



INVOICE

BILL TO:
PARADIGM TRANSPORTATION MANAGEMENT
GROUP LLC
100 COMMERCE DR
PITTSBURGH, PA 15275

INVOICE DATE: 02/07/2025
INVOICE #: R75835
TERMS: NET 30
DUE DATE: 03/07/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
02/03/2025		1701 West Walnut Park Way, Compton, CA 90220 - 16243 Ford Rd, Geneseo, IL 61254, USA			
		Freight Income	1	\$5,400.00	\$5,400.00

TOTAL
\$5,400.00

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



CARRIER RATE CONFIRMATION REF LOAD# 1115-0204-0125

PAGE 1 OF 2
2/05/25 17:06:05

PARADIGM TRANSPORTATION MGMT G
100 COMMERCE DRIVE
PITTSBURGH, PA 15275

PHONE: 412-745-1300
412-667-1930

DOT# 2820892 MC938207

DISPATCHED BY: ADAM MORRIS
ADAM.MORRIS@PARADIGMTMG.COM

Contractor: ZIGI FREIGHT INC
ROYAL3 INC
6850 W 63RD STREET
DOT# 2828543

Miles	Weight	Qty	HazMat
2296.60	42000	22	NO

Equipment : Van
Commodity: UN 3082

Must Tarp: NOT REQUIRED..
Contact: MATEO 226
Phone: 630-485-7370 FAX# 6304856980
Email: dispatch@royal3inc.com

01 PICKUP TDS LOGISTICS, LLC **PICKUP# ECSU9001012**
1701 WEST WALNUT PARK WAY
COMPTON, CA 90220

LOAD DATE 2/03/25
TIME 5AM 8PM

LOAD INFO..
PU 5AM-8PM FCFS NO DETENTION
Must have Straps
Must have Placards
UN3082 Class 9 HAZMAT AND TANKER ENDORSMENT NEEDED
MACROPOINT THROUGH DELIVERY OR FEE APPLIES
CALL CHECK WHEN LOADED
PO#5914/181224

02 DELIVER 1SOURCE AG PRODUCTS **DELIVERY# 5914-181224**
1297 HARPER DRIVE
MALDEN, MO 63863

DELIVERY DATE 2/05/25
TIME 8AM 4:30PM

LOAD INFO..
POD SUBMITTED 24 HRS OF DELIVERY OR FEE WILL BE DEDUCTED FROM RATE UP TO \$200
\$100 PER DAY LATE

8-4:30 FCFS DEL

MUST CALL 2 HRS BEFORE ARRIVAL (573-559-6818)

03 DELIVER CD WAREHOUSE **CUST REF#**
16243 FORD ROAD
GENESEO, IL 61254

DELIVERY DATE 2/07/25
TIME 8AM 12PM

LOAD INFO..
FCFS 8AM-12PM
POD SUBMITTED AFTER DELIVERY OR FEE WILL APPLY TO RATE UP TO \$200
CALL CHECK WHEN EMPTY
\$100 PER DAY LATE



**CARRIER RATE CONFIRMATION
REF LOAD# 1115-0204-0125**

PAGE 2 OF 2
2/05/25 17:06:05

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DISPATCHED BY: ADAM MORRIS
ADAM.MORRIS@PARADIGMTMG.COM

**Contractor: ZIGI FREIGHT INC
ROYAL3 INC
6850 W 63RD STREET
DOT# 2828543**

Miles	Weight	Qty	HazMat
2296.60	42000	22	NO

Equipment : Van
Commodity: UN 3082

Must Tarp: NOT REQUIRED..
Contact: MATEO 226
Phone: 630-485-7370 FAX# 6304856980
Email: dispatch@royal3inc.com

CARRIER PAY---- 5400.00

All invoices must include a signed delivery receipt

**** PLEASE SEND BOL WITHIN 24 HOURS OF DELIVERY TO billing@shipprexp.com ****

****ALL PAPERWORK BEING SENT TO BILLING@SHIPPREXP.COM MUST HAVE THE LOAD NUMBER IN THE SUBJECT LINE
(BILLING@SHIPPREXP.COM IS A NO-REPLY EMAIL)**

Tariffs, service guides or similar publications maintained by carrier are not applicable to transportation provided pursuant to this agreement. Charges due to any variance in weight, size, or classification will not be paid. The rate agreed upon in this rate confirmation super-cedes all other agreements and shall be all inclusive.

CARRIER will not subcontract, assign, or transfer the transportation to any other motor carrier(s).

CARRIER named herein, licensed, insured, and authorized to transport property for hire under contracts with shippers receivers, and brokers of general commodities and shall comply with FMCSA regulations. CARRIER shall transport the freight herein subject to the terms and conditions found at www.shipprexp.com/terms



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DOT# 2820892 MC938207

DISPATCHED BY: ADAM MORRIS
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Contractor: ZIGI FREIGHT INC 229
ROYAL3 INC
6850 W 63RD STREET
DOT# 2828543

Miles	Weight	Qty	HazMat
2296.60	42000	22	NO

Equipment : Van
Commodity: UN 3082

Must Tarp: NOT REQUIRED..
Contact: MATEO 226
Phone: 630-485-7370 FAX# 6304856980
Email: dispatch@royal3inc.com

CARRIER: ROYAL3
SIGNED BY
AUTHORIZED OFFICER

X Mateo Utriv

DATE 02-05-2025

CO NAME: PARADIGM TRANS MGMT
SIGNED BY
AUTHORIZED REPRESENTATIVE

1/31/25

YOUR INVOICE MUST REFERENCE THIS LOAD#--> 1115-0204-0125

Scanned with CamScanner

SHIP FROM		Bill of Lading Number: #164 //A // 5PALLETS <div style="text-align:center; font-size: 1.2em; color: #ccc;">BAR CODE SPACE</div>
Name: TDS Logistics, LLC Address: 1701 West Walnut Park Way City/State/Zip: Compton, CA 90 SID#: FOB: <input type="checkbox"/>		
SHIP TO		
Name: CD Warehouse Location #: _____ Address: 16243 Ford Road City/State/Zip: Geneseo, IL 61254 CID#: FOB: <input type="checkbox"/>		

THIRD PARTY FREIGHT CHARGES BILL TO:		CARRIER NAME: Paradigm Trailer number: _____ Seal number(s): _____ SCAC: _____ Pro number: _____ <div style="text-align:center; font-size: 1.2em; color: #ccc;">BAR CODE SPACE</div>
Name: INTERPORT GLOBAL LOGISTICS USA Address: 17, Cotters Lane, East Brunswick City/State/Zip: New Jersey 08816		
SPECIAL INSTRUCTIONS: Jamie Office: (309) 944-4661 // Cell: (309) 945-2310		

Freight Charge Terms:	
Prepaid _____	Collect _____ 3 rd Party _____
<input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
PO# 9200000949	5	9360	Y	HDMUSHAM77402900
GRAND TOTAL	5	9360		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (#)	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 390</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		5	SKIDS	9360		2 4 Ester 660 EC (LIMA 6)		

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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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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 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 / 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. All cargo tendered for transport is subject to inspection. By tendering cargo to carrier, shipper grants consent to such an inspection.</small>	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> 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.</small>
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JBL 2/7/25