



INVOICE

BILL TO:

ER OVERNIGHTERS INC
6688 JOLIET RD SUITE 351
COUNTRYSIDE, IL 60525

INVOICE DATE: 12/13/2024**INVOICE #:** R69334**TERMS:** NET 30**DUE DATE:** 01/13/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
12/12/2024		1790 21st St SW, Le Mars, IA 51031, USA - 640 Remington Blvd Suite A, Bolingbrook, IL 60440, USA			
		Freight Income	1	\$1,100.00	\$1,100.00

TOTAL

\$1,100.00

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

*** LOAD CONFIRMATION ***

Phone: **312-890-7426**

Carrier: ZIGI FREIGHT INC dba ROYAL3 INC
MC#: 944686
Date: 12/12/2024

Contact: Bonnie
Phone: 630-655-1434
Email: bonnie@royal3inc.com

Order

LOAD: A14286
BOOKED WITH: Dennis
Pick-Up: 12/12/2024

Commodity: PALETIZED WAFERS
Weight: 26000 LBS.
Trailer: DV53 / At least 2 straps required

PICK 1

Le Mars, IA 51031

Date: 12/12/2024

Now till 2:30 PM

FCFS

Phone: **312-890-7426**

STOP 1

DXB INC

640 Remington Blvd, Unit B
Bolingbrook IL 60440

Phone: **312-890-7426**

Date: 12/12/2024

STRAIGHT THRU TILL 11:30 PM or FCFS

Date: 12/13/2024

8:00 AM - 12:00 PM

FCFS

PLEASE DO NOT PARK HERE OVERNIGHT YOU WILL BE TICKETED,

NO DETENTION PAID AFTER 5PM or weekend loading

NO REEFERS OR STRAIGHT TRUCKS WILL BE LOADED, PICK UP EMPTY

DO NOT CALL ANY PHONES ON BOLERS/SHIPPERS/RECEIVER OR WE WILL DEDUCT FROM THE RATE!!!!

Detention paid after 3 hours, at \$25 per hour ONLY on FULL TRUCK LOADS not the LTL shipments. Driver must call for dispatch, when loaded with IN AND OUT times. While in route and if any problems shall arise to halt delivery on time. Failure to do so will result in deduction in pay. \$550.00 deduction for missed appointment time, a deduction rate per day for missed appointments. POD must be emailed within 24 hours of delivery or \$100 deduction in pay.

DO NOT CALL ANY PHONES ON BOLERS/SHIPPERS RECEIVER OR WE WILL DEDUCT FROM THE RATE!!!!

Payment

Carrier Freight Pay:

\$ 1100.00

POD'S Send to er@erovernighters.com within 24 hrs or rate deductions will be incurred

Phone: 708-843-8390 ACCOUNTING # 630-686-5691

TO START PAYMENT PROCESS SUBMIT PAPERWORK TO accounting@erovernighters.com
PAYMENT NET 30 Days. We need original paperwork via mail in order to release your payment.

Instructions

Special Instructions here

DRIVER NAME:

TRUCK#

TRAILER#

PH#

X

Bonnie Rajkovic

Agreement

Please sign and email back er@erovernighters.com

*This rate shall remain in effect until cancelled by either party giving written notice to the other. All accessorial fees must be approved, and proper documentation must be faxed in for reimbursement.

*If load is "double-brokered", agreement is void.

*Rate confirmation must be signed and returned to ER OVERNIGHTERS, INC

*All overages, shortages, and damages must be reported immediately, before driver leaves the dock to ER OVERNIGHTERS, INC

*Any carrier unable to honor a scheduled appointment is required to call 708-843-8390. Missed appointments are subject to and may warrant rate deductions.

WELCOME CARRIER.

We appreciate this opportunity to work with you and your firm. We will need the following Items to complete your firm's carrier file:

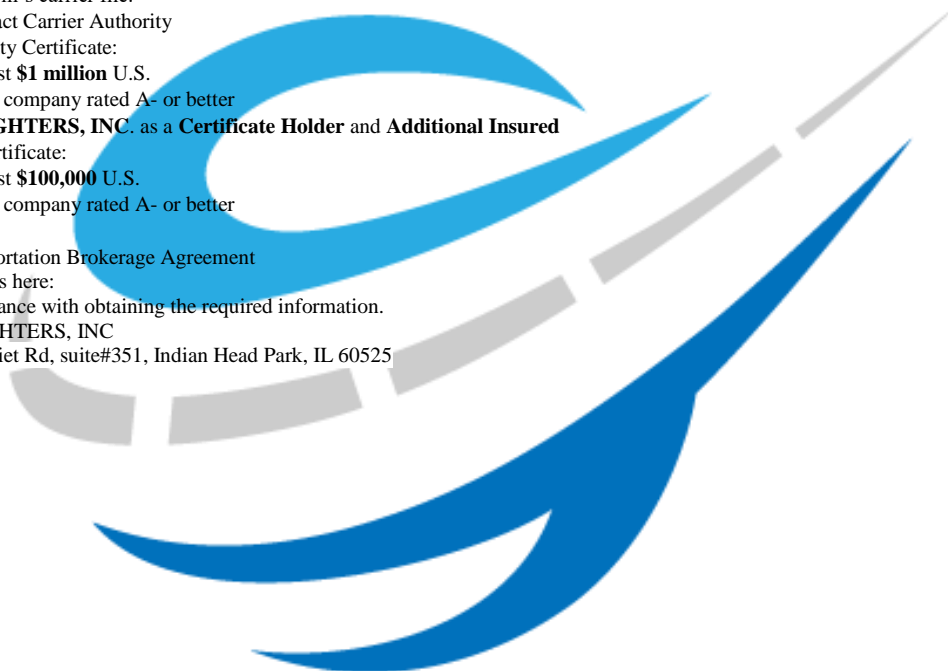
- Copy of D.O.T. Contract Carrier Authority
- An Automobile Liability Certificate:
 - In the amount of at least **\$1 million** U.S.
 - Issued by an insurance company rated A- or better
 - Listing **ER OVERNIGHTERS, INC.** as a **Certificate Holder** and **Additional Insured**
- A Cargo Insurance Certificate:
 - In the amount of at least **\$100,000** U.S.
 - Issued by an insurance company rated A- or better
- W-9 form
- Broker/Carrier Transportation Brokerage Agreement

Please send the documents here:

Thank you for your assistance with obtaining the required information.

Sincerely, ER OVERNIGHTERS, INC

Billing Address: 6688 Joliet Rd, suite#351, Indian Head Park, IL 60525



Date

Bill of Lading – Short Form – Not Negotiable

Ship From		Bill of Lading Number: <u> </u> A14286
Name: CORE TECH INTL Address: 1237 SESQUI ST City/State/Zip: Le Mars, IA		Bar Code Space
Ship To		
Name: DXB Address: 5469 N Ryder Drive City/State/Zip: Bolingbrook IL 60440 CID No.:		Carrier Name: ZIGI FREIGHT INC dba ROYAL3 INC Trailer number: Serial number(s):
Third Party Freight Charges Bill to:		SPAC: Pro Number:
Name: Address: City/State/Zip:		Bar Code Space
Special Instructions:		Freight Charge Terms: (Freight charges are prepaid unless marked otherwise) Prepaid: <u> </u> Collect: <u> </u> 3 rd Party: <u> </u> <input type="checkbox"/> (check box): Master bill of lading with attached underlying bills of lading.

Customer Order Information

Customer Order No.	No. Packages	Weight	Pallet/Slip (circle one)		Additional Shipper Information
MACHINERY			Y	N	
			Y	N	
			Y	N	
			Y	N	
Grand Total					

Carrier Information

Handling Unit		Package		Weight	HM (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 360</small>	LTL Only	
Qty	Type	Qty	Type				NMFC No.	Class
<i>DM</i>								

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: \$
Free terms: Collect Prepaid Customer check acceptable

Note Liability limitation for loss or damage in this shipment may be applicable. See 49 USC § 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 and all other lawful charges.	
Shipper Signature/Date <small>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.</small>		Trailer Loaded: _ By shipper _ By driver	Freight Counted: _ By shipper _ By driver/pallets said to contain _ By driver/pieces
		Carrier Signature/Pickup Date <small>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 is received in good order, except as noted.</small>	

DM 12/13/24



Accepted by Holly Lane 12.13.2024