier Signature _____

Date _____ / _____ / _____
M D

Send Carrier Bills to the Address Above

PRO # 627435

must appear on all Invoices



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DOT 2828543
Driver
Truck #
Trailer # HAMU-2480264
Cell #

so lost, delayed, damaged or destroyed. Carrier shall be liable to Broker for all economic loss, including consequential damages that are incurred by Broker or the Customer for any freight loss, damage or delay claim. Carrier could be held responsible for late fees provided from the customer.

Carrier Signature Bill Carson

Date 12 / 5 / 2024
M D

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STANDARD TRUCKLOAD BILL OF LADING

Page 1 Of 1

SHIP FROM

Name: Maher Terminals LLC
Address: 1210 CORBIN STREET
City/State/Zip ELIZABETH, NJ 07201, US

Phone: _____ Contact: _____
REF#: HAMU2480264

Bill of Lading Number: 11987



SHIP TO

Name: NIKOLA CORP
Address: 680 E HOUSER RD
City/State/Zip ELOY, AZ 85131

Phone: 480-370-9624 Contact: JULIO AVINA
REF#: _____

FOB: _____

CARRIER NAME: AM Trans Expedite, Inc

Trailer Number: _____

Seal Number: _____

SCAC: _____

Pro number: REF



THIRD PARTY FREIGHT CHARGES BILL TO:

Name: Hellmann Worldwide Logistics, Inc
Address: SJO 020901, PO Box 025331
City/State/Zip Miami, FL 33102

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

Prepaid _____ Collect _____ 3rd Party _____

Master Bill of Lading: with
attached

Ship Date/Time: 12/2/2024 8:00:00 AM Sch. Delivery 12/6/2024 8:00:00 AM (check)

SPECIAL INSTRUCTIONS:

Supplier: Hexagon Purus GmbH
NKLEU3237
MRD ASAP

Am Exp
WIER ELOY
12/10/24 8:15AM

CARRIER INFORMATION

PACKAGE		WEIGHT	HazMat (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.</small>
QTY	TYPE			
1	Piece(s)	37037.0	<input type="checkbox"/>	1x40 HC - AUTOMOTIVE PARTS (0 x 0 x 0)
1		37037.0		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 _____ per _____."

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).

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 the terms and conditions set forth on the reverse side hereon as well as 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 _____

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: Freight Counted:

By Shipper _____
By Driver _____
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 DOT emergency response guidebook or equivalent documentation in the vehicle

SHIPPER SIGNATURE _____

DATE _____

SIGNATURE _____

DATE _____