



## INVOICE

**BILL TO:**

AM TRANSPORTATION SERVICES LLC  
8 HOLLIS STREET  
GROTON, MA 01450

**INVOICE DATE:** 12/16/2024**INVOICE #:** R69559**TERMS:** NET 30**DUE DATE:** 01/16/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
12/13/2024		1850 NW 66th Ave, Miami, FL 33126, USA - 3173 Dodd Rd Suite B, Eagan, MN 55121, USA			
		Freight Income	1	\$2,500.00	\$2,500.00

**TOTAL**

\$2,500.00

**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**



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

PRO # 632606

Rate Confirmation

12/13/24 10:28:01 (EST)

F BARRY KLEINBERG  
R (980) 229-2933  
O (843) 473-8941 (c) (843) 473-8941 (c)  
M barryk@amtransexpedite.com

C ROYAL3 INC  
A (630) 485-7370 (p)  
R (630) 485-6980 (f)  
I MC # 944686 Truck #  
E DOT 2828543 Trailer #  
R Driver Cell #

Size & Type: 53' VAN  
Pieces: 30

Description: MED EQUIPMENT  
Weight: 15000

Miles: 1707

CHARGES		DISPATCH NOTES
LINE HAUL RATE	2300.00	MACROPOINT MUST BE INSTALLED AND TRACKING FOR THE DURATION OF THE TRIP OR SUBJECT TO RATE REDUCTIONS. POD MUST BE SENT UPON DELIVERY OR SUBJECT TO RATE REDUCTIONS. // YOU MUST CONFIRM 30 PALLETS LOADED BEFORE DEPARTING
MACRO POINT	200.00	
TOTAL RATE	2500.00	

PICK 1

AVIANCA  
1650 NW 66TH AVE  
BLDG 708  
MIAMI FL 33126

Appointment 12/13/24

STOP 1

AIT - MSP  
3173 DODD ROAD  
EAGAN MN 55121  
Phone/Contact: (651) 905-9600

Appointment 12/16/24

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 so lost, delayed, damaged or destroyed. Carrier shall be liable to Broker for

(Rate Confirmation Details on Next Page)

Carrier Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D

Send Carrier Bills to the Address Above

PRO # 632606

must appear on all Invoices



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

PRO # 632606

Rate Confirmation

12/13/24 10:28:01 (EST)

F  
R  
O  
M

BARRY KLEINBERG  
(980) 229-2933  
(843) 473-8941 (c) (843) 473-8941 (c)  
barryk@amtransexpedite.com

C  
A  
R  
R  
I  
E  
R

ROYAL3 INC  
(630) 485-7370 (p)  
(630) 485-6980 (f)  
MC # 944686  
DOT 2828543  
Driver

Truck #  
Trailer #  
Cell #

*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 \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D

Send Carrier Bills to the Address Above

PRO # 632606

must appear on all Invoices



133-60032195

133 SJO 60032195

Shipper's Name and Address LSS INTERNACIONAL SA C/O DESACARGA S.A. RSCA2U, FRENTE AL COLEGIO BLUE VALLEY MULTIBODEGAS MB, BODEGA #2 / TEL 24332424		Shipper's Account Number 133 60032195 SJO		Not Negotiable Air Waybill Issued by * AVIANCA	
Consignee's Name and Address AIT WORLDWIDE LOGISTICS, INC 10660 NW 25 TH ST STE 104 DORAL FL 33172 US PH: 305 551-7705 AbbottMiaConsol@aitworldwide		Consignee's Account Number		Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity.	
Issuing Carrier's Agent Name and City LSS INTERNACIONAL S.A SAN JOSE, COSTA RICA PH: + (506) 2433 2424		Account No.		It is agreed that the goods described herein are accepted in apparent good order and condition (except as noted) for carriage SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE HEREOF. ALL GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD OR ANY OTHER CARRIER UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVEN HEREON BY THE SHIPPER, AND SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICH THE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATION OF LIABILITY. Shipper may increase such limitation of liability by declaring a higher value for carriage and paying a supplemental charge if required.	
Agent's IATA Code 77-1-0044-001		Reference Number HAWB LSS8910000668		Optional Shipper's Information	
Airport of Departure (Addr. of First Carrier) and Requested Routing JUAN SANTAMARIA INTERNATIONAL AIRPORT		Declared Value for Carriage N.V.D		Declared Value for Customs N.V.D	
To MIA AVIANCA		By First Carrier Routing and Destination Is by Is by		Currency USD	
Airport of Destination MIAMI INTERNATIONAL		Residual Flight Date QT4068 11/12/2024		Amount of Insurance N.I.T.	
Insurance - If carrier offers insurance, and such insurance is requested in accordance with the conditions thereof, indicate amount to be insured in figures in box marked 'Amount of Insurance'.					
Handling Information FRAGILE/ DO NOT STOW / PALLETS MARKED AND LABELLED WITH ANB DOCUMENTS ATTACHED TO MAWB / PLEASE NOTIFY UPON ARRIVAL TO CNEE					
No. of Pieces RCP Gross Weight kg lb Rule Class Commodity Item No. Chargeable Weight Rate Charge Total					
30 4111 K 10688 88 8871.04					
AGENT: DATE: 12/13/24					
COLLECT CHARGES:					
AMS FEE DUE:					
STORAGE DUE: AMT:					
CH NUMBER: 2 AMT:					
TOTAL PAID:					
30 4111,00 8871,04					
Prepaid Weight Charge Collect Other Charges					
8871,04 YH 347,36 NY 1282,56					
Valuation Charge					
JA 83,37 AMS 10,00					
Tax					
Total Other Charges Due Agent					
Total Other Charges Due Carrier					
1723,29					
Total Prepaid					
10594,33					
Currency Conversion Rates					
CC Charges in Dest. Currency					
10-dic-24 SAN JOSE, COSTA RICA					
Executed on (date) at (place)					
For Carrier's Use only at Destination					
Charges at Destination					
Total Collect Charges					
Signature of Shipper or his Agent MARY LAURA ALVARADO TREJOS   LSS INTERNACIONAL S.A.					
Signature of Agent or his Agent 133-60032195					

ORIGINAL 4 (FOR ISSUING CARRIER)

Q-PS 1C  
1D  
(A) 4068 12/11/24  
(B) 4R-4072