

INVOICE

BILL TO:

GRANE LOGISTICS EXPRESS LLC 820 JORIE BLVD SUITE 120 OAK BROOK, IL 60523 INVOICE DATE: 01/14/2025 INVOICE #: R72661 TERMS: NET 30 DUE DATE: 02/14/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
01/13/2025		749 GROWTH PARKWAY, ANGOLA, IN 46703 - 1600 Patrick Dr, POCAHONTAS, AR 72455			
		Freight Income	1	\$1,400.00	\$1,400.00

TOTAL		
\$1,400.00		_

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



Page

Ph: 773-250-0612 Cell:773-848-3204 *** Carrier Rate Confirmation Agreement*** **Load Number 5185122**

Carrier: **ROYAL3 INC**

Date:

Order

CHICAGO IL 60638

01/13/2025

Order: 5185122 Miles: 626.0

Temp:

BOL: 103104318778 Contact:

Mateo

Phone:

630-485-7370 x226

Fax:

Commodity: **Grainger Freight**

Weight: Trailer:

5178.0 53' VAN

Reference:

Pieces 12

PU₁ Name: **VESTIL**

> Address: 749 GROWTH PARKWAY

Date: 01/13/2025 0730

01/13/2025 1430 **SHIPPING**

Contact: **ANGOLA** IN 46703 Drvr Ld/Unld: No driver loading or unload

AN UNAPPROVED BROKEN SEAL MAY RESULT IN A FULL TRUCKLOAD CLAIM

Reference Number: BN 103104318778 Reference Number: ΙX 48935762

Reference Number: QN

Reference Number: RE OX14280393

Reference Number: SI 1031043187780102 Reference Number: SI 1031043187780102

SO 2 Name: ITW Paslode Date: 01/14/2025 0800

Address: 1600 Patrick Dr

> Justin Buckner Contact:

01/14/2025 1530

POCAHONTAS AR 72455 Drvr Ld/Unld: No driver loading or unload

AN UNAPPROVED BROKEN SEAL MAY RESULT IN A FULL TRUCKLOAD CLAIM

Reference Number: ΙX 48935762

QN Reference Number: 2

Reference Number: RE OX14280393 Reference Number: SI 1031043187780102 Reference Number: SI 1031043187780102

CARRIER FREIGHT PAY: \$1,400.00 Payment (email: acctspay@granelx.com)

TOTAL CARRIER PAY: \$1,400.00

Instructions

VESTIL - PICKUP #: S2594477

Agreement Load Number 5185122

*** FAILURE TO DO ANY OF THE FOLLOWING WILL RESULT IN A \$150.00 FINE ***

- * Driver must call Grane Logistics Express for dispatch information 773-922-6900.
- * Driver MUST count all freight and report any overages, shortages or damaged product immediately.
- * Driver MUST arrive on time for all pickups and deliveries.
- * Driver MUST notify GLX dispatcher of ANY loading or lumper fees at pickup or delivery immediately.
- * Driver MUST notify GLX dispatcher immediately upon arrival and departure at shipper and reciever, and must provide the name of the person who signed for the freight.

DETENTION APPROVAL REQUIRES NOTIFICATION PRIOR TO THE IMPENDING DELAY. IN/OUT TIMES MUST BE ON THE BOL SIGNED BY SHIPPER/RECEIVER, AND THE POD MUST BE RECEIVED VIA EMAIL WITHIN 24 HRS OF DELIVERY DETENTION AND ACCESSORIAL CHARGES MUST BE REPORTED WITHIN 24 HOURS

GLX pay terms are net 30 of all valid charges with receipt of Invoice, ONLY if accompanied by a copy of the Carrier Rate Confirmation Agreement, a valid signed copy of the Proof of Delivery, and supporting accessorial documentation.

Carrier MUST electronically send valid, signed Proof of Delivery within 1 hours of delivery.

Carriers agrees to accept equal liability to that of the Shipper/Broker as defined by the Food Safety Act. In the event the Carrier breaks the seal or the seal is broken while in the possession of the freight, the Carrier assumes all cargo liability.

X_	Mateo Utvic	01/13/2025
	Signature	Date

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	25 A 2 C S S S S S S S S S S S S S S S S S S	SHIP FROM		Sees, N	9.4	Bill of Ladin	g Number: 10	0310431877	3			
Ship From Code:	204710	Total Carlotters to										
Name: Address:	Name: VESTIL MANUFACTURING						e: GRANE LC	GISTICS EX	(PRES	SSLLC		
City/State/Zip:		OWTH PARKWAY	Y-			SCAC: GLX	S					
Contact Name:	N/A	A,IN,46703				Pro Number	r: 5185122					
Contact Number:	N/A											
PickUp On Date/Time: 10.JAN.2025 08:00:00 Ready Date/Time:												
	X X X X X X X X X X X X X X X X X X X	SHIP TO				Equipment T	ype: OTM/A0	31.53FT DV				
Ship To Code:	100134			44000		Trailer Numb		01.0011_01				
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Name:		ASLODE				AND RESIDENCE AND RESIDENCE	and the second		and in			- Jan
Address: City/State/Zip:		ATRICK DR- HONTAS,AR,7245	E			Freight Cha	rge Terms:					
Contact Name:		N BUCKNER										
Contact Number:						Prepaid :	Collect:	_3rd Party:	X			
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		BILL TO	Notes and the second			24 Hour Em	ergency Conta	ct # for HAZ	MAT			74.8
Nome	GRAIN					5.83	1-800-424-930					
Name: Address:		X 5368					1 000 424-550					
City/State/Zip:		SVILLE, WI 53547				CCN9722						
SPECIAL INST												1000
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				HAZ	MAT IN	FORMATION						
	Identification	Number(UN or	NA), Proper St	hipping N	Name, I	Hazard Class, F	acking Grou	p, per 172.	101, 1	172.202, 172.	.203	
	HAZMAT DI	ESCRIPTION	Killman	HA	/ Li	imited	Qty		Wei	ght	Supplier	Name
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				ŀ	HANDL	ING UNIT						
Commodities r	equiring special	l or additional ca	are or attention	in handl	ing or st	lowing must be	so marked a	and packag	ed as	to ensure sa	fe transporta	tion with
ordinary care.	See Section 2(e	e) of NMFC Item	360. All Grain	ger mate	erial (irre	espective of des	scription) is o	of FAK70.				
CONTAIN		QTY				OMMODITY DESCRIPTION WEIGHT						No.
Pal		12		HARDWARE AND RELATED MATERIAL								
GRAND	TOTAL	12									5178	
Where the rate is d	ependent on value, s	shippers are required	to state specifically	in writing th	ne agreed	or declared value of	the property as	follows:				
"The agreed or dec	lared value of the pro	operty is specifically s	stated by the shippe	er to be not e	exceeding	-	per _			"		
NOTE: Liability	y Limitation for I	oss or damage	in this shipmen	nt may be	applica	able. See 49 U.	S.C. § 1470	6(c)(1)(A) a	nd (B).		
										Married Control	all other lauful of	arace
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and the shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are									ayment	of the freight and	all other lawful ci	larges.
the rates electifica	itions and rules that he pper, on request, and	nave been establishe	d by the carrier and	are		liranda	- ruce		_ Ship	per Signature		
available to the ship	ppor, on request, and						-					
SHIPPER SIGNATURE / DATE Trailer Loaded:					Freight Counted: CARRIER SIGNATURE / PICKUP DATE							
This is to certify tha	, I	By Shipper		- By Shipper		Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made						
classified describe	e in	by Snipp	ber						information was me department of Train			
proper condition for transportation according to the applicable regulations of the Department of Transportation.					By Drive	er/pallets	emergency re			uivalent documen		
Miranda Kurtz 01/09/25 By Driver						er/Pieces	vehicle.	cribed	above is receive	ed in good order	except as	
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